Milparinka Policy and Procedures 2026

Contents

Milparinka Policy and Procedures 1
ADMINISTRATION PROCEDURES 10
Bulletin Board 10
Vehicle Pre-Start Checklist (Digital) 11
Fuel Cards 14
Hardships Funding 15
Keys 17
Maintenance 20
Photocopying 22
Security Alarms 23
FINANCE PROCEDURES 25
Asset Management - Policies and Procedures 25
Asset Management - Policy and Procedures (2) 28
Audits Financial - Policies and Procedures 29
Bank Account - Policies and Procedures 30
Client Debt Collection - Policy and Procedure 31
Delegations - Policies and Procedures 33
Finance Authorisation - Policies and Procedures 42
Grant Program Policy - Policies and Procedures 43
Accounts Payable - Policies and Procedures 48
Conflict of Interest 51
Financial - Policies and Procedures 52
New Supplier - Policies and Procedures 55
Payroll - Policy and Procedures 56
Petty Cash - Policies and Procedure 57
Property Leasing - Policies and Procedures 58
Purchasing - Policies and Procedures 59
Stock Control - Policies and Procedures 61
Superannuation - Policies and Procedures 64
Undue Financial Hardship 65
Use of Business Debit Card - Policies and Procedures 69
Use of Financial Transaction Card - Policies and Procedures 70
GOVERNANCE PROCEDURES 71

Protection of Assets 71
Communication & Support to the Committee of Management 72
Complaints Handling Policy 74
Conflict of Interest 76
Delegation to the CEO 77
Financial Management 79
Financial Planning 80
Governance Policy 81
Insurance 85
Monitoring CEO Performance 86
Protocol for Communication between Committee of Management Directors and Staff 87
Protocol for Communication between Committee of Management of Directors and the Media 89
Public Affairs 90
Recruitment of New Members 91
Remuneration & Benefits 92
Service Quality 93
Risk Management – CEO 94
Strategic and Business Planning Development 95
Treatment of Members 97
Committee of Management Member Induction 98
Committee of Management Member Roles 99
Committee of Management 105
External Relationships 107
Employment Conditions 108
Investments 109
Service User Privacy 110
Chairperson Role Description 111
HUMAN RESOURCE PROCEDURES 112
Equal Employment Opportunity 112
Milparinka Collective Agreement 122
Orientation of New Staff 123
Personal Leave - Staff 125
Position Descriptions 128
Professional Development 130

Protected Person Disclosures 131
Disciplinary Procedures 133
EEO - Sexual Harassment 138
Reference Checks 142
Annual Leave 144
Human Resources EEO Commitment 151
Salary Packaging 152
Selection Interviewing 153
Supervision and Performance 156
Training and Education 158
Volunteers 162
Carrying Work Bags and Equipment to / from Scene 166
Loading / Unloading Participant from a Car 167
Manual Handling Operational Procedures 168
Moving Supplies, Furniture, Equipment 169
Phones 171
Reporting Procedures 174
Rolling the Participant 175
Casual To Permanent Conversion from 26 February 2025 176
Shift Cancelations - Staff Payments 177
Privacy - Service User Records 178
Bullying 188
Code of Conduct 194
Family and Domestic Violence Leave 200
Grievance Procedures -Staff 203
Letters of Engagement 205
INFORMATION TECHNOLOGY PROCEDURES 206
Acceptable Use of Internet and Email 206
Website 209
Network 210
OPERATIONAL PROCEDURES 212
Showering of Participants 212
Cultural Diversity 214
Closure of Services 216

Child Abuse Reporting 217
Child Safety - Our Commitment 219
Communication 220
Community Access Register 225
Complaints 227
Conflict of Interest 231
Disaster Response and Recovery 233
Family and Domestic Violence Leave 238
Epilepsy - Swimming and Showering 240
Inclusion – How to Support It 242
Individual Files 245
Infection Control and Waste Management 247
Intake 257
Meal Time Profiles (MTP) 261
Medication 267
NDIA Service Agreements 280
Needle Stick Injuries 282
Packed Lunches 284
Parking Fines 285
Participant Medical Emergencies 287
Participant Notes 290
Participant Protection Policy 292
Participants Meeting 299
Participants Money and Property Management 299
Participation to the Max 303
Building and Vehicle Security 305
Personal Relationships, Sexuality and Sexual Health 307
Staff Employment 309
Referrals/Waiting List 313
Violence, Abuse, Neglect, Exploitation Or Discrimination 314
Responding to Abuse 324
Restrictive Practices 329
Right Relationships 333
Satisfaction of Participants and Carers 335

Service Standards and Human Rights 337
Students on Placement 340
Support Co-ordination 343
Support Planning 346
Supported Decision Making 348
Suspension or Termination of Services to a Participant 349
Tablets and Mobile Phones 351
Therapists – Working With 352
Touch 355
Transition To and From Centre Based Groups and Individual Supports 358
Values 361
Personal Care 365
Assist Life Stage Transitions ILO 366
Blood/Body Fluid Spills 371
Community Activities 373
After Hours - On-Call Procedure 375
Voicemail - how to check Milparinka centre messages 378
Communication with Home - Day Service Programs 379
Communicable Illnesses 380
Facilitator Role 383
Duty of Care/Dignity of Risk 386
Behaviour Support Plans 392
Business Continuity Procedure 397
Interpreters 400
Risk Management 401
Logbook - Vehicles 406
Food Preparation 407
Photographs 410
Partnerships 411
Disabled Parking 414
Core Group 415
Coherency 416
Incident Reports 417
Authority 422

STANDING INSTRUCTIONS 427
Booking Vehicles 427
File Naming and Saving Protocol 428
Additional Supports - Confirming Funding for Additional, Non-Scheduled Supports 429
Advertising for Staff - Login Details 430
Replacing Staff Absences - Day Centres 432
Participant Birthday Allocations 433
Bulletin Board - What is in Each Tab 434
COVID19 - Vaccination Certificates 435
Community Supported Access 436
Dash Cams 437
Day Service Staff Normal Hours 438
Debit Card Access and Use 438
Shadow Shifts 440
Key Safe Codes - Brunswick 443
Email Aliases 444
Staff Resignation 445
Employing Facilitators 446
Employment Levels for Direct Support Staff 449
Encrypted Jotforms 450
Excursions 451
Goal Review - 6 Months 452
Health and Fitness Referrals 454
ILO - Individualised Living Options Funding 456
Incident Reports 458
Injury To Staff 460
Intake - Completing Intake Forms 461
Finding Journal Notes and Behavior Management Plans Previously Recorded in ProSims 462
Key Codes and allocation 463
Meal Time Plans In Day Supports 469
MYP Document Upload for Participant files 470
Assessment of 1:1 Needs in Group Supports 471
Overtime Entitlements 473
Orientation - Contractor and Therapist 476

Permissions In MYP 477
Recording Information in Relation to Service agreement and Bookings 478
9 Month Support Co-ordinator - Request for information from S/C 479
Creating Quotes 480
Hireup - Using the Agency to Replace Staff 481
Jotform Links 482
Adding New Staff for Emails and Logins 484
Important Roster Tips and Processes That Can Go Wrong 485
Reporting Forms 487
Covid Vaccination Certificates - What to do 488
Air Conditioner Manual Control 490
Service Agreements for new and extended plans/ quotes/changes to service and/or ratios 493
Approving Timesheets 494
Notification of Change in Participants' Personal Details 495
Short Term Accommodation - Overnight stays 496
Site Bookings by External Groups 498
Sleepover Disturbances 499
Sleepover Disturbances (Rosters) 500
Staff Locations 501
Staff Viewing Participant Documents in MYP 503
The NDIS Workers Screening Check 504
Therapist Appointments for Visits at Day Services 507
Timetable Development 509
Training - Recording 512
Using Non Milparinka Staff in Milparinka Programs 513
Zoom 514
POLICIES 515
Discrimination, Bullying and Harassment Policy 515
Psychological Health Management 522
AOD Policy 524
Site Safety Walk 528
Quality Policy Statement 529
Rehabilitation & Return to Work 541
Training & Instruction 542

WH&S Policy 543
Consultation & Communication 546
Contractor & Third Party Obligations 547
Emergency Planning 548
Environment & Sustainability Policy 551
ESM Procedure 553
Hazardous Chemicals 554
Issue Resolution Procedure 556
NDIS Related Documents 558
NDIS_Worker_Screening_Procedures_Guide_Access 558
CONTINOUS IMPROVEMENT 559
Accounts Payable Policy 559
Customer Satisfaction 561
Internal Audits 563
Invoice Entering 565
Invoice payment approval with the banking system 566
Invoice review and approval within the financial system 567
Management Review 568
Quality Policy Statement 570
Quality Records 581
Roles and Responsibilities 583
All Document & Data Control 585
Continuous Improvement 586
Control of Non-conforming Product/Service 587
Corrective and Preventive Action 589

ADMINISTRATION PROCEDURES

Bulletin Board

Purpose and Scope August 2025

Milparinka has a Bulletin Board which is restricted to it's intranet and is available for all regular staff to access, but is not available to the general public. The intention of the Bulletin Board is to ensure staff have up to date information on news, events, changes and developments that may impact their work and our service users.

Procedure

The boards are as follows:

Milparinka Bulletin Board
This is the main board and provides general and specific information in regards to news and event, changes in work practices, notices about new instructions and training. This is generally information that staff need to refer to once as it is information that is diarised, put into action immediately or establishes new protocols that are permanent.

- This is a read only site. Entries can only be made by Managers, Project and Administration Staff.
- Staff are invited, and very welcome, to make suggestions for entries onto the site. This request should be made to your manager.
- Staff should check the Milparinka Bulletin Board at a minimum of once per week. Staff will also receive in their emails a reminder alert when new entries are added.
- There is an automatic Icon that appears on the desktop of all computers when staff log on that link to the BB. To access the site, click on the named icon.
- Items placed on the Milparinka Bulletin Board are not generally removed and are available for later reference.

Vehicle Pre-Start Checklist (Digital)

Purpose & Scope

To ensure the safe use and responsible maintenance of Milparinka vehicles. Milparinka vehicles will be used by staff and service users in the undertaking of programs and all activities.

Drivers are responsible for ensuring all road laws are complied with and vehicles are driven safely.

Vehicles with Milparinka have regular maintenance schedules and programs and are service according to manufacturer's requirements or as repairs are indicated.

All buses have an annual roadworthy

Please ensure this digital checklist is completed daily to ensure the vehicle is safe to operate.

All safety defects must be reported to your supervisor and rectified before operating.

Procedure

Procedures

Roadworthy Checks

These must be completed annually within two weeks, either sides of the previous roadworthy.

Drivers

- Drivers must comply with the following:
- Know and understand vehicle operation.
- Complete the vehicle checklist book at the commencement and completion of each trip.
- Complete log book at the completion of each trip
- Obey current road rules and respect other road users.
- Display safe on-road behaviour and a responsible attitude.
- Report to the designated vehicle officer any stolen, lost or damaged fuel cards (BP).
- Do not use Milparinka vehicles for any private purposes, unless previously approved by the Chief Executive Officer.
- Under no circumstances drive a vehicle whilst under the influence of an illegal substance, alcohol or drug, including prescription drugs, that may affect driving capabilities.
- Return vehicles to the office/worksite with adequate fuel (not less than 1/2 tank) so as not to inconvenience the next user. If this is not possible, the designated vehicle officer should be informed to make other arrangements.
- Submit an odometer at the time of fuel purchase.
- Smoking is prohibited in all Milparinka vehicles.

Accident/Emergency Procedures

In the event of a vehicle accident the first and foremost consideration is the safety of the participants and staff.

In the event of an accident the vehicle accident procedure must be followed.

A copy of this procedure is located in all vehicles in the back cover of the Log Book

Fuel

Each vehicle is issued with a BP Fuel Card and may be refuelled at any BP outlet. The vehicle odometer reading must be given to the service station attendant at every purchase of fuel use Unleaded fuel.

Do Not use premium unleaded petrol or purchase goods other than fuel as the purchase will not be accepted by the BP Card.

Damaged /Lost BP Cards must be reported to Office Administration.

Use of Milparinka Vehicles

Transportation of service users, their families / caregivers and members of the public in Milparinka vehicles.

- The Chief Executive Officer may authorise, staff to transport service users and their families / caregivers.
- Written approval from the Chief Executive Officer in advance is required when members of the public are transported in Milparinka vehicles on official business.

Interstate travel in Milparinka vehicles

No vehicle is to be used outside the State of Victoria unless unusual circumstances exist. Prior written approval to take a vehicle outside the State of Victoria must be obtained from the Chief Executive Officer.

Taking vehicles home

Permission may be granted by the Chief Executive Officer for a staff member to take a Milparinka vehicle home.

- When the first or the last “port of call” requires the use of an official vehicle and it is more economical to drive directly to/from that “port of call”;
- When official business will be performed out of hours on the evening concerned.

Volunteers driving Milparinka vehicles

Volunteers must have completed the appropriate registration form prior to driving vehicles to ensure drivers are covered by insurance.

Use of private vehicles

The use of private vehicles for Milparinka business is only permissible under exceptional circumstances (ie where provision of a Milparinka vehicle is impractical). In this event, permission must be obtained from the relevant coordinator. The staff member must be able to confirm that the vehicle is registered and has extended third party insurance.

Note the following:

- It is a condition of being able to claim travel costs from the NDIA plan than registration and insurance details are keep on record.
- Registration details of the vehicle must be recorded in each staff members file (see transport TAB)
- A copy of current insurance documents are to be saved to the person file.
- Staff are required to provide update insurance details as they have insurance renewals
- As of 1/1/2020 not staff will be able to use a private vehicle for the purposes of transport participant unless current registration and insurance details are on record.

Fines

Milparinka will not be responsible for the payment of any fines, etc which may be imposed on drivers who commit traffic offences (including parking infringements). See fines policy

Upon the receipt of an infringement notice, Milparinka will contact the area to which the vehicle is allocated and request the following information:

- Name of the driver
- Current address of the driver

With this information, the Chief Executive Officer will complete a statutory declaration which will result in the infringement notice being reissued under the driver's name, thus clearing Milparinka of any liability.

Fuel Cards

Purpose and Scope August 2025

In order to ensure that Milparinka's vehicles are managed in a systematic and effective manner, the use of fuel cards is employed. The fuel card enables the organization to have monthly access to individual vehicle information which includes:

- *Amount of purchase*
- *Location of purchase*
- *Distance travelled*
- *Cost per kilometre*

This information enables servicing and maintenance to be conducted as per the vehicle handbook.

Procedures

- All fuel cards are required to have a PIN number
- The PIN number is provided to staff when they are allocated driving responsibilities
- The PIN number is not to be recorded in any document that remains in vehicles
- If you are not sure of the PIN number please contact the Transport Manager

The staff member using the fuel card is responsible for ensuring

- The correct fuel is used (regular unleaded in most cases, please check the fuel cap/flap if unsure)
- Only the basic petrol is to be used. This is the green pump. Do not use Ultra fuel
- The details of the purchase are correctly recorded by the attendant – please check the receipt for accuracy
- The correct odometer reading is given to the attendant. If there has been a mistake please ask the attendant to correct the mistake and issue another receipt

The fuel card may also be used to purchase oil.

Hardships Funding

Purpose and Scope

To provide Milparinka with a capacity to, in emergencies or extreme circumstances, provide a level of financial support to existing service users and families beyond what their funding provides for.

As a last resort, and only on direct request from a person or their representative, Milparinka is able to provide small amounts of financial support for individuals and families where there is a physical or emotional situation which is likely to have significant and lasting negative effects on the service user and there is no other immediate source of financial support. This funding is for events that are immediate.

Events that have a time span allowing for consideration of other options will not have funding approved until all other options have been exhausted.

The responsibility for the following up of alternative funding options remains with the person and their representatives. An allocated amount of $4000 per annum is dedicated in the Balance sheet – Projects.

Procedure

Delegations:

- Up to $500 can be approved locally by the C.E.O and Finance Manager in consultation.
- Over $500 requires approval of the Committee or Management

Financial Hardships in this Policy is when it can be shown that:

- There is an urgent immediate issue or incident that cannot be avoided or delayed, and;
- There is identifiable high risk of the issue resulting in significant or longstanding emotional or physical damage to the service user or family, and;
- It is known that the person and family is in receipt of all available benefits – hardship funds cannot be used to cover the costs of items available through other sources, and;
- The is not another viable funding option
- The service user or family cannot meet the costs from their existing income or savings.

Requirements

- Applicants must be able to satisfy all four of the criteria above
- Sign a letter to indicate the nature of the issue and the amount provided
- Provide receipts of expenditure
- Advise Milparinka of the resolution to the issue.
- Milparinka's preferred method of covering costs will be direct payment to the point of expenditure.

- It is accepted that on occasion cash payments will be required. When this occurs the service user or family are required to provide written confirmation of receipt of the funds and submit receipts for expenditure within an agreed timeframe.
- The Milparinka Manger responsible for support of the service user or family must discuss with them, if this is a continuous issue, referral to a relevant support agency and provide support as required in accessing this support.

Keys

Purpose and Scope

The purpose of this policy is to ensure Milparinka keys are allocated according to the needs of individual users to access parts of each building while maintaining the security of sites and information.

Keys to Milparinka buildings, or parts of these, are allocated on the basis of need as determined by the Management Group.

Access to keys is determined by the degree of independent building access that the person requires to undertake their duties or business safely and effectively while ensuring the security of property and private information. Individuals means both service users and staff.

Procedure

Service Users

For a number of reasons related to safety, a number of internal doors at Brunswick are kept locked during the day. Service users who do not need to be locked out of rooms for safety reasons, and who are able to manage and take responsibility for a key, are to be provided with keys.

A service user who has the capacity to move freely through the building with access to a key, not having, or having lost a key, is treated with equal significance as a staff member who does not have a key. If a staff member cannot function in the building without a key, neither can a service user.

What does Manage and Take Responsibility mean:

- The person is able to keep a key on their person without constantly losing it. This is not dependent on having the skill not to lose the key. Use of aids such as key chains combined with the second point will be sufficient.
- The person understands that the key can open a door that they need to get through and can use it intentionally.
- While every effort must be made to support the person to be able to use the key independently, where this is impossible due to physical limitations, someone can still be given a key so that they can ask other people to use it for them.

If a service user loses their key and report this to any staff member the staff member is required to advise their manager as soon as practicable, at a minimum on the same day they become aware of this. An interim key is to be provided.

Different key management structures will be identified for each individual on the allocation of keys. For example, where person is able to manage their key independently, both on and off site this should occur. Others who have less capacity may require the key to be picked up and dropped off each day during core group.

Permanent and Temporary Staff

Upon commencement of employment, the staff members requiring keys will be provided with one set of keys to the workplace to keep with them. The keys remain the property of Milparinka.

Casual Staff

Casual Staff will be allocated keys on a daily basis. These are provided to them by the Assistant Manager or Program coordinator and recorded in the Casual Staff Key Record. Keys are returned to the program coordinator at the end of the working day. The return is noted in the Casual Staff Key Record.

Where a casual staff member is employed for regular periods of time a more permanent key can be allocated with the approval of the Manager.

External Agencies

At times external agencies that use the Milparinka Sites after hours will need to have keys to the sites. These keys are allocated by the Chief Executive Officer as past of formal agreements with agencies. The conditions of this Key Policy also apply to the external agencies. In addition to this the following applies.

- The keys are allocated to a person – not the agency, and cannot be shared between different users without their registration with Milparinka as users of the keys.

Key Register

All keys allocated to staff and others on a permanent basis will be recorded in MYP.

Resigning Staff

Staff are required to return any work keys on the last day of their employment on site. The return will be record on the key register.

Key Identification

There is to be no labels or other identifiers placed on key tags or rings that identify keys as belonging to Milparinka. This particularly means no phone numbers or addresses.

Loss of Keys

The loss of a set to Milparinka Sites or vehicles is considered to be a major incident with significant implications that can include the changing of locks at a significant cost to the agency.

If keys are lost the person responsible for the keys will:

- Report this immediately to the Chief Executive Officer or Manager in their absence.
- Conduct a detailed search for the keys
- Provide a Statuary Declaration confirming that the keys have been lost, including detail of where and when.
- Contact the local Police station and advise them the keys have been lost in case they are handed in
- The cost of replacement keys will be the responsibility of the staff member or person concerned.

Stolen Keys

If a staff members or external agencies keys are stolen, the staff member will:

- Report this immediately to the Chief Executive Officer or Manager in their absence.
- Report the theft to the police, providing a copy of the police report to the Chief Executive Officer.
- The cost of replacement keys will be the responsibility of Milparinka.

Copying of Keys

Milparinka building keys are registered and cannot be copied without the specific approval of the Chief Executive Officer or Operations Manager.

Maintenance

Purpose and Scope

This procedure outlines the responsibilities of Milparinka Inc. and maintaining safe physical environments for service users and staff.

Buildings and building services must be maintained and upgraded at regular intervals to ensure that facilities are safe and comfortable for both service users and staff.

There must be day to day maintenance as required when a premise is in use.

There must be a planned preventative maintenance carried out at regular intervals to reduce the likelihood of a building or building services falling below an acceptable community standard.

Procedure

Day-to-Day Maintenance

- The premises and property must be maintained in a safe, clean and tidy state.
- Staff can make requests for non-urgent maintenance and repairs at any time. These must be directed through the Reporting Issues JotForm. See Link Below.

https://form.jotform.com/241007767261858

- Essential repairs such as those to roofing, plumbing (hot and cold water), heating, sewerage, electricity, gas, security, windows, or anything considered to be harmful or dangerous, must always be undertaken by licensed trades people.

Inspections

- A Safety Inspection and maintenance both inside and out must be carried out at six monthly intervals to ensure that the environment is safe for both service users and staff. This should be the joint responsibility of the supervisor and the Occupational Health and Safety Representative.
- A Safety Checklist must be used during inspections to assess possible environmental hazards.
- The outcome of this inspection is reported to the Operations Manager
- The report must also contain recommendations for maintenance, repairs or changes to the building and its surrounds. If only minor adjustments are needed, these can be done by local maintenance staff although this should be approved by the maintenance manager. If more extensive maintenance and repairs are needed, the manager will organise these.
- If staff identify an actual or potential hazard in the environment at any time, this must be reported immediately to the supervisor on the Hazards Alert Form. The supervisor must then follow through with any necessary action such as making a request to the Operations Manager.
- It is the responsibility of the Operations Manager to ensure safety/maintenance inspections every three months using a hazard checklist and to ensure that necessary works are requested or carried out at a local level.

Brunswick Site

- No exterior works at Brunswick involving digging can be undertaken without tradesmen being made aware of the history of soil contamination. Workers will be required to undertake all required safety precautions and standards in relation to working with contamination.

Photocopying

Purpose and Scope

To ensure effective management of resources.

Procedures

- The Photocopier requires regular care and maintenance
- The maintenance is contracted through the suppliers
- There is no cost for maintenance or supplies within the contract period
- If problems with the photocopier are noticed, (paper jams, toner running low, maintenance lights flashing etc.) please contact Reception so that servicing can be arranged
- Personal copying can be made at a cost of 20 cents per page.

Security Alarms

Purpose and Scope

The purpose of this policy is to ensure all buildings are secured when vacant and applies to all users of Milparinka's facilities.

This includes all staff and members of external agencies who access the building after normal business. All Milparinka sites will have security alarms in place to protect service user, Milparinka and State funded property.

Procedures

Management of Codes

- The Chief Executive Officer is responsible for allocating entry codes to each staff member.
- Allocation of a code and voice code is not automatic and is dependent of the need of each staff member to open or close the site.
- The master code and record of individual codes are kept by the Chief Executive Officer and the Head of Finance and Business Services. These are to be kept in pass worded files.
- Individuals codes can only be altered or allocated with the specific approval of the Chief Executive Officer.
- The Chief Executive Officer is responsible for maintaining an update to date record of current and past user codes.
- There will be no generic or shared codes at any site

User Responsibilities

Staff and other users will

- Not keep the Milparinka Security Code written in any place where it can be associated with the service. This includes not having it written down in any form in work diaries or other work documents.
- Not tell or give their code to any other person

Under some unavoidable circumstances it may be necessary for a senior member of staff to give their own code to a staff member. If this occurs the Chief Executive Officer or Finance Manager must be informed immediately (preferably prior), or if after hours, at the start of the next working day. The code will be removed from the system and a new code allocated to the original user.

- If any staff member shares their code with another person in the absence of unavoidable circumstances and notification, as per this policy, the code will immediately be removed from the system. The reinstatement of a security code to the original user will not be automatic and is dependent on a review by the Chief Executive Officer.
- Prior to a security code being allocated staff will be provided with a copy of this policy.

Building Access

Alarm codes and keys are provided to staff to access the building during normal working hours. Access outside of normal working hours can only occur with the approval of the Chief Executive Officer.

External Users

On occasion it will be appropriate to provide external agencies and groups who are using the site after hours with security codes to enable access.

The conditions of this policy apply to these groups and where more than one person from each external agency requires a code they will be allocated individual codes. This is dependent of availability of code numbers.

Responsible representatives of agencies will be required to sign an acknowledgement.

Security Cameras

All Milparinka's service sites will have external cameras on site, the cameras with a recording capacity up to 7 days

FINANCE PROCEDURES

Asset Management - Policies and Procedures

Purpose of the Policy

The purpose of this Asset Management Procedure is to assist Milparinka Adult Training Unit Inc. to make informed decisions on the allocation of resources to manage current and future assets.

An asset management procedure is seen as a practical and financially responsible means of managing Milparinka assets by ensuring that the assets continue to provide a specified level of service delivery to defined standards over the entire life of the asset and that there is sufficient resource allocation made to replace the asset at the end of its life

This procedure applies to all Milparinka Management and Staff who have the responsibility to manage assets under the control and authority of Milparinka Adult Training Unit Inc.

Asset Management Policy

More:

Purpose of the Policy

Procedure

Asset Management Plan

Asset Acquisition

Asset Register

Asset Utilisation

Asset Maintenance:

Asset Security

Asset Disposal

Motor Vehicles

Mobile Phones

Asset Incident Management

Asset Revaluation

Asset Disposal

Asset Management Plan

An Asset Management Plan will be developed annually by the Committee of Management in consultation with the Milparinka CEO. The annual planning process will include consideration of possible upgrades, replacements, enhancement or retirement of:

- Existing facilities and their assets;
- Underlying infrastructure;

- Software systems;
- Additional requirements, or development of capabilities;

Asset Acquisition

The Milparinka CEO has authority to approve asset purchases to the value of $100,000 and under (with Committee notification). Assets above this value will be submitted for approval to the Committee of Management.

Asset acquisition is based on consideration of whether the asset:

- Will provide significant, direct and tangible benefit to the organisation
- Does not exist or could not be upgraded or adapted to meet the same purpose
- Is appropriate and cost effective over its life
- Is compatible with existing equipment and will not lead to unwarranted additional expenditure
- Can be accommodated in existing space and facilities
- Is the most suitable and appropriate type, brand, and model.

Multiple quotes will be sought for assets and for any purchases over $15,000.00.

Asset Register

An asset register of all capital purchases greater than $5,000.00 in value is maintained by the organisation. Assets are depreciated by class at a rate determined by asset life and the Australian Accounting Standards.

Depreciation of furniture and fittings along with equipment used to support and develop the entire organisation is borne by the core administration cost centre.

Asset Revaluation

Property is held at cost within the financial records, at least every three years, a review of the asset register will be conducted to verify the remaining depreciation of all current assets. The Manager, Finance and HR will conduct the review. Revaluation may result from a range of circumstances including known technical obsolescence or redundancy due to change in organisational requirements.

Asset Maintenance

Assets will be maintained through actions recommended in the manufacturer's manuals. For each asset, efficient maintenance strategies will be implemented.

An operation and maintenance plan establishing responsibility and standards for the level of use, condition, servicing and performance of each asset will be developed.

Asset Security

Staff is responsible for the security of assets under their control. Assets are safeguarded against theft and damage and removed from the premises only with approval from the CEO.

Asset Utilisation

Assets will be used by authorised personnel for the purposes for which they were acquired. Under-utilised and under-performing assets will be identified, reasons critically examined, and appropriate action taken. Modification of assets will only occur by authorised and qualified persons.

Mobile Phones

Mobile phones are provided for the use of specific staff. Expenditure for mobile phones is borne by the organisation.

Losses and/or damage to mobile phones are to be reported to the CEO or in his/her absence the Manager Finance and Administration.

Asset Management - Policy and Procedures (2)

Motor Vehicles

Motor vehicles are provided as pool vehicles for use by eligible staff.

The selection of motor vehicles and the decision to lease or purchase a vehicle is agreed between the CEO and the Committee of Management.

The Milparinka CEO ensures that all vehicles are registered and insured. Milparinka is responsible for the payment on insurance excess in the event of an accident unless the vehicle is not being used in accordance with this policy.

For employment contract vehicles the approved drivers are the staff member, the immediate family of the staff member and other staff members that are over 25 years of age and hold a current Victorian Driver's License.

For shared pool vehicles the appropriate drivers are staff members that have been authorised by the CEO to drive the vehicle and are over 25 years of age and hold a current Victorian Driver's License.

All vehicles are maintained in accordance with their maintenance schedule and/or terms of their lease agreement with the maintenance expense borne by the organisation. Fuel cards and toll transponders are provided for all vehicles.

All vehicles are covered by road service, as part of the vehicles comprehensive insurance policy or a roadside assistance program. Refer to the Motor Vehicle Use Procedure.

Asset Incident Management

Any incident such as theft, loss or damage to an asset must be reported as soon as practical to the Milparinka CEO and Manager, Operations. Refer to the Asset Incident Procedure.

Asset Disposal Asset Register

Assets will be disposed promptly at the end of their life. Assets may be used beyond their depreciable life and will be maintained as long as it is efficient to do so. Correspondingly, assets may also be disposed prior to the end of their depreciable life if they are no longer required or it is no longer efficient to retain the asset.

Assets must be approved for disposal in advance. Approved disposals will be handled according to the following table:

Condition Based Disposal Method

Operable, working or reusable

- Internal staff sale;
- External sale / Trade-in; or
- Ethical donation
- Damaged, faulty or unusable
- Ethical disposal;

Audits Financial - Policies and Procedures

Purpose of the Policy

Audits play an essential role in Milparinka and are a valuable aid to the financial management. It also plays a vital role in improving the transparency and accountabilities of Milparinka.

External Audit

An external audit has no direct operational responsibilities for the financial management or financial performance of Milparinka but provides an independent review function to Milparinka. Another key function of an external audit is to attest to Milparinka's annual financial statements. These certifications must incorporate an opinion as to whether the statements comply with Australian Accounting Standards and other prescribed requirements.

The Agency will have an audit of its financial statements annually, within 4 months of the end of each the fiscal year. The audit shall be completed by a firm of Independent Certified Public Accountants. Milparinka CEO and the Financial Officer shall have direct responsibility in overseeing the implementation of the Annual Financial Audit. The Treasurer shall have Committee of Management oversight.

The Milparinka CEO and the Treasurer shall recommend to the Committee for approval, the selection of a firm to perform the annual audit. In addition, the Treasurer shall assist when necessary in the audit preparation and report the final results to the Committee of Management.

A representative of the audit firm shall be invited to attend the annual presentation to the Committee, and shall be required to make a presentation to the Committee of Management if the audit report is other than unqualified, or if the auditor's report material weaknesses in internal controls or reportable conditions.

Bank Account - Policies and Procedures

Purpose of the Policy

This policy sets out the requirements for use of bank accounts, including opening, closing authorisation, variations to terms and conditions, reconciliation of bank accounts and bank account transactions.

Bank Account Authorisations

For monies withdrawn from any bank account, whether by cheque, EFT or other online payment method, there must be two (2) persons authorising for each payment.

The authorised persons for bank account payments are:

- Treasurer
- CEO
- Manager, Finance and HR

In addition, any high frequency transaction account may also have the following authorised persons for bank account payments:

- Manager, Individualised Services.

Each payment made must be supported by invoice, receipt or other appropriate documentation and the authorisations must be attached to this documentation prior to payment.

Bank Reconciliations

All Bank and Petty Cash accounts are reconciled monthly by the nominated Financial officer and reviewed by the Manager, Finance and HR within the financial system.

Variations to Bank Account Terms and Conditions

Any variations to banking arrangements can be made or varied by the Treasurer, CEO, and/or Manager, Finance and HR is responsible for updating the financial system and/or bank account register with the new information.

Closing Bank Accounts

Where it is decided that a bank account is no longer necessary, Treasurer, CEO, and/or Manager, Finance and HR will authorise the closure of the bank account.

The Manager, Finance and HR will then be required to complete the following:

- Ensure all transactions with respect to the account (including cheques drawn) have been completed;
- Lodge with the bank a letter, signed by two (2) authorised signatories advising of the closure of the account;
- Meet the bank's requirements with respect to account closure; and
- Update the financial system and bank account register.

Client Debt Collection - Policy and Procedure

Purpose of the Policy

This policy provides guidelines for the collection of late payments from customers.

Procedures

An Aged Receivables report is to be run every once a week, by the nominated Finance Officer. All overdue customer payments are to be noted and the following procedures undertaken until recovery of outstanding amounts.

1. First automated contact (20 Days from date of issue): At this stage the debt is not outstanding, however a reminder will be issued, reminding the client that the invoice is due.
2. First direct contact by Finance Officer (30 to 45 days from date of issue): The invoice is considered overdue at the 30-day mark. It is the responsibility of the nominated Finance Officer to contact the client or relevant Plan Manager via phone call or email, to identify if there are any issues with invoice and to find out why it has not been paid. The Finance Officer will attempt to resolve issues, and if necessary escalate to Manager, Finance and HR
3. Second direct contact by Finance Officer (45 to 60 days from date of issue): It is the responsibility of the nominated Finance Officer to contact the client or relevant Plan Manager via phone call or email, to identify the reason why the invoice remains unpaid and outstanding. The Finance Office will attempt to resolve any issues and if necessary escalated to Manager, Finance and HR.
4. Final direct contact by Finance Officer (60 to 75 days from date of issue): It is the responsibility of the nominated Finance Officer to contact the client or relevant Plan Manager via phone call or email, to identify the reason why the invoice remains unpaid and outstanding. The Finance Office will attempt to resolve any issues and if necessary escalated to Manager, Finance and HR.
5. Direct contact by Manager, Finance and HR (75 -90 days from date of issue): It is the responsibility of Manager, Finance and HR to contact the client or relevant Plan Manager via phone call or email, to identify the reason why the invoice remains unpaid and outstanding. The Manager, Finance and HR will attempt to resolve any issues.
6. Referral to CEO (90 to 120 days from date of issue): Where the amount outstanding for more than 90 days the matter will be referred to the CEO to ascertained if the ongoing service provision to the client will be impacted in relation to non-payment of NDIS accounts. Further information about the client may also be obtained from the CEO and a decision to write off or offset against grant funds may be made.
7. Year-end review: Customer invoices that remain outstanding at year end will be subject to annual bad debt review by the CEO and the Manager, Finance and HR, where a decision to write off or offset against grant funds may be made.
8. Write off debt: Customer invoices that have been authorised for write-off are to be written off as bad debts within the financial system and if service provision restrictions have been

authorised by the CEO, a notification to the relevant staff planners is to be made and a journal note in the CRM to be written.

Delegations - Policies and Procedures

Purpose of the Policy

There is a series of legislation that mandates the Committee of Managements responsibility for the safety and quality of the health service it governs. Statutory law, regulatory requirements and standards clearly delineate the Board's legal and accountability for delegation of powers.

This policy provides an essential framework to ensure that Milparinka operates efficiently and effectively by identifying appropriate officers for the authorisation of business transactions. It provides for effective controls and awareness to minimize the risk of Milparinka staff partaking in erroneous and inappropriate transactions and forms an essential part of the Milparinka risk management strategy.

Compliance with this policy is compulsory for all staff and associates.

Key Principles

1. The Milparinka Committee of Management delegates:

1. the power listed in the schedule below to the persons and/or groups of persons listed in the schedule, with the reservations and limitations noted in the schedule; and

2. to the Chief Executive Officer the power to impose additional restrictions on any of the delegations in the schedule below.

2. The authority to make commitments and give undertakings on behalf of Milparinka is governed by these formal Delegations of Authority.

3. The following parameters will apply to the formal Delegation of Authority:

1. The limits of authority delegated are absolute, must not be exceeded and cannot be delegated further. Changes to these Delegations must be approved by the C.OM;

2. The Delegations are to named positions, and immediately cease if there is any significant change to the title or duties of the specified position;

3. Staff who are acting in a specified position assume the delegations of that position, unless the terms of the acting appointment specify otherwise;

4. Delegates must declare "conflict of interest" in their dealing with third parties and must not approve transactions relating directly to these parties;

5. Decisions and transactions outside these Delegations must be approved by the COM

4. Breaches of Delegations are treated very seriously and may lead to disciplinary action up to and including instant dismissal. Staff may also incur personal liability for unauthorised transactions.

Table of Delegations

Delegations

Financial Delegations

Delegation	Chief Executive Officer	Head of Finance and Business Services	Head of Lifestyle Services and Supports.	Operations Manager	Recreation Coordinator	Notes and Conditions
F1 - Operating Expenditure (excluding Capital or Equipment Purchases) – Approve expenditure, commitments and purchase orders within approved budgets up to:	$20,000	$10,000	$10,000	$2,500	$500	Exception can be made where approval is necessary in order to address and immediate Worksafe Risks.
F2 - Equipment Purchases or Capital Works - Approve expenditure, authorise commitment or purchase order up to:	$100,000 Anything over $20,000 C.O.M. must be informed, anything over $100,000 must be prior approved by C.O.M.	$20,000	$1,500	$1,500	N/A	Any capital items with a value less than $1,000 are classified as Operating Expenditure.
F3 - Sign Contracts – Leases & Agreements with a total cost over the life of the contract up to	Unlimited (see comments in Notes section)	$50,000	N/A	N/A	N/A	Includes verbal offers, letter of intent, heads of agreement, e-mail communication and all other forms of commitments excluding employment agreements or contracts. Projects that have been

Delegation	Chief Executive Officer	Head of Finance and Business Services	Head of Lifestyle Services and Supports.	Operations Manager	Recreation Coordinator	Notes and Conditions
						specifically approved by the COM Require notification of C.O.M HBF and Managers can approve contracts for Budgeted operating expenditure only. All contracts must be reviewed by CEO prior to execution. Once executed all originals must be scanned.
F4 - Establish or Vary Charges & Fees Charges	Unlimited	$5,000	$500	N/A	$30 for hardship reasons only	CEO Must be informed in all cases
F5 – Write-off Debts up to	Unlimited	$5,000	N/A	N/A	N/A	CEO Must be informed in all cases
F6 - Approve the Disposal of Assets and Equipment with a written down value up to	Unlimited	$10,000	$1,000	$1,000	$250	With the exception to trading motor-vehicles.
F7 – Certify that Goods and Services have been received, where expenditure has already been	Yes	Yes	Yes	Yes	Yes	

Delegation	Chief Executive Officer	Head of Finance and Business Services	Head of Lifestyle Services and Supports.	Operations Manager	Recreation Coordinator	Notes and Conditions
authorized by and appropriate delegate						
F8 – Sign Cheques	Yes	Yes	Yes	N/A	N/A	Cheques must be signed by 2 people, C.O.M. members can also sign.
F8.1 authorise electronic funds transfer, or direct payroll transfers	Yes	Yes	Yes	N/A	N/A	Online Banking Requires 2 authorisations
F9 – Open and Close Bank Accounts and Certify Signatures	Yes	Yes	N/A	N/A	N/A	Must have Prior Approval of the C.O.M. Approval must be documented in Committee minutes
F10 – Sign/Submit ATO payment summaries	Yes	Yes	N/A	N/A	N/A	
F11 – Sign/Submit ATO Business Activity Statements	Yes	Yes	N/A	N/A	N/A	
F12 – Authorise investments in accordance with the COM approved investment policy	N/A	N/A	N/A	N/A	N/A	Requires decision of the C.O.M. Approval must be documented in Committee minutes
F13 – Waive the requirement to call tender / multiple quotes for Capital Expenditure or lease or rentals, i.e. Certify that it is inexpedient	$20,000 (anything over $20,000 must be approved	$10,000	N/A	$5,000	N/A	Excludes the purchase of Vehicles which must be approved by the CEO.

Delegation	Chief Executive Officer	Head of Finance and Business Services	Head of Lifestyle Services and Supports.	Operations Manager	Recreation Coordinator	Notes and Conditions
andimpractical to call tenders for purchase	prior by C.O.M.)					
F14 – Authorise CabCharge Etickets and setlimits and restrictions for cab-charge cards	Yes	Yes	Yes	N/A	N/A	
F15 – Make purchases on Company Debit Card	Up to card limit	Up to card limit	N/A	N/A	N/A	Debit Card balance to maintained at around $5,000 which places an informal card limit.

Human Resources Delegations

Delegation	Chief Executive Officer	Head of Finance and Business Services	Head of Lifestyle Services and Supports.	HR Officer	Recruitment Officer	Notes and Conditions
H1 – Appoint to New Positions, increase hours for existing positions or renew contracts for-	Yes	Yes	Yes	N/A	Appoint to new positions only based on pCEO approved advertising campaign	
H2 – Dismiss or not re-appoint staff	Yes	Yes	Yes	N/A	N/A	
H3 – Approve Remuneration & Conditions of Service for	Yes	Yes	N/A	N/A	N/A	

Delegation	Chief Executive Officer	Head of Finance and Business Services	Head of Lifestyle Services and Supports.	HR Officer	Recruitment Officer	Notes and Conditions
H4 – Sign Employment Contracts	Yes	Yes	Yes	Yes	N/A	
H5 – Significant change to position title or description	Yes	Yes	N/A	N/A	N/A	
H6– Approve Authorities to act on behalf of Milparinka in Industrial Negotiations	Yes	N/A	N/A	N/A	N/A	
H7 – Sign Collective Agreements or Multi-Employer Certified Agreements	Yes	N/A	N/A	N/A	N/A	Documentation to be provided to C.O.M for approval prior to signing
H8 – Timesheet Approval, Overtime Approval, Leave approval (within normal award entitlements)	Yes	Yes	Yes	Yes	N/A	Can be delegated to Coordinator level and designated timesheet approvers
H9 – Leave without pay, special leave etc Approval	Yes	Yes	Yes	Leave without pay only	N/A	
H10 – Authorise the employment of staff without a NDIS screening check in non contact positions	Yes	N/A	N/A	N/A	N/A	

Adminsitrative Delegations

Delegation	Chief Executive Officer	Head of Finance and Business Services	Head of Lifestyle Services and Supports.	Operations Manager	Notes and Conditions
A1 – Engage Legal Counsel	Yes With notification from C.O.M.	N/A	N/A	N/A	
A2 - Engage NDIS Auditors	Yes	N/A	N/A	N/A	
A3 - Engage Financial Auditors	Yes for special projects with notification to the Treasuer	Yes for special projects with prior Approval of CEO or Treasuer	N/A	N/A	Appointment of Auditors must be approve by C.O.M.and ratifies as part of the A.G.M.
A4 – Engage Media in line with Policy	Yes	N/A	N/A	N/A	Engagement at any level is approved by the CEO under direction of the Committee

Governance Delegations

Delegation	Chief Executive Officer	Head of Finance and Business Services	Head of Lifestyle Services and Supports.	Operations Manager	Notes and Conditions
G1 - Develop policies and procedures to ensure compliance Disability Services Act, NDIS Commission and any other relevant legislation	Yes	Yes	Yes	Yes	In consultation with C.E.O
G2 - Prepare and submit reporting to the ACNC	N/A	N/A	N/A	N/A	

Delegation	Chief Executive Officer	Head of Finance and Business Services	Head of Lifestyle Services and Supports.	Operations Manager	Notes and Conditions
G3 - Prepare and submit reporting to the NDIS Commission	Yes	N/A	Yes	N/A	
G4 - Prepare and submit reporting to the C.O.M.	Yes	Yes	N/A	N/A	Other Senior Managers / Managers on approval from the C.E.O.
G5 - Engage, Liaise or seek directives on behalf of Milparinka from Ministers of Government departments.	Yes	N/A	N/A	N/A	Other Senior Managers / Managers on approval from the C.E.O.
G6 - Liaise and receive notices on behalf of Milparinka from Regulators, Commissioners or Statutory bodies.	Yes	Yes	Yes	N/A	In consultation with C.E.O

NDIS Related Delegations

Delegation	Chief Executive Officer	Head of Finance and Business Services	Head of Lifestyle Services and Supports.	Client Relationship Manager	Accounts Officer	Notes and Conditions
N1 -Acceptance of NDIS participants for Service	Yes	Plan Management Participants Only	Yes	Yes	N/A	
N2 -Cessation of Service due to insufficient funds	Yes	Yes	Yes	Yes	N/A	In consultation with C.E.O
N3 -Cessation of Service due to	Yes	Yes	Yes	Yes	N/A	In consultation with C.E.O

Delegation	Chief Executive Officer	Head of Finance and Business Services	Head of Lifestyle Services and Supports.	Client Relationship Manager	Accounts Officer	Notes and Conditions
unsigned Service agreement						
N4 -Cessations of service due to agency capacity	Yes	N/A	Yes	N/A	N/A	In consultation with C.E.O
N5 - Create and issue of Invoices	Yes	Yes	N/A	N/A	Yes	Non standard invoices can only be created on approval by CEO or Head of Finance and Business Services
N6 - Make payment Claims from NDIS Portal	Yes	Yes	N/A	N/A	Yes	
N7 - Enter, modify and cancel Portal service bookings	Yes	Yes	N/A	Yes	N/A	
N8 - Develop, modify and cancel Service agreement templates	Yes	Yes	N/A	Yes with approval from CEO	N/A	
N9 - Set fees for Services which are negiotiuated prices or not in NDIS Price guides.	Yes	Yes	N/A	N/A	N/A	

Finance Authorisation - Policies and Procedures

Purpose of Policy

Milparinka completes and submits annual reports in accordance with legislation and regulations relating to Charitable organisations. The ACNC classifies Milparinka as a large charity.

All finance transactions as noted in this policy are to be authorised by the noted authorised person prior to the transaction being undertaken.

This policy is to be read in conjunction with other specific finance policies where relevant.

Procedure

Large Charities are required to submit:

- An Annual Information Statements
- An Audited Financial Report

It is the responsibility of the Finance and Administration Manager to facilitate and ensure the preparation, completion and submission of these documents

The Audited Financial Reports is included in the Milparinka Annual report which is tabled for acceptance at the Annual General meeting. The annual report is intended to give stakeholders and other interested people information about Milparinka's activities and financial performance.

Annual reports will include:

- Accounting policies
- Balance Sheet
- Cash Flow statement
- Profit & Loss account
- Notes to the financial statements.
- President's report
- Operating & Financial Review
- Auditor's Report
- Minutes of previous AGM
- Attendance Register.

Prior to any of the following finance transactions being undertaken, the authorising person noted must authorise the transaction.

Where additional policy is noted, this policy must also be adhered to when undertaking the finance transaction.

Finance Transaction	Authorised Person	Additional Policy
Bank Accounts	Treasurer CEO Manager, Finance and HR	{insert policy name, or number here}
Issuing Petty Cash	Treasurer CEO Manager, Finance and HR	{insert policy name, or number here}
Business Credit Card	Treasurer CEO Manager, Finance and HR	{insert policy name, or number here}
Purchasing Stock	CEO Manager, Finance and HR Manager, Individualised Services Manager, Operations Assistant Program Manager Individualised Services Coordinator	{insert policy name, or number here}
Purchasing Assets/ Equipment	Varies depending on value and purpose, please see policy	{insert policy name, or number here}
Payment of Invoices	CEO Manager, Finance and HR Manager, Individualised Services Manager, Operations Support Coordinator	{insert policy name, or number here}

Grant Program Policy - Policies and Procedures

Scope

This procedure applies to all Milparinka staff.

Purpose of the Policy

This procedure sets out the reason for, the authorisation of and the processes associated with the Milparinka Grants Program. Milparinka strives to give our participants the best possible life and sometimes this means doing more than just providing support services.

As a Not for Profit, our aim is put aside some of the surpluses made during the year to help support our participants and their families, in ways that their financial situation or NDIS does not allow.

For us to provide this level of support the Grant Program was established.

Grants Funds Oversight

Grant Committee

The Grant Committee consists of the following people:

- CEO
- Manager, Individualised Services
- Manager, Finance & HR

Changes to the composition of the Grant Committee can be actioned on approval by the CEO

Monitoring Balances

- Balance are subject to formal review on a quarterly basis as at the end of Mar, June, September and December
- Formal balance monitoring is conducted by a minimum of two Grant Committee Members
- When monitoring balances items to consider are:
    - Future possibility of Grant Applications
    - Future level of anticipated possible need
    - Future type of need i.e. is type of grant account still appropriate.
- Transfers are processed by a member of the Finance Team

Types of Grants

Specific Grants

- Used to provide non-support related items, e.g. holidays etc,
- Used for a specified participant, or a family member of the specified participant
- The account is created because of an anticipated or known future need
- All accounts are named in this format “John Smith – Specific”
- Accounts begin with 2-2***

General Grant

- Used to support any type of expenditure
- Can be used for ANY participant or a family member of a participant
- Is considered a general pool of funds.
- Account number is 2-2424

Community Grant

- Used to support expenditure that will bring someone benefits
- Must not be used for anything that the NDIS will fund
- Can be used for ANY person in the Milparinka Community
- Usually operated at set times during the year where an open invite is sent to the Milparinka Family, prior to running a Community Grant an estimated Total Grant needs to be identified and approved by the CEO.
- Account number is 2-2423

Sibling Grant

- Used to support expenditure that will bring someone joy
- To be used for siblings of people with disabilities
- Can be used for ANY sibling in the Milparinka Family or any sibling of a client of a selected local disabilities services provider.
- Usually operated at set times during the year where an open invite is sent to the Milparinka Family, and staff of the nominated local disabilities services organisation.
- Prior to running a Sibling Grant an estimated Total Grant needs to be identified and approved by the CEO.
- Account number is 2-2422

Grant Application and Approval

Applying

- All grants must be formally applied for
- Currently the Application process is organised through Jotform
- All sections of the JotForm Application must be completed, and submitted for approval online

Approval

- Grant Committee consists of the CEO, Manager, Individualised Services and Manager, Finance & HR
- Operation/General Grants can be approved by a minimum of 1 Grant Committee Member
- Community/Sibling Grant approvals must be approved by 3 Grant Committee Members. This is due to the possibility that a Community Grant may end up with more applications than the size of the Grant, so 3 Grant Committee members are needed to ensure that a fair and reasonable selection and approval process occurs.
- When reviewing a Grant Application for approval, the following areas such be considered:
    - Existing knowledge of the participant and their family/living situation

- The purpose of the application
- The Grant Balances available
- Any past Grant Applications i.e. is ongoing Grant the best answer

Creating or Transferring Grant fund

Transfers into Grant Accounts from income

- Transfers from income earned can only be approved by the CEO
- Transfers are processed by a member of the Finance Team

Transfers between Grant Accounts

- Transfers from Specific Grant can only go to General Grant
- Transfers from General Grant can go any Grant account or back to income
- Transfers from Community/ Sibling Grant can only go to General Grant
- All transfers must be approved by the CEO or the Manager of Finance & HR

Transfer Journals

- All transfers are done using the Tax Code of N-T
- The Job code for each line in the transaction is the relevant Job Code for the participant
- If we are creating a Grant account for a known expenditure remember to always include the Admin Fee in the total transferred, refer to "Distributing Grant Funds" for the current Admin Fee.

Distributing Grant Funds

Payment Types

- Reimburse the participant or family member
- Pay a supplier directly on behalf of the participant, (where the participant or family member sources the goods and just needs Milparinka to pay for them
- Milparinka sources the goods or services, negotiate with suppliers and arranges for an invoice for payment
- Administration Fee
- To cover the costs associated with managing the Grant Process the following Administration fees are charged at the time of distributing grant funds:
- Where Milparinka Staff are delivering services under the grant process, the Administration Fee will be:
    - The relevant hourly NDIS Rate; or
    - Actual staff costs plus 32%

    - for all other claims the Administration Fee is 12%
- As Milparinka is registered for GST, any GST Paid usually goes directly to the GST account and the pre-GST cost goes to expenses/liabilities. To ensure the Grant Accounts show the true value of the Grant awarded we have added back the equivalent GST amount

The Admin Fee and GST Equiv. Fee MUST be charged in all cases, with exceptions only possible with the approval of the CEO.

Processing the Payment in MYOB

Can be processed via Spend Money or Enter Purchases options in MYOB

Each payment will consist of 3 entries:

- Line 1: Records the Payment
    - Memo: Description of Grant,
    - the relevant Grant account number,
    - the value being paid,
    - the relevant participants Job Code,
    - the correct GST response
- Line 2: Charges the Admin Fee
    - Description: 12% Admin Fee and GST Equiv.
    - Use the same Grant Account as Line 1
    - Value is equal to 0.12 x Value of Payment in Line 1 + the value of the Tax Box
    - The relevant participants Job Code
    - GST Response of N-T
- Line 3: Transfers the Admin Fee to income
    - Description: Transfer 12% Admin Fee and GST Equiv.
    - If a 12% fee use account 4-7054
    - If a 30% fee use account 4-7056
    - Value is equal to minus the value of line 2. So, when you add Line 2 and Line 3 together the total is zero
    - The relevant participants Job Code
    - GST Response of N-T

The Total Amount box should always be the value we are paying away.

Accounts Payable - Policies and Procedures

Purpose of the Policy

This document outlines the procedure for Milparinka accounts payable. This procedure relates to the payment of all invoices for Milparinka Adult Training Unit Inc. This procedure is intended to be a guideline for processing all expenditure documents through Accounts Payable.

The responsibility to observe this procedure is that of the Milparinka personnel who approve such expenditures. This procedure applies to the Milparinka CEO, and the Head of Finance and Business Services.

Procedures

Accounts Payable is responsible for accurate and timely payment of all invoices for Milparinka.

Accounts payable is a critical portion of Milparinka's financial records and can be subject to fraud without careful reconciliation and oversight.

Strong accounts payable audit procedures can ensure the accuracy and timeliness of bill payments. The best accounts payable audit procedures allow a mixture of daily checks, routine internal controls and external audit procedures.

The CEO and Manager, Finance and HR must:

- Ensure all staff are consistent in implementing operating expenditure procedures to achieve compliance with Milparinka's financial controls and financial delegation objectives.
- Ensure that all payments are made in accordance with the approved budget and are authorized in writing.
- All accounts are paid on time and advantage is taken of early payment discounts

Invoice Entering

All invoices are entered into the financial system by the Finance Officer,

Invoices are coded depending on the type of expenditure.

All Client Based Services related invoices are coded to 6-1028 within the financial system to segregate them from the other Milparinka Expenditure. Everything keyed to 6-1028 must have a job code that relates to the specific client.

Job codes are also used to allow for more detailed reporting and are keyed in where appropriate

Invoice Receipt and Approval

All invoices must be approved and submitted to finance for payment, approval can come in many forms, depending on the nature of the invoice:

Received directly into the accounting system

The invoices are received from Officeworks and Bunnings, they are deemed as pre-approved as they have either been done through the use of a Transaction Card or an online account and therefore have been done by an authorised person.

Received directly into the finance email box

The invoices received directly from suppliers into the Finance email box are generally those relating to corporate expenses such as cleaning, waste removal, telecoms, etc. As these are reoccurring invoices they are deemed pre-approved and generally reviewed by the Manager. Finance and HR prior to authorising the payment in the financial system and the banking system.

Received from Clients or Support Coordinators / Plan Management

Invoiced received from Client's and Support Coordinators are received as part of the Plan Management service Milparinka provides to existing clients. Once Client Service based invoices / Plan Management Invoices have been appropriately authorised they are added to the queue for payment with the other Milparinka invoice. All Client Based Services related invoices are coded to 6-1028 within the financial system to segregate them from the other Milparinka Expenditure.

Received from staff member

Other ad-hoc invoices can be received from staff for payment, including expenses and other miscellaneous purchases for the organisation. All invoices must be approved by authorised person in accordance with the delegations of authority.

Invoice Approval within Financial System

Once all invoiced are entered, the Manager, Finance and HR will review the keyed invoices, as part of the review the following is checked:

- Coding to the correct account
- Job Codes
- Any new suppliers and bank details
- Supplier Reference Numbers
- Payment value as compared to what is expected

Once payments have been reviewed and approved the financial system will be updated with payment and an ABA bank file will be created.

Invoice Approval with Banking Sytem

The financial system generated ABA file will be uploaded by one of the bank authorises, this is usually the Manager, Finance and HR, who also first approves the payment

The bank payment listing from the Financial System is forwarded to the second authoriser who will all payments and second approve in the banking system.

Once approved remittance advise are issued from the financial system.

Conflict of Interest

Conflict of Interest:

Members of the Committee of Management are prohibited from activities that might present conflicts of interest. The powers of being a member of the Committee of Management may not be used to personally benefit the Committee Member at Milparinka's expense. If a Committee Member has a financial interest in a transaction, the Committee Member must fully disclose the interest and abstain from voting. Loans to Committee Member are prohibited.

At no time are any finance staff permitted to instruct service provision to clients. This must always be done by Support Coordinators, service managers (both internal and external to Milparinka). Any activity in breach of this would be deemed a conflict of interest and is strictly not permitted

Financial - Policies and Procedures

Introduction

The Milparinka Adult Training Unit Inc. (Milparinka) Financial Policy and Procedure Manual provides the policies and procedures for financial transactions within the business which must be followed by all staff.

It also provides guidelines Milparinka will use to administer these policies, with the correct procedure to follow.

Milparinka will keep all financial policies current and relevant. From time to time it will be necessary to modify and amend some sections of the policies and procedures, or to add new procedures.

Any suggestions, recommendations or feedback on the policies and procedures in this manual are welcome.

These policies and procedures apply to all employees.

Objective of Policies

The objective of these policies is to strengthen Milparinka's financial management and its leadership thereby contributing to appropriate management of Milparinka resources, effective decision-making, and efficient policy and service delivery.

This is achieved by clarifying the roles and responsibilities for financial management governance that must be exercised for the management and oversight of Milparinka resources by the Committee of Management, CEO and Administration and Financial Officer.

Therefore, the policy objectives are:

- To describe the policy framework for the sound financial management of Milparinka.
- To ensure that the Committee of Management has a robust and transparent financial management compliance and reporting program.
- To ensure that the Milparinka Committee of Management demonstrates high standards of financial governance in all functional areas.
- To ensure that all financial transactions are properly recorded.
- To ensure that all staff take responsibility for the appropriate use of Milparinka funds, which are only to be used for Milparinka business purposes.
- To ensure the organisation remains viable and meets all financial and regulatory requirements.

Purpose

To ensure that the Milparinka's finances are managed responsibly and within legal requirements to enable the implementation of sound day to day financial management practices and service viability.

To establish guidelines for developing financial goals and objectives, making financial decisions, reporting the financial status of Milparinka, reducing the risk of fraud or theft, and managing Milparinka funds.

Policy Statement

In the delivery of Milparinka services, there is an expectation that optimal benefit will be achieved for the revenues it receives and that these moneys will be used prudently and effectively to further Milparinka's priorities and targets, Essentially, this means focussing on delivering quality services of the right quantity, at the right time and location with minimal waste, maximum effectiveness and optimal value for money.

Milparinka must document its systems of internal control and other financial management practices and consistently apply those practices to ensure integrity and credibility in their financial operations and in the financial information used for reporting purpose.

The Committee of Management will ensure that:

- A suitably qualified person is appointed to the role of Treasurer.
- Adequate support by means of a financial sub-committee or advisory group is established if needed.
- An approved budget for the year is determined and that expenditure is within budget.
- Sufficient income is available to meet the budget requirements.
- All funding agreements are adhered to and acquitted as required.
- Monthly financial management reports are produced and presented to the next Committee Meeting.
- All legal and taxation requirements are attended to and delivered on time.
- An audit is completed as necessary in accordance with the Associations Incorporations Act.
- Decisions regarding investment are resolved by the Committee.

Committee of Management

It is the responsibility of the Committee of Management to formulate financial policies and review operations and activities on a periodic basis.

The Committee of Management delegates this oversight responsibility to the Treasurer of the Committee of Management. This responsibility is shared through delegation with the CEO. The CEO acts as the primary fiscal agent, implementing all financial policies and procedures. The CEO with oversight of the treasurer and the Committee of Management is responsible for the coordination of the following: Annual budget presentation, management of fund investments, selection of the outside auditors, and approving revenue and expenditure objectives in accordance with the Committee of Management approved long-term plans.

The CEO, with oversight of the treasurer and the Committee of Management, has the day-to-day operations responsibility for managing Milparinka funds, ensuring the accuracy of the accounting records, internal controls, financial objectives and policies, financial statement preparation, and bank reconciliation review and approval.

The Manager, Finance and HR is directly supervised by the CEO and is responsible for the preparation of the Chart of Accounts, Reporting Formats, Accounts Payable Processing, Payroll input and Payroll processing, Cash Receipts input, Journal Entries for General Ledger, reporting as well as Bank Reconciliations

Conflict of Interest

Members of the Committee of Management are prohibited from activities that might present conflicts of interest. The powers of being a member of the Committee of Management may not be used to personally benefit the Committee Member at Milparinka's expense. If a Committee Member has a financial interest in a transaction, the Committee Member must fully disclose the interest and abstain from voting. Loans to Committee Member are prohibited.

At no time are any finance staff permitted to instruct service provision to clients. This must always be done by Support Coordinators, service managers (both internal and external to Milparinka). Any activity in breach of this would be deemed a conflict of interest and is strictly not permitted

New Supplier - Policies and Procedures

Purpose of the Policy

All new suppliers to the business must be reviewed and accepted in accordance with this policy to ensure that the supplier service is aligned with the business objectives.

Appointment of Supplier

All relevant details of the supplier will be entered into the financial system by Manager, Finance and HR or a Finance Officer.

Manager, Finance and HR will review information entered into the financial system and independently verify the bank account or other payment details of the supplier to ensure payments made are to the correct supplier.

Service providers used to support clients

These service providers are selected by the client and/or the client's Support Coordinator, the business may recommend a supplier to the client, however it is the client and/or the clients Support Coordinator who has final authorisation.

Service providers used to support the Business

All service providers selected to support the business must be selected based on the following criteria:

- Service
- Product Offering
- Cost Effectiveness

Where every possible the business is to form partnerships with key service providers so as to minimise the number of suppliers used.

Significant new suppliers must be reviewed and approved by the following:

- CEO
- Manager, Finance and HR
- Manager, Operations

Where a new supplier is for a service or asset in excess of $20,000, three (3) quotes from competing service providers must be obtained to ensure that the Cost Effectiveness criteria is met. The CEO has the authority to waive this requirement, if necessary.

Payroll - Policy and Procedures

Purpose of the Policy

To ensure that staff are paid in accordance with entitlements under the conditions of the Milparinka Certified Agreement and relevant industry awards. Payroll refers to the amount paid to employees for services they provided during a specified period of time. At Milparinka staff are paid each fortnight.

Procedures

All staff other than senior executive must provide evidence of their work through the completion of a daily time sheet

Payroll cannot be processed unless a completed time sheet is completed and has been verified by the appropriate manager

The pay period begins on a Tuesday and ends on a Monday

Salary is transferred electronically directly into staff's bank account

Payslips with details of salary are either emailed or left on site in a sealed envelope.

Petty Cash - Policies and Procedure

Purpose of the Policy

Petty cash should be used to pay for small business expenses up to $30 where payments through accounts payable or credit card are not justified or appropriate.

Petty cash should be used to pay for small business expenses up to $30 where payments through accounts payable or credit card are not justified or appropriate.

Issuing Petty Cash

Petty cash vouchers must be completed before any cash is taken from the petty cash float.

Only up to $30 can be disbursed at any one time.

All petty cash vouchers issued must be approved by CEO, Manager, Finance and HR, Finance Officer

Once the petty cash is spent, a receipt or invoice should be attached to the voucher and returned to petty cash with any balance of monies unspent.

All completed vouchers must have the following details included:

- issue date of voucher
- amount of monies disbursed
- details of expense
- tax invoice or receipt
- signature of approval person.

Reconciling Petty Cash

Petty cash float is to be reconciled monthly. This is the responsibility of the Finance Officer.

All petty cash expenditure must be entered into the financial system once the petty cash has been reconciled.

The balance of monies and vouchers must equal the petty cash float amount before reimbursement can be made.

Reimbursement of petty cash will be authorised by CEO and Manager, Finance and HR

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The balance of monies and vouchers must equal the petty cash float amount before reimbursement can be made.

Reimbursement of petty cash will be authorised by CEO and Manager, Finance and HR.

Property Leasing - Policies and Procedures

Purpose of the Policy

The purpose of this document is to establish decisions, directions and precedents which act as a reference for the leasing of premises from which Milparinka operates its service.

This policy applies to the Committee of Management and the Milparinka CEO.

Procedure

From time to time it is necessary for Milparinka to enter into lease agreements for property and or use of assets. All leave agreements must be approved by the CEO prior to them being signed, this may be done in conjunction with the Manager, Finance and HR and/or Manager, Operations.

It is the responsibility of the Milparinka CEO:

- Under direction from the Committee of Management, for significant property related leases, to negotiate new or renew lease agreements on behalf of Milparinka Adult Training Unit Inc.
- To ensure that Milparinka adhere to all applicable leasing conditions; and
- To manage all issues dealing with leasing of the premises and maintenance of the premises.
- To make necessary leasing payments for the premises
- Require all Milparinka management to adhere to the agreed Conditions of Leasing;
- To ensure appropriate payment of rent.
- To ensure that leases are within the legal parameters of Victorian law regarding rental agreements between the lessor and Milparinka (The Retail Leases Act 2003).

All leases will be recorded on a lease schedule, which is maintained by the Manager. Finance and HR.

Purchasing - Policies and Procedures

Purpose of Policy

This policy provides guidelines for the purchase of goods, services, equipment and assets for the business.

This policy is applicable for all purchases, excluding those ones that have been purchased through petty cash.

Equipment Purchases to support Programs

All equipment purchases to support programs must be done via the completion of the Program Equipment Requisition Form.

The Program Equipment Requisition Form must be completed by the staff in the relevant program room. The form must them be given to the Assistant Program Manager or Individualised Services Coordinator for authorisation.

Prior to authorisation the Assistant Program Manager or Individualised Services Coordinator will review the request for appropriateness and relevance.

One approved the Program Equipment Requisition Form will be given to the Manager, Operations or Manager, Finance and HR to action the relevant purchase.

Where every possible, existing suppliers are to be used to fulfil any orders.

Grocery items to support Programs

All grocery items are to procured via program activity trips to local supermarkets and shops or via the Online Supermarket shopping ordering process.

Any orders that wish to be placed online for delivery to the relevant location must be emailed by location to the Finance department who will review the order.

If any unusual items have been requested they will be verified by the Manager, Individualised Services, Assistant Program Manager or Individualised Services Coordinator prior to the order being placed.

Where possible we are to encourage program trips to shops, petty cash fund or program funds are to be used in these instances.

Other Purchases – excluding standard Stock

All other purchases must be approved and organised by one of the following:

- CEO;
- Manager, Finance and HR;
- Manager, Individualised Services; or
- Manager, Operations

Any purchase over their designated level of authority must be approved by the CEO prior to the order being placed.

Where every possible, existing suppliers are to be used to fulfil any orders.

Receipt of Purchases

All purchases received are to be checked against order, if there are any inconsistencies the supplier and Manager, Finance and HR are to be notified immediately.

Service Provision Contracts

All other contract for service provision must be approved by two members of staff; being the CEO and one (1) of either:

- Manager, Finance and HR;
- Manager, Individualised Services
- Manager, Operations

Additional Policies for Purchasing

- Petty Cash Policy
- Use of Business Debit Card Policy
- Stock Control Policy

Stock Control - Policies and Procedures

Purpose of the Policy

This policy provides guidelines for monitoring and managing the amount of stock within the business to ensure that there are suitable levels of stock of consumables available to support the business at all times.

It is Manager, Finance and HR and Manager Operations responsibility to ensure that the stock control policy is adhered to by all employees.

Policies

More:

Purpose of the Policy

Procedures

Purchase of Stock

Receiving of Stock

Distribution of Stock

Storage of Stock

Additional Policies for Stock Control Policy

Purchase of Stock

It is Manager, Finance and HR and Manager Operations responsibility to:

1. identify core stock
2. set minimum re-order points and maximum holding levels
3. negotiate with suppliers for best price, quality, delivery methods and returns policy
4. maintain “preferred suppliers” list

It is the nominated Stock Controller’s responsibility to:

1. ensure that appropriate levels are held at all times
2. monitor all stock levels
3. regularly review usage and propose changes to minimum re-order points and maximum holding levels
4. order all stock required

Purchase of all stock must be authorised by

- CEO, Manager,
- Finance and HR
- Stock Controller

All stock purchases must be ordered through standard suppliers and be conducted in accordance with the purchasing policy

You can use logical operations: AND, OR, NOT. Examples: football OR hockey, sports AND NOT baseball

Receiving of Stock

When stock is received from the supplier, it is nominated Stock Controller responsibility to:

- review delivered items to delivery docket, including quantity, quality and completeness of order
- store the stock securely and in appropriate area
- update all stock records for receipt of goods
- inform Manager, Finance or HR and Manager Operations of any under/over supply or damaged goods.

Storage of Stock

It is all employees' responsibility to:

- understand the importance of good stock control
- ensure that all stock records are kept accurately
- ensure that all stock is securely stored to minimise theft and wastage
- to ensure that the stock held meets the needs of the clients at all times
- to ensure that appropriate stock is held in connection with Health and Safety related changes.

Distribution of Stock

It is the responsibility of staff at locations to:

- Manage stock held at that location for the purposes of daily use
- To inform the relevant Stock Controller when stock is required
- To ensure they notify the stock controller of required stock on a timely basis so as to ensure they do not run out of any stock.

It is the responsibility of staff at locations to:

- Maintain sufficient stock within the Stores location
- Prepare stock for distribution to locations based on requests from location staff
- Ensure that stock distribution is done on a timely basis
- To report any issues to either the Manager, Finance and HR or Manager, Operations
- Organise and oversee physical stock take {insert timing here, recommended twice a year} and match records of stock take to administrative and financial records.

Additional Policies for Stock Control

- Purchasing Policy
- Finance Authorisation Policy
- New Supplier Policy

Superannuation - Policies and Procedures

Superannuation Policy

More:
Purpose of the Policy
Procedures

Purpose of the Policy

To ensure that staff are paid superannuation in accordance with entitlements under the conditions of the Milparinka Certified Agreement and relevant industry awards Superannuation is paid at the relevant rate through the payroll.

Procedures

Milparinka employs staff under an Enterprise Agreement, AEU & Milparinka Adult Training Unit Inc. Disability Services Agreement 1989, therefore Milparinka has nominated its Industry Fund as First State Super.

As a part of the Federal Government's Superannuation Guarantee (SG) requirements, Milparinka contributes an amount as per Government directives. Employees may also make additional voluntary contributions either by a fortnightly deduction from their pay or by lump sum payments by cheque into their account.

Undue Financial Hardship

Objective

Milparinka Disability Services charges fees from participants for the cost of program activities and access to community venues where there is a cost. These fees may be reduced or waived, either temporarily or permanently where a service user can reasonably show that the fee would cause undue hardship.

Milparinka understands and accepts that circumstances may arise where the service user may indicate that they are unable to pay fees. Milparinka will need to ascertain the reasons and determine the appropriate action after consultation with the parties involved

Purpose and Scope

The purpose of this procedure is to detail the manner in which Milparinka Disability Services will determine a service user's application for undue financial hardship consideration. This procedure will provide consistency in the consideration of undue financial hardship. Undue Financial Hardships will be considered on a case by case basis within a consistent, clear and known decision-making framework.

Undue Financial Hardship

A service user deciding to use allocated NDIA differently and then not being able to cover the cost of the support that they want or require is not considered financial hardship. Financial hardship, relates to a participant's personal funds and occurs when a service user, for a legitimate reason, is unable to make agreed payments for established program activities.

Financial hardship may be short term due to a one-off extraordinary situation for example, medical bills associated with an illness. In some cases, financial hardship may be longer term.

Where a service user claims an inability to pay due to financial reasons, this claim should be assessed against the guidelines of Undue Financial Hardship. Receipt of a pension does not by itself constitute the determination of financial hardship for consideration in fee payment.

A claim of Undue Financial Hardship requires the service user to demonstrate that they are experiencing undue financial hardship.

Information required in support of an application for undue financial hardship

A review of the service user's financial situation is required. This information will assist Milparinka to assess if and how Milparinka can reduce or waive fees. Milparinka will always consider quality of life and living a lifestyle of choice issues.

The Service user must provide detailed information substantiating the claim. It is recommended that the information should clearly identify the following

1. The service user's annual income including: Income from Centrelink and/or DHS support packages. In the case of the service user being in receipt of a DHS support package, Milparinka will need to know how much is funded and how it is being allocated across each week.
2. The service user's expenditure
3. The reasons why payment of fees would create and undue financial hardship.

4. That no further adjustments could be made to the income/expenditure of the service user without unduly impacting on the health and wellbeing of the individual. This is to be guided by the ability to access the basic necessities of life – food, housing, clothing, and health services.

5. The information should be documented and authorised by the service user as a complete and accurate record. Information provided by service users will be held in the strictest confidence.

6. Responsibility for pursuing pension/allowance and/or support packages issues resides with the

7. individual service user

8. Given the nature of the claim, Milparinka will manage the claim with respect and sensitivity to the service user. Privacy requirements need to be adhered to (see below).

9. Information provided to the service user throughout the process needs to acknowledge the specific communication requirements of the individual.

Assessment of Undue Financial Hardship claim

Person assessing the claim:

The Milparinka Disability Services Inc. CEO is best placed for reviewing the submission. The CEO possesses a good understanding of Milparinka's guidelines and will exercise the appropriate knowledge, judgement and sensitivity.

Requirements for this role:

- Key financial and operational management responsibilities
- Endorsed by the Committee of Management
- Possess a good knowledge of the guidelines
- Have a good understanding of the service user submitting the claim and their personal circumstances.
- Possess the skills, experience and knowledge to support the decision-making process.

Process of Assessment

1. The service user will discuss the matter with the Milparinka CEO.

2. The Milparinka CEO will outline to the service user the process and procedure involved in:

1. Making a claim for undue financial hardship

2. The Milparinka process of assessment of such a claim.

3. The Milparinka CEO will inform the service user that their application will be dealt with respect and sensitivity and in the strictest confidence. The Milparinka CEO will outline to the service user Milparinka's privacy and confidentiality policy.

4. Upon receipt of the application the Milparinka CEO will discuss the application with the Service user and gain their permission to put the application forward to the Committee of Management. The information must be de-identified.

5. The final decision will be made by the Committee of Management.

The CEO has the delegated authority where the family circumstances are already known to Milparinka, and a full investigation would cause additional stress to the family, to waive fees at his/her discretion. All episodes of this delegation require the final approval of the Treasurer prior to being implemented.

Process following Committee of Management Decision:

In recommending action a sound understanding of the individual's circumstances is required. A range of options should be considered based on the individual's circumstances; this may include repayment plans tailored to individual circumstances.

Milparinka will document the reason for the decision in writing and advise the service user.

The service user will be notified of the decision by the Committee of Management in writing. The Committee will outline their reasons for the decision made. The Milparinka CEO will discuss the decision with the service user in person.

Refusal to pay on the basis of objections to pay fees for disability services are not grounds for exemption from payment. Only as an action of last resort will Milparinka consider legal avenues for the collection of outstanding debts;

Decision to uphold the claim for Undue Financial Hardship

Where Milparinka considers Undue Financial Hardship may exist, Milparinka may initiate the following actions:

- Reduce, waive or write off fees on a short-term basis –this approach is time limited with a review to see if circumstances have changed. This may be relevant where an individual's personal expenditure can be altered through different arrangements, e.g. increased support package, number of hours used for support at different times.
- Any long-term fee reduction, waiving or writing off of fees needs to be carefully considered and should be reviewed each 6 months, if the fee reduction exceeds tis period

Review Process

1. Service users dissatisfied with the outcome of any decisions made, may make an appeal to the Committee of Management clearly outlining the grounds on which they are making an appeal.

2. The Committee of Management will instigate a process of review:

1. They will assign the review to a Committee member who will investigate and report back to the Committee and/or Milparinka Committee of Management will assign the review to senior CEO independent of the original decision

2. Upon completion of the review the Committee will advise the service user of their decision.

Privacy and Confidentiality

All information collected should be in accordance with the Privacy Act and the Health Records Act 2002, as well as any other laws that impose specific obligations in regard to handling information.

Use of Business Debit Card - Policies and Procedures

Use of Business Debit Card Policy

More:

Purpose of the Policy

Procedures

Purpose of the Policy

This policy provides guidelines for the issue and use of business debit cards.

Procedures

A business debit card is generally issued to only the CEO and Manager, Finance and HR. A card may be issued to another member of staff only on approval by the CEO. An employee will only be issued a debit card once the Bank issued Debit Card Authorisation Form has been completed.

The business debit card can only be authorised expenditure only and subject to the delegated authority of the debit card holder /

No cash advances are to be taken using the business debit card unless authorised by CEO.

Where a business debit card is lost or stolen, then the owner of this card is to notify the issuing Bank and inform the Manager, Finance and HR.

The use of the business debit card is not to be used for personal expenses. In the event the card has been used in error, the relevant employee must immediately repay the amount to the relevant account.

All holders of business debit cards must submit receipts to Finance on a timely basis, together with any information necessary to ensure accurate recording in the financial system.

The Finance Officer is responsible for reconciling the debit card account and will follow-up with each card owner for receipts as required.

All business credit cards are to be returned to the business when the person is requested to by the CEO or where they cease employment with the business.

Use of Financial Transaction Card - Policies and Procedures

Purpose of the Policy

This policy provides guidelines for the issue and use of financial transaction cards, these are cards issued by retailers for the purposes of charging purchases to.

Procedures

A business debit card is generally issued to only the CEO and Manager, Finance and HR. A card may be issued to another member of staff only on approval by the CEO. An employee will only be issued a debit card once the Bank issued Debit Card Authorisation Form has been completed.

The business debit card can only be authorised expenditure only and subject to the delegated authority of the debit card holder

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All business credit cards are to be returned to the business when the person is requested to by the CEO or where they cease employment with the business.

GOVERNANCE PROCEDURES

Protection of Assets

Protection of Assets

The Committee of Management has a role to characterise risk and ensure that strategies to manage or mitigate these are put in place and implemented.

POLICY

The CEO shall take all prudent and reasonable actions to ensure that Milparinka assets, physical and intellectual, are protected against all foreseeable damaging circumstances.

In accordance with Committee of Management responsibilities the CEO shall:

- Ensure unauthorised person do not handle cash.
- Ensure the receipt or disbursement of funds outside of controls acceptable to the duly appointed auditor are not processed.
- Ensure funds are not deposited in non-Committee of Management-approved institutions.
- Ensure the assets are not insured for less than is considered necessary for prudent risk-management.
- Ensure goods or services are not purchased without protection against conflict of interest.
- Ensure plant and equipment is not subjected to unauthorised or improper use, wear and tear or insufficient maintenance.
- Protect intellectual property, information, and files from loss, improper use, improper purposes, or significant damage.
- Ensure that there are appropriate and effective security systems in place to adequately safeguard against loss, common damage or theft of staff, customer and organisation property.
- Maintain an appropriate asset register.
- Ensure that the premises meet appropriate local and/or government standards and/or any other statutory or minimum code requirements.
- Maintain a current assessment and evaluation of the risk factors that could conceivably disrupt Milparinka effective and efficient operation and ensure that there are plans and systems that, in the event of disruptive events, will allow continuity of business.

Communication & Support to the Committee of Management

Principle

The Committee of Management - Chief Executive Officer Relationship is a partnership that is approached in the spirit of mutual respect and support for the interdependent but separate roles.

The Committee of Management must ensure that when it has stated that something must or must not be done, the Chief Executive Officer can demonstrate that this is so.

Policy

The Chief Executive Officer shall inform the Committee of Management about issues and concerns essential to the meeting of its duty of care, the carrying out its responsibilities and the meeting of its accountabilities to its owners and key stakeholders.

In accordance with Committee of Management requirements the Chief Executive Officer shall:

- Provide support and information in a timely, accurate and understandable manner addressing the various issues to being monitored by the Committee of Management.
- Provide financial reports that communicate:
    - significant trends
    - data relevant to agreed benchmarks and Committee of Management-agreed measures
    - further financial data as determined by the Committee of Management from time-to-time.
- Inform the Committee of Management of significant external environmental trends, achievement of, or progress towards the achievement of, the Committee of Management's Processes policies or changes in the basic assumptions upon which the Committee of Management's policies are based.
- Inform the Committee of Management when for any reason there is actual or anticipated non-compliance with a Committee of Management policy.
- Inform the Committee of Management of any breach of any externally imposed compliance requirement.
- Inform the Committee of Management of any serious legal conflict or dispute or potential serious legal conflict or dispute that has arisen or might arise in relation to matters affecting Milparinka.
- Ensure that the Committee of Management is provided with the necessarily wide range of views and perspectives in support of effective decision-making.
- Bring to the Committee of Management's notice such occasions when it breaches its Committee of Management Processes policies or Operational policies, particularly when this relates to the Chief Executive Officer's ability to carry out his/her responsibilities.

- Deal with the Committee of Management as a whole except when responding to individual requests for information or requests from Committee of Management committees or working parties.

Complaints Handling Policy

Purpose and Scope

The Committee of Management seeks to establish appropriate processes for Directors to manage complaints that are brought to their attention.

Policy

Complaints raised by or relating to employees:

For all complaints regarding employee related issues, directors are required to advise the complainant of the proper procedure for lodging complaints as contained in Milparinka's Policy & Procedures Manual for Staff. These policies cover Equal Employment Opportunity, Sexual Harassment, Workplace Bullying and Harassment, Managing Staff Under-Performance and Misconduct, and Grievance Policy & Procedure.

Complaints related to non-employee issues:

Complaints should be directed to Milparinka's CEO in the first instance, who will provide the complainant with the complaint making and handling policies and procedures.

IF THE CEO IS THE SUBJECT OF A NON-EMPLOYEE RELATED COMPLAINT:

The matter must be referred to the COM Chairperson (or the Acting Chairperson in the Chairperson's absence). The Chairperson may refer the matter to the most appropriate people for a hearing and respond to the complainant in writing within 14 days advising of this action.

The Chairperson in conjunction with relevant people may agree that the complaint will be heard by selected members from the Committee rather than the entire committee.

When the Chairperson receives a complaint he/she consults the complainant about an agreed course of action and whether the complainant wishes to involve an advocate.

The Chairperson explains to the complainant what is involved at this level; the people, policies, timeframes, records, agreements and how complaint can be progressed

The Chairperson raises the issue with selected members of the Committee to resolve the issue.

A meeting is held with relevant people to discuss the complaint and come to an agreement on a just resolution

The Chairperson records decisions and actions.

The Chairperson ensures that anyone who needs to know about the complaint is informed and clear about the outcome.

For unresolved matters:

If the above process fails to resolve the complaint, the complainant should be informed of the Disability Services Commissioner for grievance resolution if the complaint is related to disability services or the Equal Opportunity Commissioner if the complaint is personal in nature.

The Disability Services Commissioner was established through the Disability Act 2006 and became operational in July 2007. The NDIS quality and Safeguards Commission was established in 2019. Under the legislation, complaints about the provision of disability services can be made directly to

Milparinka's Complaints Officer and to the Commissioner or DNIS Commission. Where practical, the complainant (the person making the complaint) will be encouraged to firstly attempt to resolve the complaint directly with Milparinka.

Any person can make a complaint about Milparinka to the Commissioner or NDIS Commission. This includes people with a disability, their families and carers, staff working in disability services and any person who wishes to make a complaint. A complaint can be made about the provision of a disability service or where a person believes that Milparinka has not properly investigated, or taken on, a complaint which has been made to Milparinka.

Contact details for the Disability Services Commissioner

Address: Level 30, 570 Bourke Street, Melbourne, Victoria, 3000 Australia

Phone for enquiries or complaints:1800 677 342 (free call from land lines)

Email for enquiries or complaints: complaints@odsc.vic.gov.au

Contact for NDIS Quality and Safeguards Commission

Phone: 1800 035 544

National Relay Service: Deaf, hearing impaired or speech impaired

TTY users: 1800 555 677 then 1800 677 342

Speak & Listen users: 1800 555 677 then dial 1800 677 342

Skype calls are available by appointment during business hours. To make an appointment you can call, TTY, fax or email

Conflict of Interest

Purpose

The committee requires that committee members must not place themselves in a position where there is an actual or substantial possibility of conflict between a personal interest or a duty owed elsewhere and the director's duty to act in the best interests of Milparinka, without the fully informed consent of the Board.

Disclosure is not required where a common interest is held with other committee members.

Scope

Conflicts of interest may occur:

- When a committee member, or his/her immediate family or business interests, stands to gain financially from any business dealings, programmes or services provided to Milparinka.
- When a committee member offers or provides a professional service for payment to Milparinka
- When a committee member stands to gain personally or professionally from any insider knowledge if that knowledge is used for personal or professional advantage.
- Any matter which could lead to a conflict of interest involving a committee member and his/her role and relationship with Milparinka, must be declared and registered in the Register of Interest by the Secretary.
- All such entries in the Register shall be presented to the committee and minuted at the first committee meeting following entry in the records.
- All conflicts of interest must be declared by the committee member concerned at the earliest time after the conflict or perceived conflict is identified.
- The committee shall determine whether or not the conflict of interest exists. In the event that a conflict is identified, the committee member concerned would be requested to leave the meeting room during related discussion and debate.
- The committee member shall only remain in the room during any related discussion with committee approval.
- The committee will determine what records and other documentation relating to the matter will be available to the director.
- All such occurrences will be minuted.
- Individual directors, aware of a real or potential conflict of interest of another committee member, have a responsibility to bring this to the notice of the Board.

Delegation to the CEO

Purpose and Scope

The CEO is the Committee of Management's sole direct employee with accountability for the operational processes within the organisation.

The Committee of Management shall direct, not manage the CEO, by providing clearly defined outcomes to be achieved and policy parameters (Delegation Policies) within which the CEO must remain

The committee delegates to the CEO responsibility for implementation of its Key Result Areas while complying with the boundaries and constraints imposed by the CEO Delegation policies.

1. The committee will develop a clear and unambiguous statement defining the organisation's strategic direction. This will make clear the performance indicators to be applied by the committee when reviewing organisation and Director's performance.
2. The committee will make clear to the CEO in writing any constraints or limits it chooses to place on his or her freedom to take actions or make decisions that the committee deems to be unacceptable within the delegation.
3. The CEO is responsible for the employment, management and performance evaluation of all staff employed/contracted to the organisation.

1. Neither the committee nor individual members will direct staff in any matters relating to their work.

2. The Board's performance evaluation responsibilities are restricted to the CEO.

4. Always with the proviso that the CEO decisions must be consistent with and not defeat the stated intent and the spirit of the Board's policies, he/she is authorised to establish all operational policies, decisions, practices, and activities.
5. The CEO must not take, or approve any action in the name of the organisation that is in breach of the law, is imprudent or which contravenes any organisation-specific or commonly held business or professional ethic.
6. The committee may change its Key Result Areas and CEO Delegation policies, thereby shifting the boundary between committee and CEO domains. Such change must be made in a spirit of partnership and agreement between the CEO and the committee wherever possible. But as long as any particular delegation is in place and the CEO can demonstrate compliance with the intent and spirit of the Board's policies, the committee will respect and support the Director's decisions
7. The CEO may reject instructions or requests from individual directors or from unofficial groups of directors if, in his/her opinion such requests or instructions are:

1. Inconsistent with the Board's policies,

2. are deemed to make unjustifiable intrusions into the Director's or other staff member's time; or

3. are an unjustifiable cost to the organisation.

8. The CEO must notify the Chairman of the use of point 7, in writing, within 48 hours
9. The expert knowledge and experience of individual committee members is available to the CEO.

Financial Management

PRINCIPLES

The Committee of Management has a role to characterise risk and ensure that strategies to minimise or mitigate these are put in place and implemented.

The Committee of Management holds itself responsible to Members for the financial management of Milparinka, having due regard to prudential and fiduciary requirements.

POLICY

The CEO is responsible for the day-to-day financial management of the organisation. In carrying out this duty he/she must ensure that nothing is done, or authorised to be done, that could in any way cause financial harm or threaten the organisation's financial integrity.

In accordance with Committee of Management requirements the CEO shall:

- Ensure organisational funds are not used, or contracts are not entered into or other liabilities are accepted, other than for the furtherance of Committee of Management approved purposes and priorities.
- Funds are not expended than have been received in the financial year unless offset by approved borrowings or approved withdrawals from reserves.
- Ensure undisputed invoices from suppliers of goods and services are paid as per trade credit terms agreed with those suppliers.
- Pay staff in accordance with their employment contracts including entitlements and provisions.
- Ensure expenditure is not authorised beyond the level established by the Committee of Management.
- Meet all government-imposed compliance requirements or payments on time and to standard.
- Ensure Australian Accounting Standards are not breached.
- Ensure land or buildings are not acquired, encumbered or disposed of
- Ensure that there are limitations on expenditure and adequate controls on the use of credit or other purchase cards by card holding staff.
- Assertively pursue receivables overdue.

Financial Planning

PRINCIPLE

The Committee of Management has a role to characterise risk and ensure that strategies to minimise or mitigate these are put in place and implemented.

The Committee of Management represents its owners, moral and legal, exercising a duty of care for the organisation and all of its stakeholders.

POLICY

Budgeting/financial planning for any financial year or the remaining part of any financial year shall be designed to ensure the achievement of the Committee of Management determined results.

In accordance with Committee of Management requirements the CEO shall:

Demonstrate

- A credible projection of revenues and expenses,
- Separation of capital and operational items/ projection of cash flows, and
- Disclosure of any assumptions.
- Ensure financial risk is not created beyond Committee of Management determined parameters.
- Ensure medium to long-term financial plans/projections and long-term business direction are met.
- Design a financial plan that anticipates the achievement of a 'bottom line', in alignment with that
- Determined by the Committee of Management, e.g. a predetermined surplus, acceptable deficit or balanced budget.
- Design plans that support the achievement of Committee of Management determined financial ratios.
- Provide for the Committee of Management's developmental and other expenditure.
- Plan for the Committee of Management determined spread of revenue sources.
- Demonstrate responsible management of Milparinka's assets.

Governance Policy

Purpose, Scope and Strategy

The purpose of this policy is to set out a framework for the governance of Milparinka Disability Services Inc. and to identify the responsibilities of the Committee of Management.

The goal for Milparinka is to have an effective governance framework in place that best meets Milparinka 's circumstances and needs – helping to drive enhanced performance while at the same time aiding conformance with various requirements such as Milparinka 's constitution, policies, finances, controls and procedures as well as with applicable external regulations and laws.

The Milparinka committee will comply and implement the Milparinka Rules of Association.

It is the responsibility of the Committee to ensure that policies are developed that:

- Best meet the needs of Milparinka service users and staff.
- Reflect the values, belief and philosophy of Milparinka.
- Are relevant in terms of current legislation, regulations and standards.

This policy applies to the Committee of Management.

- To ensure that the Committee plays a central role in setting the vision, purpose and strategies of Milparinka; and adapting these as circumstances change.
- To ensure that the committee members have a clear vision and purpose for Milparinka and that this shared with the organization and stakeholders.
- To ensure that the strategic plan supports Milparinka's vision and purpose.
- To ensure that all of Milparinka's activities align with this strategic plan and relevant standards.
- To ensure that the committee regularly reviews Milparinka's vision, purpose and strategic plan.

Good Governance

The term 'governance' refers to the Milparinka Committee of Management and its collective legal responsibility. Governance encompasses the rules, relationships, policies, systems and processes whereby authority within Milparinka is exercised and maintained.

- Essential elements of good governance that Milparinka seeks to achieve are:
- Effective governance structure.
- Effective policies, processes and procedures.
- The right mix of people on the committees of management.
- An effective governance framework would have appropriate regard to the:
- Contribution of individual committee members;

- Effectiveness of the Committee and Committee performance;
- Way in which governance is applied throughout the organization;
- Strength of the relationships the organization fosters with its stakeholders.

Roles and Responsibilities

To ensure that committee members are clear about their roles, legal responsibilities and the organization's expectations these are documented in in policies and procedures relating to governance.

- To ensure that new committee members receive an induction about their role and legal responsibilities including conflict of interest. At the commencement of their engagement after each AGM.
- To ensure that the role of the committee and the role of management are clearly set out in the constitution.
- To ensure that there are clear delegations of authority between the committee and management, with protocols for communication and decision-making.
- To ensure that the committee has the right group of people, with a good mix of skills and experience that are matched with the Milparinka's objectives and strategic goals.
- To ensure that the available skills and experience support the operation and function of Milparinka now and into the future. To identify and respond to any potential skills gaps or learning needs on the committee, within the available resources.

Risk Management

- To ensure that the committee has risk management systems are in place and implemented.
- To ensure that the committee reviews and endorses policies and procedures related to risk management.
- To ensure that management regularly report to the committee on its efforts to mitigate and manage risks.
- To ensure that the committee devotes time in meetings to consider risks.

Organizational Performance

- To ensure that the committee sets performance categories and indicators to monitor Milparinka's success.
- To ensure that the committee establishes objectives for Milparinka.
- To ensure that performance indicators are set for each objective and are these indicators realistic and measurable.
- To ensure that Milparinka has suitable record keeping systems in place that help to measure and track performance over time.

Board Effectiveness

- To ensure that the committee is structured and operates so that it has a direct impact on the ability of Milparinka to achieve its objectives.
- To confirm that committee meetings run on time and cover all agenda items and that discussions are constructive and respectful.
- To ensure that the committee regularly assesses the performance of its members and the overall quality of governance.
- To ensure that the committee sets time aside to think about and plan for the future i.e. succession planning.
- To ensure that the committee make use of sub-committees or advisory panels for larger pieces of work.

Integrity and Accountability

The Milparinka committee is ultimately responsible for everything Milparinka does and does not do. In order to make good decisions, the content and quality of the information it receives is a crucial consideration.

- To ensure that for each meeting, the committee through the Treasurer, receives reports from management that show the financial health and overall performance of Milparinka.
- To ensure that the reports contain relevant and timely updates and are provided in a format that is easily understood by all.
- To ensure that the reports include an update on strategic projects and risk management activities.
- To ensure that the committee has sufficient financial skills to understand the Milparinka's financial position.

Organization Building

As part of their overall leadership responsibility, the committee plays a strategic role in ensuring that the Milparinka has the required capacity and capabilities to deliver on its purpose.

- To ensure that the committee has a collaborative relationship with Milparinka's senior Chief Executive Officers.
- To ensure that Milparinka's management provide regular reports on resource planning and capacity.
- To ensure that Milparinka has the financial resources to retain skilled workers and/or provide development opportunities for workers.

Culture and Ethics

The Milparinka committee and its individual members have a leading role to play in promoting a healthy culture within Milparinka.

- To ensure that Milparinka have a formal code of conduct and agreed set of values and behaviours.

- To ensure that the code of conduct is provided to all new committee members at the commencement of their engagement after each AGM.
- That the Committee this is review the ‘Code of Conduct’ on a regular basis.
- To ensure that there is a formal policy on declaring and handling conflicts of interest.

Engagement

Relationships matter and most of the work of Milparinka requires collaboration with its membership, government agencies, other organizations, businesses and the community.

- To ensure that Milparinka identifies its key stakeholders and current relationships and that there is a plan for regular two-way communication.
- To ensure that there are policies and practices in place that actively encourage Milparinka’s membership to participate in, and vote at, member meetings.
- To ensure that the committee regularly assesses its own stakeholder communications and to ensure they are transparent and effective.

Insurance

Purpose

To ensure that all relevant insurances are valid.

Scope

This policy applies to the Committee of Management and to Milparinka Disability Services Administration staff.

Procedure

Milparinka Disability Services will comply with all legal requirements with respect to insurance.

The type of insurance and the level of insurance cover will be decided by the Committee of

Management after consultation with an insurance broker.

Insurance

Insurance will include as a minimum:

- Public liability
- Professional Indemnity
- Directors and Officers Liability incorporating Entity Liability
- Entity Fidelity
- Medical Indemnity
- Personal Accident
- Volunteer Care Givers Property Damage (limited circumstances only)
- Workers compensation
- Property
- Contents
- Vehicle insurance

Whenever possible Milparinka Disability Services will ensure that a Milparinka vehicle is available for staff for work purposes. However, in the event it is necessary for staff to use their own vehicle for work purposes the Milparinka Chief Executive Officer must ensure that the vehicle of any staff required to use their own car is registered and covered by a minimum third-party insurance.

Insurance Register

The Secretary is required to ensure the maintenance of the Insurance Register

The Chief Executive Officer will be responsible for ensuring this information is provided to the Committee of Management.

The Register must show the policy number, the insurance company, the cover details, the premium, the date it is to be paid and the expiry date.

Monitoring CEO Performance

The committee will assess the CEO during the annual performance review process.

1. Delegated member/s will meet with the CEO to discuss ongoing performance, issues and decision-making methods at a minimum o very 6 weeks
2. The discussion and reviews are completed in the context of current issues and agency responses.
3. The standard applied to the review shall be that the CEO has met or can demonstrate compliance with Milparinka Values and policy directions
4. The timing for the appraisals will be arranged between the CEO and the committee delegate at the beginning of the calendar year or at a negotiated time.
5. The CEO will be provided with the opportunity to access appropriate professional development and support.
6. If at any time the committee engages an outside evaluator to assist the committee to conduct an assessment of the Director's performance, the process must be consistent with this policy. Any such evaluator is a contractor to the committee not the CEO.

Managing alleged misconduct or underperformance by the CEO - Principles

- Alleged misconduct or underperformance by the CEO will be dealt with in a manner which is fair, open, balanced, apolitical and respectful of differing viewpoints.
- Notwithstanding the above, the committee will address the alleged misconduct or underperformance according to a process that is consistent with the Procedure for Managing CEO Under-Performance and Misconduct.
- For the duration of the investigative process, all parties will maintain confidentiality.
- The process will be completed in a timely and expeditious manner.

Managing alleged misconduct or underperformance by the CEO - Policy

- In the matter of alleged underperformance, the CEO will be given an opportunity to address the issues in conjunction with the PRC. This will take the form of an agreed set of performance outcomes including appropriate timeframes and support if required. Failure to meet agreed outcomes following this process may result in termination of the Director's contract.
- In the matter of alleged misconduct, the committee will call, at the earliest opportunity, an extraordinary meeting to provide the CEO with an opportunity to respond to the allegations in a fair and just manner. The committee may decide as a result of this process to terminate theCEO's contract.
- Serious misconduct as defined by the Procedure for Managing CEO Under-Performance and Misconduct will lead to instant dismissal or termination of contract by the Chairperson of the Board.

Protocol for Communication between Committee of Management Directors and Staff

Purpose and Scope

The protocol set out below is designed to cover communication to and from the committee as an entity, and also communication involving individual committee members.

The committee as a Formal Entity

Because of the responsibility's incumbent on the committee by the Constitution, Directors will be involved in a range of sensitive issues relating to Milparinka operations. Committee Members are to treat committee business as confidential unless specifically empowered by the committee to speak on behalf of the Board. Normally the Board's spokesperson would be the CEO and/or the Chairperson of the committee of Directors.

In general, communication from the committee will arise as a result of the need to communicate decisions as appropriate which have been made at meetings of the Board.

The formal method of such communication will be through the CEO who attends each meeting of the committee in an ex officio capacity. It will generally be left to the Director's discretion as to what method of communication will be used to advise staff of committee decisions. The method may vary according to the nature and importance of the decision, although, from time to time, the committee may direct the CEO to use a particular method of communication.

Whilst the situation described above is regarded as the formal process of communication, it is recognised that senior Chief Executive Officers may attend meetings of the committee at the request of the CEO and by arrangement between the CEO and Chairperson of the Board.

Individual Committee Directors

Members of the committee must not to act out of personal interest but in accordance with the purposes of Milparinka.

It is not appropriate for individual committee members to establish or allow to be established, direct contact with staff members regarding matters that have been discussed and decided upon by the Board.

Indeed, when such decisions have been made by the Board, a committee member has no need for direct contact with staff members, unless directed to do so by the Board.

It is acknowledged, however, that certain situations may arise in the period between committee meetings, where a member may require information or advice pertaining to particular issues. Under these circumstances, a member should feel free to approach the CEO directly in the first instance. The CEO and the committee member are expected to agree on the most appropriate means of obtaining such advice.

Board members are required recognise that procedures for contact with Milparinka from all parents, guardians or family members on issues relating to a client have been developed to reflect the professional integrity and responsibility of senior staff members. Such contact should always be through the appropriate senior Chief Executive Officer.

Staff Member Communication with the Board

In all matters relating to their work, individual staff members are responsible to the CEO through the appropriate line Chief Executive Officer.

If an individual employee contacts a committee member on employment related matters, the committee member should direct the employee to the 'Grievance Policy and Procedure for Staff'.

In general, if an individual employee contacts a committee member on non-employment related matters pertaining to the organisation's operations and/or policies, it is incumbent on that member to advise the employee to contact the CEO about the issues.

In the event of a non-employee related issue involving the CEO specifically, the matter must be referred to the Chairperson (or Acting Chairperson in the Chairperson's absence).

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Protocol for Communication between Committee of Management of Directors and the Media

Policy and Procedure

1. The Chairperson will communicate with the media on all matters associated with the governance role of the organisation.
2. The Chairperson will communicate with the media on operational matters only after consultation with the CEO that such action is appropriate. Generally, such communication would take place to either enhance the reputation of the organisation or to strengthen damage control strategies of management.
3. The Chairperson may delegate this responsibility to another committee member or CEO.
4. If the issue is of such a magnitude that involvement of the committee is deemed necessary by the Chairperson or any other member, then an extraordinary meeting of the committee is to be called to determine a strategy which may include contracting a media expert to provide guidance to the committee in its dealing with the media.

Public Affairs

Principle

The Committee of Management has a role to characterise risk and ensure that strategies to minimise or mitigate these are put in place and implemented.

Policy

The CEO shall not undertake, approve or in any way support any action that is directly or indirectly demeaning or derogatory or in any way damaging to Milparinka.

Recruitment of New Members

From time to time, the committee may need to actively recruit new members with skills and expertise as determined by the directors and notified to members prior to each election period

- Consideration is to be given as to the needs of the committee in regard to skills and expertise needed to realise the strategic directions and business plan of the organisation.
- The committee will identify any particular needs in terms of skills and expertise via the newsletter and communication to members prior to normal election periods and also when a casual vacancy arises so as to seek suitable nominees.
- The committee will ratify any decisions on both the identification of skills and expertise needed stage and/or the identification of, and invitation to, any individual.

Remuneration & Benefits

Principle

The Committee of Management holds itself responsible to Members for the financial management of the Company, having due regard to prudential and fiduciary requirements.

Policy

In managing the setting and review of salaries and benefits, the CEO must ensure that decisions or commitments made do not in any way cause or threaten financial harm to the Company

In accordance with Committee of Management requirements the CEO shall:

- Ensure he/she does not change their own remuneration.
- Have regard for the employee's skills and experience, negotiated salary scales, award rates and market conditions for such skills and experience when establishing employee remuneration and benefits.
- Ensure the obligations are not created that cannot be met over the projected period of the individual's term of employment or over a period for which revenues can realistically be projected.
- Ensure unfunded liabilities are not caused in any way that commits Milparinka to benefits that incur unpredictable future costs.
- Ensure commitments are not made or long-term employment offers made under circumstances when such guarantees or promises cannot realistically be honoured.

Service Quality

Principle

The Committee of Management has a legal duty of care that includes its quality compliance responsibilities, but this should not occur at the expense of dialogue about organisation performance.

Policy

The CEO shall ensure Milparinka quality systems, processes and accreditation are maintained in accordance with relevant quality standards.

In accordance with Committee of Management requirements the CEO shall:

- Ensure that the Quality Management System is compliant with the requirements of the Victorian Disability Act 2006, the Human Service Standards, the National Standards Disability Services, Child Safety standards and the NDIS Practice standards and Quality Indicators.
- Ensure that regular reports are made to the Committee of Management in regard to these compliance responsibilities.

Risk Management – CEO

Principle

The Committee of Management has a role to identify and assess risks and ensure that strategies to minimise, manage or mitigate these risks are established and implemented.

Policy

The CEO is responsible for ensuring that a Risk Management Strategy is developed, implemented and monitored by the Committee of Management.

- A Risk Management Register is to be developed and approved by the Committee of Management.
- The Risk Management Register is to be reviewed annually by the Committee of Management Risk Committee in conjunction with the budget and subsequently presented to the Committee of Management at its budget meeting.
- The issue of Risk Management is to be included as an agenda item at each Committee of Management meeting where risks may be identified, re-assessed or deleted.

Strategic and Business Planning Development

Purpose

Strategic Plans guides the organisation towards its goals and objectives. This procedure outlines the process for developing and reviewing strategic and business plans to ensure alignment with organisational priorities and adaptability to changing environments.

Life Spans

Strategic Plan	3 Years
Budgets	1 Years
Operational Plans	Ad Hoc

Procedure

Establishing the Planning Team

The Committee of Management, with advice from the CEO, appoints a leader of the Strategic Planning Team. This leader will ensure the planning team represents key stakeholders, including a Committee Member, senior management, department heads, other staff and participant representatives.

The Plan Leader will be responsible for defining the roles and responsibilities of each team member, outlining their contributions to the planning process.

Environmental Analysis

Internal Assessment: Conduct a comprehensive review of internal factors, including previous plan outcomes, strengths, weaknesses, resources, and capabilities.

External Assessment: Analyse as appropriate external factors such as trends, regulatory changes, and technological advancements to identify opportunities and threats.

Setting Goals and Objectives

Vision and Mission: Reaffirm or redefine the organisation's vision and mission statements to reflect its purpose and values.

SMART Goals: Develop specific, measurable, achievable, relevant, and time-bound (SMART) goals that support the mission and align with the organisation's strategic priorities.

Strategy Formulation

Strategy Development: Brainstorm and evaluate strategic options based on the SWOT analysis and goal-setting exercise.

Strategic Initiatives: Identify key initiatives, projects, or actions required to achieve the strategic goals and objectives.

Business Planning

Operational Planning: Translate the strategic initiatives as required into operational plans, detailing activities, timelines, resources, and responsible people. Milparinka does not intend to have one single business plan but a series of operational plans across a broad spectrum of areas.

Financial Planning: Develop a detailed budget that supports the strategic and operational plans, ensuring alignment with revenue forecasts and cost projections.

Communication, Monitoring and Evaluation

The senior executive is responsible for communicating the plan to relevant stakeholders and the ongoing monitoring and reviews of the strategic and operational plans, including documentation. This includes an annual review of the strategic and business plans to evaluate progress, address emerging challenges, and identify opportunities for improvement and reporting to the Committee of Management on progress and other issues.

Treatment of Members

PRINCIPLE

The Committee of Management represents its owners, moral and legal, exercising a duty of care for the organisation and all of its stakeholders.

POLICY

Organisation members are to be treated with utmost respect. To this end the CEO must not allow any conditions or circumstances to occur that breach this principle.

In accordance with Committee of Management requirements the CEO shall:

- Ensure that Member information is not collected, reviewed, transmitted or stored in a manner that fails to protect against improper access to or use of that information.
- Ensure that there are systems and procedures to provide information to Members regarding the services/benefits provided and their Membership rights:
- Ensure all Members have access to grievance and appeal processes as these relate to their continuing Membership rights and status.
- Ensure that all principles of natural justice are applied in all grievance hearings and associated processes.

Committee of Management Member Induction

The committee will provide to all new committee members a thorough induction into the affairs of both the committee and Milparinka.

Prior to attendance at their first committee meeting, new directors will:

- Receive a copy of the Board's resource handbook including Governance policies, Articles/Constitution and other relevant legal governance documentation, current and recent meeting papers, an organisational chart, contact details for other directors and key staff, a glossary of key terms, definitions and acronyms, the current year's meeting schedule and the annual timetable
- Meet with the Chairperson for a governance familiarisation. This meeting may be held as a group session or with individuals.
- Meet with the CEO for an operational familiarisation

Committee of Management Member Roles

Regardless of which leadership structure Milparinka adopts, it will be accountable to a committee of Management who meet to determine Milparinka's program goals and make major decisions.

Elected Directors should be those who are genuinely interested and have the time to serve.

Delegations as of 30/8/22

The following are the delegations when Office Bearers are unavailable.

Short Term Absences

Position Absent	Replacement Position or role for the meeting
President /Chairperson	Treasurer acts as Chairperson and also retains responsibilities of Treasurer
Treasurer	Prior to the meeting the Treasurer and CEO will discuss finances. The Treasurer directs the CEO as to details of the finance report that needs to be presented and any discussion points around any finances that the Treasurer wishes to raise. The CEO will present this report without additional comment. In the absence of the Treasurer: • no financial decisions relating to investments, long-term financial commitments or new program types with expenditure plans that extend past the current financial year, will be made. • Financial decisions in reference to the funding of programs in which expenditure is limited to the current financial year will continue to be considered and decided on.
Ordinary member	No replacement or delegation required

Interim/Longer term Absences

Position Absent	Replacement Position or role for the meeting
President /Chairperson	Selection of alternative to act in position with full authority.
Treasurer	Selection of alternative to act in position with full authority. May require external applicants due to required skill set.
Ordinary member	Advertising for replacement if quorum is in question or more numbers are required.

Duty Statement: Board Chairperson

The Board Chairperson leads, oversees, and is ultimately responsible for all governance functions of Milparinka, ensuring its continued growth and development, continuity, and financial stability.	
1.Governance	1.1 Provide leadership to the Board
	1.2 Ensure, in partnership with the Board that Milparinka's objectives, goals and mission are being followed
	1.3 Ensure, in partnership with the Board that Milparinka operates in an ethically, environmentally, and socially responsible fashion
	1.4 Chair the Executive Committee to review CEO selection, monitoring, evaluation, and remuneration
	1.5 Create constructive relationship with management and act as a conduit between management and the Board
	1.6 Promptly and comprehensively responding to concerns raised by other Directors
	1.7 Manage Board and create appropriate environment for robust Board discussion
	1.8 Ensure that the information flow to the Board is comprehensive
2. Planning	2.1 Produce in partnership with the Board a Strategic Plan for Milparinka
	2.2 Ensure in partnership with the Board the regular review and development of the Strategic Plan
3. Meetings	3.1 Ensure that appropriate Board Policies are in place
	3.2 With the Secretary, prepare the agenda in advance of the meeting
	3.3 Chair Board meetings according to Board Policies
	3.4 Rule on issues of meetings procedure not covered in the Board Policies
	3.5 Report to the Annual General Meeting on the situation of Milparinka
	3.6 Chair Annual General Meetings according to Board Policies
4. Administrative & Management	4.1 Chair the Executive Committee between Board meetings
	4.2 Assign in partnership with the Board administrative duties to Board members and volunteers
	4.3 Personally carry out administrative duties as assigned
	4.4 Manage the business of the Board
	4.5 Manage the recruitment, induction, and training of Board members in partnership with the Board

	4.6 Manage in partnership with the Board the assessment, review and renewal of the Board
	4.7 Manage Milparinka's Board grievance procedures
	4.8 Ensure the harmony of Board deliberations
	4.9 Manage in partnership with the Board the succession of the position of Chair
5 Media	5.1 Under Milparinka's Media Policy, serve as spokesperson for Milparinka on Governance matters as appropriate
6. Promotion	6.1 Promote Milparinka in the community as opportunities arise
7. Negotiation	7.1 Serve as nominated by the Board in negotiation with other organisations
8. Legal	8.1 Ensure that • the modes of performance of all legal requirements are featured in the procedure's manual • the performance of all legal requirements is reported to the Board • the performance of all legal requirements is fully documented.
	8.2 Ensure that all legal requirements are met
9. Finance	9.1 With the Treasurer, ensure Milparinka's financial control procedures are adequate and that risk management strategies are in place
10. Other duties	10.1 As for Board members (below)

Paul Duty Statement: Board Treasurer

The Treasurer has primary responsibility for management and control of Milparinka funds as well as the overall fiscal health of the organization. The Treasurer works with the staff to ensure that proper records are maintained, and that they reflect the current financial condition of Milparinka. The Treasurer also works with the Board and the Finance Committee to implement fiscal policy and procedures.	
1.Governance	1.1 Ensure that the Board maintains the degree of financial literacy necessary to conduct the business of Milparinka
	1.2 Advise the Board on matters of finance
	1.3 Ensure that appropriate financial policies and procedures are in place and fully documented
2 Planning	2.1 Produce in partnership with Board an annual budget for Milparinka
	2.2 Ensure in partnership with the Board the regular review and development of the annual budget

3. Meetings	3.1 Report to the Board at each meeting on the financial situation of Milparinka
	3.2 Report to the Board at each meeting on variances from the approved budget
	3.3 With the Secretary, place any necessary financial items on the Board agenda in advance of the meeting
	3.4 Report to the Annual General Meeting on the financial situation of Milparinka
4. Administrative & Management	4.1 Serve on the Finance and Risk Executive Committee between Board meetings
	4.2 Personally carry out financial duties as assigned
	4.3 In conjunction with financial staff ensure Milparinka's financial records are adequate, protected, backed up, and accessible.
	4.4 In conjunction with financial staff oversee and monitor Milparinka's asset register.
5. Finance	5.1 In conjunction with financial staff oversee and monitor Milparinka's financial control procedures to assess that they are adequate and that appropriate safeguards against fraud are in place
	5.2 In conjunction with financial staff ensure that risk management strategies (including appropriate insurances) are in place
	5.3 Oversee Milparinka's investment strategy and report to the Board
	5.4 Prepare the Budget for the coming year
	5.5 Review income and expenditure against the budget on a continuous basis
6. Legal	6.1 Ensure Milparinka's compliance with all applicable tax arrangements
7. Other duties	7.1 As for Board members (below)

Duty Statement: Board Secretary

The Secretary is the central focus for records for Milparinka	
1 Governance	1.1 Ensure the preparation and adoption of appropriate Board policies
	1.2 Ensure that appropriate Board Policies are in place
2. Meetings	2.1 Organise Board meetings
	2.2 With the Chair, prepare the agenda in advance of each Board meeting

	2.3 Organise meeting papers for distribution before the meeting
	2.4 Take minutes at each Board meeting and circulate to Board members
	2.5 Take minutes at each Annual General Meeting and circulate to members of Milparinka
3. Administrative & Management	3.1 Serve on Executive Committee's as required between Board meetings
	3.2 Maintain a register of members
	3.3 Handle the procedures for the admission of new members
	3.4 Handle the procedures for the resignation of members
	3.5 Handle the procedures for the discipline, suspension and expulsion of members
	3.6 Organise Annual General Meetings and notify members in advance
	3.7 Receive nominations for positions on the Board
	3.8 Keep in their custody all books, documents and securities, and make them available to Board members as requested
	3.9 Personally carry out administrative duties as assigned by the Chair
4. Promotion	4.1 Promote Milparinka in the community as opportunities arise
5. Legal	5.1 Keep the Common Seal of the organisation

Duty Statement: Ordinary Board Member

Board members support Milparinka's goals and objectives and participate in a constructive manner to ensure Board deliberations are robust and well thought out.	
1. General	1.1 On being elected to the Board, undertake induction and training procedures as provided by the Board
2. Governance	2.1 Consider, debate, and vote on issues before the Board on the basis of the best interests of Milparinka only
	2.2 Comply with the rules, policies, and Board Policies of the organization
3. Planning	3.3 Review and approve Milparinka's Strategic Plan, and other consequential arrangements (Business Plan, Marketing Plan, etc)
4. Meetings	4.1 Attend all meetings, or, if absolutely unavoidable, apologise in advance for absence

	4.2 Where Board papers are circulated in advance of the Board meeting, read papers and consider issues before the meeting
	4.3 Contribute to the discussion and resolution of issues at meetings and otherwise as appropriate
5. Administrative & Management	5.1 Serve on Board committees as required
	5.2 Review and approve Milparinka's systems for financial control and risk management
	5.3 Undertake administrative duties as required
6 Media	6.1 Make comments to the media only as provided in Milparinka's Media Policy
7. Promotion	7.1 Promote Milparinka in the community as opportunities arise
8. Fundraising	8.1 Participate enthusiastically in any fundraising approved by the Board
9. Legal & Ethical	9.1 Avoid making any improper use of their position in Milparinka so as to gain any material advantage for themselves, or for any other person, or to the detriment of Milparinka
	9.2 Avoid making any improper use of any information acquired by virtue of their position in Milparinka so as to gain any material advantage for themselves, or for any other person, or to the detriment of Araluen
	9.3 If they have any direct or indirect pecuniary interest in any contract with Milparinka, inform the Board immediately
	9.4 If they have any direct or indirect pecuniary interest in any contract with Milparinka, not vote in the Board on that issue
	9.5 If they have any non-pecuniary conflict of interest in any matter before the Board, or believe that the perception of such a conflict might arise, inform the Board immediately and follow the Board's rulings as to proper procedure
	9.6 At all times conduct Board business politely and with consideration for others, without ill feeling, improper bias, or personal animus

Committee of Management

Purpose and Scope

Milparinka is funded in through NDIA funds to Milparinka and is managed by an autonomous Committee of Management.

Members of the Committee are drawn from the community and have a variety of expertise. The Committee in most cases meets on the third Tuesday of each month at 6.30 p.m.

In its governance role, the Board is responsible for ensuring that the needs of service users are met through:

- Effective centre management
- Funding and service agreements
- Locally developed policy and initiatives and
- The Centre's legal framework

Management of the Service is vested in the Chief Executive Officer who has the responsibility for ensuring that funding and service requirements are met and all matters related to finances, staffing and administration are addressed. The Chief Executive Officer reports directly to the C.O.

Chief Executive Officers are accountable to the Committee of Management and provide direction, support and resource staff in team units across the Service

Policy

The following are the roles and responsibilities of the Committee of Management:

- To provide leadership by establishing and regularly reviewing the mission statement of the organisation in line with service user and community needs
- To maintain legal compliance and high ethical standards of operation.
- To establish and regularly review the duties and responsibilities of the Chief Executive Officer.
- To establish a selection process and remuneration package for the Chief Executive Officer to appoint a person to fill a vacancy in the position of Chief Executive Officer, to negotiate the contract and annual performance plan for the Chief Executive Officer to review performance of the Chief Executive Officer and to provide support to the Chief Executive Officer.
- To undertake and approve the strategic and business plan and to approve the Funding and Service Agreement and budget for the operation of Milparinka.
- To establish and approve the organisational structure of Milparinka.
- To approve the operational and financial delegations of Milparinka
- To monitor the financial, operational and compliance risk exposures of Milparinka and to monitor the annual budget.

- To establish key financial objectives, with appropriate financial and audit processes in place and ensure that funds are prudently invested
- To monitor the overall performance of Milparinka in regards to service delivery, quality assurance, effective management practices and compliance to the Human Service Standards and the National Standards for Disability Services and child safety.
- To develop and approve policy
- To ensure that Milparinka is accountable, responsive, accessible to service user needs and linked effectively with other local service providers and to ensure that Milparinka takes an active role in local and regional development.

The Chief Executive Officer is responsible for overseeing the day to day business of Milparinka.

External Relationships

Principle

The Committee of Management recognises that external relationships will enhance positive outcomes for clients.

Policy

In accordance with Committee of Management requirements the Chief Executive Officer shall:

- Identify and establish relationships that have the capacity to improve outcomes for clients.
- Identify and establish relationships which do not have the propensity to place the financial viability of the organisation at risk.
- Identify and establish relationships with others whose values align with those of Milparinka.
- Ensure formal agreements are not entered into with external parties without Committee of Management approva

Employment Conditions

Principle

The Chief Executive Officer is the Committee of Management's only direct employee, all further staff being under the management of the CEO.

Policy

In exercising the delegation for the management of staff and volunteers, the CEO must ensure that a workplace environment conducive to sound workplace practices is provided, consistent with workplace legislation and Milparinka core corporate values.

In accordance with Committee of Management requirements the CEO shall:

- Provide staff with clear guidelines as to their rights, entitlements and workplace obligations.
- Provide staff with 'safe', 'dignified' and 'fair' working conditions as defined in relevant workplace legislation.
- Allow all employees and volunteers their right to an approved and fair internal grievance process.
- Take all reasonable steps to ensure that employees are appropriately qualified for the positions they fill.
- Ensure that all staff members are acquainted with their rights under this policy.
- Ensure employees have access to the Committee of Management to express a grievance by
- Ensuring the internal grievance process has been properly followed;
- Ensuring the grievance asserts that the Chief Executive Officer has breached a Committee of Management policy to his or her detriment, or
- Ensuring the grievance asserts that the Committee of Management has not provided adequate protection of the staff member's human rights.
- Ensuring the process for staff making such a grievance must be via the Chairperson

Investments

PRINCIPLE

The Committee of Management has a role to characterise risk and ensure that strategies to minimise or mitigate these are put in place and implemented.

The Committee of Management holds itself responsible to Members for the financial management of the Company, having due regard to prudential and fiduciary requirements.

POLICY

The CEO shall ensure Milparinka investment assets are invested in a manner that does not threaten its financial security.

In accordance with Committee of Management requirements the CEO shall:

- Maintain sufficient liquidity to meet short to medium-term financial commitments.
- Invest in only Committee of Management approved institutions

Service User Privacy

PRINCIPLE

The Committee of Management is responsible for setting the ethical framework for the organisation, defining and nurturing the organisation's fundamental values.

POLICY

The Committee of Management places a high emphasis on high quality ethical relationships with service users and all those applying to become service participants. The CEO must not create or permit conditions or circumstances in which service user rights, dignity or privacy is denied or treated lightly.

In accordance with Committee of Management requirements the CEO shall:

- Ensure that service user information is not gathered beyond that necessary for the provision of services or as required by law.
- Protect against improper access to service user information.
- Provide a reasonable level of privacy for service user interactions with the agency.
- Ensure that there are systems to provide information to consumers (and their advocates) regarding the services.

Chairperson Role Description

Key Roles

To meet standards of good governance, the committee will follow an agenda that:

1. Regularly reviews results policies and relevant strategic issues
2. Ensures that all relevant compliance requirements are addressed, and
3. Improves committee performance through education and continuous focus on its governance effectiveness.

In consideration of the Strategic Directions, the committee will develop an agenda setting out a framework for its work. Examples of recurring and once-off agenda items include:

- Scheduled review of committee stated results as indicated in the Board's processes policies, e.g. via CEO reports and presentations.
- Scheduled time for strategic thinking.
- Scheduled assessment of organisational risk.
- Monitoring business plan and budget for reviewing and approving.
- Consultations with key stakeholders as appropriate.
- Governance education.
- Other policy compliance monitoring both in respect of the CEO Constraints and Committee Processes policies.
- Board Effectiveness review.
- Director performance appraisal review meeting and remuneration review.
- Preparation for or review of AGM matters.
- Meeting with the external auditor.
- Scheduled reporting by committees.

HUMAN RESOURCE PROCEDURES

Equal Employment Opportunity

EEO Commitment

Equal Employment Opportunity is based on sound, progressive management principles utilizing Milparinka's human resources efficiently by promoting fair and equitable employment practices, and removing any discriminatory and inefficient procedures.

Recruitment

Milparinka is an equal employment opportunity employer.

Recruitment will be from individuals selected solely on the basis of relative ability, knowledge and skills in fair and open competition which assures that all receive equal employment opportunity as their right.

Promotion and Advancement

Promotion and advancement within Milparinka will be from individuals selected in fair and open competition on the basis of relative efficiency measured to the position involved.

Individuals should have the freedom to choose their occupation limited only by individual ability and the availability of particular jobs.

Employment Rights

All workplace participants (including full and part-time, temporary, casual, contract and work experience) have a basic right to work in an environment free of harassment and discrimination, and Milparinka will inform workplace participants of their rights and of their responsibilities.

Equal pay will provide for work of equal value with appropriate consideration being given to the different requirements of various occupational employment categories.

Employees will be provided equitably with effective education and training where this will result in better organizational and individual performance.

Employee Responsibilities

All employees are expected to adhere to the EEO policy, and treat other employees with courtesy and sensitivity, and treat those with whom they deal equitably as a condition of employment. This applies to all workplace participants (full and part-time, temporary, casual, contract and work experience).

EEO - Sexual Harassment

Sexual Harassment

Is Sexual Behaviour that is unwelcome. It is Behaviour that the person should have realized would have offended, humiliated or intimidated the other person.

Sexism

Is Behaviour reflecting prejudice or bias against members of one sex.

Sex Discrimination

Is treating a person less favourably than a member of the other sex in similar circumstances.

Purpose and Scope

To ensure a safe working environment for all staff and service users. Milparinka will ensure that no employee or service user is subjected to any form of sexual harassment resulting from their employment with the organisation.

Procedure

In circumstances in which a reasonable person, having regard to all the circumstances, would have anticipated that the person harassed would be offended, humiliated or intimidated.

Sexual harassment can also be in the form of language or jokes, comments, pictures or written material.

Any employee who believes that they are being harassed should immediately contact the Chief Executive Officer.

Any employee found guilty of sexual harassment will be subject to disciplinary action which may result in dismissal.

Legislative Provisions

Sexual harassment and discrimination are deemed unlawful under the Commonwealth Sex Discrimination Act 1984, the Victorian Equal Opportunity Act 1984 and various other State Acts.

The legislation places responsibility not only on the harasser, but also the employer and the responsible manager/supervisor.

How employers and the managers and supervisors react to complaints related to harassment will play a large part in determining whether Milparinka is held responsible for the acts of the sexual harassment.

Note: An employer, manager or supervisor who is unaware of the situation is still liable if they cannot prove that they have taken all reasonable steps in the prevention of sexual harassment in the workplace.

Therefore, all complaints must be treated seriously and in the strictest confidence.

What is Sexual Harassment?

Sexual harassment varies in the degree and the extent to which it causes affront and distress.

It may cause the recipient pressure, guilt and confusion and creates harmful working conditions of fear and conflict.

Sexual harassment and other forms of harassment can also cause low staff morale, increased absenteeism, lower productivity, poor work performance, poor teamwork and costly law suits.

All of these effects will eventually impact on the organisation.

Under the Sex Discrimination Act, sexual harassment is defined as:

- a person makes an unwelcome sexual advance or an unwelcome request for sexual favours, to the person harassed; or
- engages in other unwelcome conduct of a sexual nature in relation to the person harassed.

In circumstances in which a reasonable person, having regard to all the circumstances would have anticipated that the person harassed would be offended, humiliated or intimidated.

The following types of conduct may in fact constitute sexual harassment when they are offensive to an employee, regardless of any "innocent intent" on the part of the offender:

- physical contact such as kissing, patting, pinching or touching in a sexual way;
- sexual propositions;
- attempts at sexual intercourse;
- sexual intercourse under threat of loss of employment;
- unwelcome remarks or insinuations about a person's sex or private life;
- suggestive comments about a person's appearance or body;
- sexually explicit conversations;
- demands that certain sexually suggestive clothing be worn (eg: short skirts):
- proposal of marriage;
- offensive telephone calls; or
- gender based insult or taunting.

Jokes, pin-ups, calendars, graffiti, vulgar statements, abusive language, innuendos, reference to sexual activity, or overt sexual conduct to fellow workers constitute sexual harassment. Employees are entitled to work in an environment free from embarrassment, discomfort and intimidation arising from the introduction of sex (in whatever form) in the workplace.

It is the responsibility of all managers and supervisors to ensure that no offensive material, including pin-ups, calendars and magazines, etc. are present in the workplace. All employees also have an obligation to abide by Milparinka Policy.

Harassment Outside The Workplace

Milparinka will not tolerate sexual harassment at any of its social/promotional functions, conducted outside normal working hours.

It is imperative that all employees are made aware of the fact that sexual harassment outside normal working hours may also be deemed unlawful it there are repercussions within the workplace.

Milparinka may also be responsible for the actions of people attending and contractors who harass their employees.

Employer Responsibility – Vicarious Liability

It is Milparinka responsibility to provide a workplace free from sexual harassment and to establish internal channels for redress to all staff.

Experience suggests that the primary determinants of success in dealing with sexual harassment cases have been through:

- commitment at the most senior level in an organisation; and
- procedures that are seen to be even-handed and accessible to all employees.

Milparinka will consistently encourage discussion and resolution of issues in the workplace.

Milparinka further considers sexual harassment to be an unacceptable and unlawful form of behaviour which will **NOT** be tolerated under any circumstances. Management/supervisors are therefore committed to action which ensure the total absence of sexual harassment within the workplace, at all times.

Vicarious liability provisions in the law place obligations on employers, and their managers and supervisors to be responsible not only for their own conduct, but also for the behaviour of their peers and for people who work for them.

The law requires employers to take reasonable precautions to ensure that their supervisors, managers and employees do not contravene the law.

What are your obligations as an employee?

It is also the responsibility of ALL employees to ensure that their behaviour does NOT create or condone circumstances that may allow or lead to sexual harassment.

Every employee also has the right to deal with workplace issues that concern them. As the employee, you must not assume that Milparinka is aware of a sexual harassment problem you may have witnessed or may be experiencing.

It is therefore your responsibility to come forward with any complaint of harassment. It is imperative that you do not refrain from "speaking up" immediately.

What to do, as a manager/supervisor, if a case of sexual harassment is reported to you but the victim does not want any action taken?

It is imperative that the employee is made aware of their rights as outlined under Milparinka policies and procedures, current legislation and other external sources. In most circumstances a lack of knowledge of their rights may very well be influencing their decision.

Manager/supervisors should also ensure that the behaviour does not continue, monitor the situation very carefully and intervene only if necessary.

Advise that complainant that, although their wishes will be respected the manager/supervisor may still have a legal obligation to take action as deemed necessary. Further advise the complainant that records of all informal complaints will be kept and that these records will be confidential and securely stored.

What to do, as an employee, if you are being sexually harassed?

If an issue arises which troubles you, take the initiative to resolve it. Let the alleged offender know either verbally or in writing that their behaviour is unacceptable and must cease. If you feel you are unable to approach the alleged offender then you should contact either your direct supervisor, manager, a union representative, the Chief Executive Officer or other external reference sources such as the Commissioner for Equal Opportunity.

How To Lodge A Complaint – The Formal Complaints Procedure

In many instances sexual harassment complaints can be resolved informally. The purpose of the informal procedure is to resolve issues, not to establish "innocence" or "guilt".

Most grievances and problems are best resolved through open and constructive communication between the parties involved and employees should be encouraged to seek resolution in this manner.

Available Options

An employee who feel that they have been subjected to sexual harassment has a number of avenues available to them. Advice may be sought from and/or lodged with any of the following

Sexual Harassment Officer

At this stage the sexual harassment officer is the Individualised Supports Manager. You can expect strict confidentiality from the S-H-O in responding to your issue.

Formally advise the S.H.O. clearly, either in writing or verbally, of the action that is presenting a problem. The S.H.O. will thoroughly discuss the issues with you and identify methods to resolve them.

Attempts to resolve the problem quickly, informally, internally and where possible in a low key and conciliatory way, is highly recommended.

A consistent approach is necessary in all cases.

Your S.H.O. will then proceed to undertake, with the assistance of the Chief Executive Officer, full investigation of the alleged matter. This will be conducted within two days of being advised of the situation.

Appropriate action will then be taken to further ensure that the alleged sexual harassment conducted ceases to continue within the workplace.

Note: All records of times, dates, names, witnesses and any other information assisting the inquiry must be kept in a confidential place. Under **NO** circumstances will any information be maintained on personnel files.

EEO Complaints

All employees (including full and part-time, temporary, casual, contract and work experience) are encouraged to object to discrimination or harassment and may cite Milparinka policy in support of their objection.

If employees feel unable to object on their own behalf, they should seek quick resolution of minor grievances at the local level.

For EEO matters contact:

- Your Manager
- Chief Executive Officer
- Union representative

A complaint may be lodged verbally and/or in writing and will be treated with the strictest confidentiality.

Employees have a right to have and EEO matter internally investigated or bring the complaint to the attention of an external source such as the Commission for Equal Opportunity.

All care must be taken to ensure that the complainant(s), the alleged offender(s), and any others involved in an EEO matter do not suffer victimization.

All employees must avoid defamation issues by refusing to participate in gossip or speculation, and restricting comment or information relating to their involvement in an EEO matter to those who are directly involved in the complaint process.

EEO Confidentiality

All parties concerned in the making and investigation of a complaint should observe strict confidentiality while the procedures are being carried out. This is to ensure that both the person with the complaint and staff involved in dealing with complaints are legally protected from any charge of defamation which might be made by the person complained against.

All witnesses must also be made aware of the need for confidentiality and that any breach may be regarded as misconduct.

The consent of the person with the complaint must be obtained before divulging their name to any person not concerned in the investigation.

EEO Keeping Records of Complaints

There are a number of conflicting interests that should be taken into account in deciding on how the complaint notes and records should be taken, who should have access to them and how they should be disposed of. These include:

The requirements of confidentiality (and the risk of defamation) need to be balanced against the necessity of keeping proper records of all cases which are investigated and found to have substance.

Management, people with complaints and other staff have an interest in ensuring that complaints are thoroughly investigated and followed up. To do this, notes will need to be kept about the event, so that a particular staff member or service user can be monitored to assess whether an incident is isolated or forms part of a pattern.

Records will also provide the necessary information for management to answer any questions about particular actions.

On the other hand, allegations and findings of harassment can cause damage to reputations and future careers. Milparinka and its employees should have an interest in allowing staff and service

users to ‘live down’ any incidents and for them to be put in the past, so long as there are no further problems.

As a general principle, retained records should be handled in such a way as to avoid causing ‘endless punishment’ for past mistakes especially when a satisfactory resolution has been achieved.

It is suggested that the details of any record keeping procedures take into account the issues outlined above.

The suggested options for record keeping procedures in the following cases are detailed below:

- If a person approaches a member of the Committee of Management, the Chief Executive Officer or a Manager for discussion, counselling and advice but decides to take no action –

1. The member of the Committee of Management, the Chief Executive Officer or a Manager should record information which includes the names of those involved, the date and a brief account of the interview.

2. Make a record that does not include the names.

Such notes are necessary to allow for the possibility that the matter is subsequently reopened or the Behaviour complained of is repeated or becomes a problem to someone else. The notes should be kept under lock and key until such time as they are considered no longer necessary.

- If informal intervention has resolved the matter –

The same approach as above should be taken including any action taken and the outcomes. The same consideration should also be given to the securing and disposing of records .

- If the complaint cannot be substantiated-

If, after a complaint has been formally made and investigated, it cannot be substantiated nor disproved, then details of the allegations and investigations should be kept (in restricted access, not on personal files) so that the situation can be monitored. If there are subsequent complaints, the earlier one could be relevant in identifying a pattern of Behaviour.

- If a complaint is found to have no substance –

All records should be destroyed and no notes of the allegation should be recorded on the personal files.

- If a complaint is substantiated and the person disciplined

The person’s personal file should contain a summary of the nature of the complaint and outcome, documented according to Milparinka’s practices on such matters. The full record of the information obtained in the investigation and the disciplinary interview are best kept in a separate file, marked confidential, and kept under strict security.

The person complained against should always be invited, if they wish, to add personal comments to any records retained after completion of an investigation.

The length of time that records are kept should be decided by the Chief Executive Officer in line with other record keeping practices.

EEO Legal Issues and Definitions

Vicarious Liability of Employers

Vicarious liability clauses under Federal and State legislation oblige employers to take all reasonable steps to prevent discrimination, harassment and victimization. If a manager or supervisor cannot show that they have taken all reasonable steps to prevent these offences, they may be found personally liable.

Any employer, manager or supervisor who is unaware of the situation is still liable if they cannot prove they have taken all reasonable steps to prevent discrimination.

Employer liability means that, at the very least, management should have communicated clearly to all employees the policy and their rights and obligations under the Equal Employment Opportunity, Anti-Discrimination and Sexual Harassment legislation.

Direct Liability of Employers and Employees

An employer or supervisor can be directly liable for their actions either because they harass an employee or because they knowingly allow that person to be harassed by another employee.

An employee can be liable for their own actions towards another working while acting in the course of their employment.

Defamation

Defamation is the publication of an untrue statement about someone which tends to lower their reputation with people or leads other people to avoid them.

The possibility of being sued for defamation arises when a person involved in a complaint speaks to anyone other than the person involved or those with a genuine need to know.

It is not defamatory to bring of discrimination, harassment or victimization issue to the attention of a person in authority who has a proper interest in knowing.

Discrimination

Direct discrimination refers to treating someone unfairly and unequally on the grounds of being a:

- Woman
- Aboriginal or Torres Strait Islanders
- Person from a non-English speaking background
- Person with a disability
- People from different cultural and religious backgrounds
- Other groups as deemed necessary

Direct discrimination also involves:

- Applying an assumption or prejudice instead of considering a person's real attributes, capacities, knowledge, understanding or skills.

- Any action which specifically excludes a person or a group of people from a benefit or opportunity, or significantly reduces their chances of obtaining it, because a personal characteristic irrelevant to the situation is applied as a barrier.
- Assumed, stereo-typed differences between groups of people

Indirect Discrimination

Refers to where there is a requirement (a rule, policy, practice or procedure) that is the same for everyone but which has an unequal or disproportionate effect or result on particular groups. Unless this type or requirement is "reasonable having regard to the circumstances" it is likely to be indirect discrimination – even if there was never any intention to discriminate.

EEO Natural Justice

In investigating EEO complaints, it is essential to treat both parties according to the principles of natural justice. This means:

- Being scrupulously fair to both parties
- Respecting the rights of the person against whom the complaint is made
- Even-handed treatment to both parties
- Ensuring confidentiality for both parties

Ensuring that the person complained against:

1. Is given all the information about the complaint
2. Is given the opportunity to present their side of the case
3. Is told of their right to seek support

EEO Reporting

Reporting of discrimination/harassment complaints/issues.

As per Milparinka's Harassment and Discrimination Complaints procedure the Chief Executive Officer will complete a written confidential report on receipt of a complaint and send it to the Chairperson, Committee of Management.

The Chief Executive Officer should receive a report on each complaint for the purpose of monitoring of grievances and for early detection of issues and necessary Milparinka action.

Strict confidentiality will be maintained by the Chief Executive Officer and he/she will initiate appropriate action in consultation with the Committee of Management if necessary.

EEO Victimization

Experience has shown that the person with the complaint sometimes faces unfavourable treatment subsequent to the placing of the complaint. This puts the person under further stress which can escalate the situation beyond resolution or can cause the person to drop the complaint.

Such treatment is termed victimization and is against the law under Anti-discrimination or equal employment opportunity legislation.

Victimization includes any unfavourable treatment of a person who in good faith, has brought any proceedings or has been a witness under Discrimination and Harassment Complaint Procedures or those undertaken by the Anti-Discrimination Board or other such organization.

Examples of such treatment are:

- Aggression
- Dismissal
- An adverse change in the working environment or responsibilities
- Denial of promotion
- Deliberate isolation because a complaint has been made

Victimization of people making complaints or giving evidence through Milparinka's complaint procedure will be treated with the utmost seriousness by the Chief Executive Officer and/or Committee of Management.

Managers are responsible for ensuring that victimization does not occur, either immediately after a complaint is made or sometime after the complaint has been resolved. Formal follow up interviews to monitor the situation are therefore advisable.

Equal Employment Opportunity

Purpose and Scope

Milparinka is committed to equal opportunity for all of its employees in all employment related matters.

We are committed to using the full potential of the workforce in an open and flexible nature. Accordingly, all employees are entitled to access employment, promotion, training and the benefits of employment on the basis of merit and will be assessed on the basis of their skills, qualifications, abilities, aptitudes and performance.

Milparinka's Committee of Management will not tolerate discrimination, either real or implied, on the grounds of sex, marital status, sexuality, race, ethnic background, physical appearance, parental status, disability, pregnancy, political conviction, union affiliation, religion or age. Any employee with a complaint in relation to discriminatory practices should contact the Chief Executive Officer without delay.

It is the aim of Milparinka to operate in a manner that incorporates both the spirit and intent of equal Employment Opportunity and Anti-Discrimination Legislation and the International Labor Organisation Convention (ILO) No. 156 (Workers with Family Responsibilities).

Milparinka is committed to eliminating any harassment and discrimination by dealing with all EEO matters quickly, fairly and with confidentiality. Management is also committed to protecting employees against the possibility of any victimization in association with EEO matters.

Milparinka Collective Agreement

Milparinka Collective Agreement

All staff who are employed at Milparinka are as of 1/1/2019 employed under the conditions set out in the Social Community, Home care and Disability Services Industry Award 2010. Staff employed before this date maintain the conditions of employment in the Milparinka Certified Agreement which are comparatively better than is available in the new Award.

This predominantly relates to annual leave accrual. If you have any queries about the conditions of your employment you can speak to the Head of Finance and Business Services.

Current copies of the SHADS award can be accessed on the internet.

Orientation of New Staff

Orientation of New Staff

Purpose and Scope

To provide a mechanism for new staff users to be effectively orientated to ensure effective entry into the agency and continued quality support of participants. Individuals commencing with Milparinka will be offered an orientation process to familiarize them with their new work responsibilities and environments This includes ongoing, casual and temporary staff.

Procedure

Orientation commences once a staff member has been identified as suitable for employment, but prior to them beginning to work with individuals 0r on other duties. As part of a pre-employment process each successful applicant, before being registered as an active employee is required to become familiar with, and complete the following:

- Disability Support Workers Code of Conduct
- NDIS code of Conduct
- NDIS worker Orientation Module
- Having read and understood the position description to ensure they have understood the work role required

Once the above is completed the staff member completes the On-Line Milparinka Orientation Module

Link to staff on line orientation: https://form.jotform.com/Milpar/milparinka-staff-orientation

Following the online orientation and the new staff member being entered into the system they will have a membership added to Etrainu and will be required to complete the following courses prior to the face to face orientation.

The courses are:

- Positive Behavior support – 2 hours
- Supported Decisions Making - 1 hour
- Management of Waste – 15 minutes
- Personal Protective Equipment -10 Minutes
- Emergency and Disaster Management – 30 minutes
- Infection Control for Disability Support Workers – 1 Hour
- Introduction to Mealtime Management - 30

Following the completion of the In Line Orientation the Recruitment Coordinator will provide and coordinate for the new employee, a face to face orientation, this is conducted on site and in person.

The orientation consist of 5 sections. 4 sections are for all staff to complete and 1 is specific to staff who will be working in centre based groups.

1. The Recruitment Coordinator discusses and educates staff about values, NDIS goals and following participants ambitions
2. Communication and Participation Consultant conducts session on communication, PTMs and Mealtime profiles. New staff are required to sign the Providing Mealtime Assistance at Milparinka Staff Information and Declaration.
3. Recruitment Coordinator, along with other key staff presents and clarifies issues and requirements for all staff, including incident reporting, PPE and infections control
4. Day Service Coordinator presents and clarifies issues and requirements for staff working in Groups or driving.
5. Once the staff member has commenced employment, the Recruitment Coordinator will follow up with them immediately after their first shifts to mentor them through the completion of relevant notes, such as goal related notes and to emphasis the focus on supporting participants to achieve goals. This will include an induction to vehicles.

A completed orientation checklist is signed by the Recruitment Coordinator and the new staff member, and is saved to the staffs file

Personal Leave - Staff

Personal Leave Leave - Staff

Purpose and Scope

To ensure that staff receive their entitlements and adequate notice is given in the event of staff absence so that disruption to services are minimized and effective planning can be undertaken to ensure the continued services and safety of service users and staff.

Procedures

Procedures

Sick Leave

Sick leave can be used when an employee is ill or injured.

Under the NES employees are entitled to:

- Pro rata 10 days each year for part-time employees.
- An employee's entitlement to paid sick and carer's leave accumulates progressively during a year of service, based on their ordinary hours of work.
- The entitlement to 10 days of sick and carer's leave can be calculated as 1/26th of an employee's ordinary hours of work in a year.
- Sick and carer's leave accumulates from year to year.
- Sick and carer's leave continues to accrue when an employee takes it or paid annual leave.
- Sick and carer's leave will not accrue on unpaid leave unless it is community service leave or it is provided for in an award or agreement.

Carers Leave

An employee may have to take time off to care for an immediate family or household member who is sick or injured or help during a family emergency. This is known as carer's leave but it comes out of the employee's personal leave balance.

When can paid sick and carer's leave be taken?

An employee can take sick and carer's leave if they are unfit for work because of their own personal illness or injury (including pregnancy-related illness), or to provide care or support to a member of their immediate family or household, because of a personal illness, injury or unexpected emergency affecting the member. A member of the employee's immediate family means their:

- spouse or former spouse
- de facto partner or former de facto partner
- child
- parent

- grandparent
- grandchild all and
- sibling, or
- child, parent, grandparent, grandchild or sibling of the employee's spouse or de facto partner (or former spouse or de facto partner).

What payments are required when sick and carer's leave is taken?

When paid sick and carer's leave is taken, the minimum requirement is that an employee must be paid at their base rate of pay for the ordinary hours they would have worked during the period. An employee's 'base rate of pay' is the rate of pay payable to an employee for their ordinary hours of work, but not including any of the following:

- incentive-based payments and bonuses
- loadings
- monetary allowances
- overtime or penalty rates
- any other separately identifiable amounts

Appointments

Day service Staff who make appointments into the future, e.g. for check-ups are encouraged to make those appointments outside of work hours or at the end of each day so that the balance of the day can be worked if possible. You should advise your manager of prearranged appointments when you make them.

Any time taken to attend medical appointments that are made at the end of a work day, during work time but outside of service user contact time, will not be deducted from sick leave or TIL entitlements. This is conditional on the provision of a certificate or other acceptable documents which confirm your attendance.

Are there evidence requirements?

For all periods of sick and carer's leave or compassionate leave, an employee must give their employer notice of the taking of the leave. Evidence is not automatically required.

An employer is entitled to request evidence that would substantiate the reason for leave. A failure to provide notice or, if required, evidence that would satisfy a reasonable person to substantiate the reasons for the leave, means the employee is not entitled to the leave.

Being Absent from Work

It is the responsibility of employees to advise their Manager or Coordinator of: -

- Their imminent absence from work as a result of illness or injury as soon as possible prior to such absence.
- The expected duration of such absence.
- To confirm prior to the event of their return to work/duty.

Notification of Sick leave

Direct Support Staff:

- Wherever possible staff should provide notice of absence no later than 4pm on the day prior to the absence.
- If this is not possible any after hour's notification of absence is to be made to the phone number provided to staff by their manager/coordinator. It is expected that this notification will occur at the latest, with the exception of exceptional circumstances, as close as possible after 7.30am on the morning of the absence.
- Unless there are circumstances that prohibit this, all calls should be made when phones are manned, see your coordinator for times, so that you or your representative can talk directly to a person. Unless no other option exists, you should avoid leaving voice mail messages.
- Where illness or treatment regimes prevent voice calls then Text Messages to your manager/coordinator can be used.

Office Based Staff

- Advise your manager or coordinator of your sick leave prior to the day if possible or at the soonest possible time during office hours.

Return to Work

Staff are required to contact the manager to advise of their return by 3pm on the previous day.

If contact has not been received by 4pm, the day before your intended return to work, it will be assumed that you will not returning to work and replacement sought where this is needed.

Position Descriptions

Purpose and Scope

Position descriptions are available for all positions.

1. To establish a standardised and comprehensive approach to developing position descriptions.

2. To ensure that clear and detailed position descriptions are available and are a significant component of effective workforce management, ensuring roles, responsibilities, and expectations are well-defined.

3. To ensure staff are aware of the responsibilities and duties of their positions.

Procedures

Procedures

Development:

When a new position is identified or an existing role undergoes significant changes or review, the respective department manager initiates the position description process.

The manager collaborates with the relevant department managers, team members, and other stakeholders to conduct a thorough job analysis to understand the duties, tasks, responsibilities associated with the position and alignment with NDIS standards and other requirements. This may involve direct observation, interviews, consultation and identification of key responsibilities, required skills, and qualifications.

The draft Position Description is documented using a standardized position description template that includes sections for job title, department, reporting structure, key responsibilities, qualifications, and any other relevant information.

The Managers will ensure that each position description includes:

- Job Title and Department
- Reporting Structure
- Key Responsibilities and Duties
- Qualifications (education, experience, certifications)
- Key Skills and Competencies Required
- Working Conditions

Once the position description is drafted, it is reviewed by the Manager of the relevant department, Head of Finance and Business services and the CEO, and if suitable is approved for use.

We maintain a centralised repository for all finalised position descriptions.

Position Descriptions are reviewed every two years to assess for continued relevance.

Implementation:

To accept employment, or a change of role, at Milparinka prospective employees confirm they have read and understood the requirements and conditions position description by returning a signed position descriptions, which is placed in their personal file.

No staff member can commence employment with Milparinka without having submitted a signed position description. This indicates that they have read, accepted and understood:

- The requirements of their role
- The duties and conditions as listed.
- That there is a 6-month probation period on commencement of employment.

Professional Development

Purpose and Scope

Purpose and Scope

Professional Development is an integral part of service provision and service development whereby staff are supported in the acquisition and development of skills, and are supported in their efforts in contributing to organisation and service outcomes. To ensure that Milparinka incorporates a continuous schedule of development that provides opportunities for staff and improved service quality.

- Strategic and business planning should provide direction and the frame work for professional development needs of staff.

- Staff professional development should be developed systemically as part of a formal performance management process where this is in place.

- Professional development should assist the employee to play the part in meeting the organisation's strategic goals and implement its policies and procedures

Procedures

Procedures

Strategic and plans should include professional development for all levels of the organisation, from direct care staff through to the Committee of Management. Compliance and performance to be monitored by Managers, the Chief Executive Officer and the Committee of Management.

Position descriptions will be updated as required to specify the organization's requirements in relation to professional development.

Performance Management will be undertaken bi annually, from September 2020, with each full or part time staff member. This appraisal will identify priorities for professional development plan for staff.

All non ETRAINU episodes of professional development are recorded in the Milparinka Staff training Data base. ETRAINU maintains its own data base.

See Training and Education Procedure

Protected Person Disclosures

Purpose and Scope

Milparinka implements procedures for making and handling protected disclosures.

Milparinka supports the objectives of the Protected Disclosure Act 2012 and encourages people to disclose known or suspected incidences of improper conduct that involve Milparinka or its employees.

Milparinka will protect people from reprisal for having made a disclosure.

The Independent Broad-based Anti-Corruption Commission (IBAC) has primary responsibility for investigating protected disclosure complaints. The Commission will report on the number of disclosures notified to IBAC in its annual report.

Procedure

Who can make a disclosure?

- Any individual or group of individuals.
- A disclosure cannot be made by a business or company.

How do I make a disclosure?

- Orally or in writing (but not by fax) in accordance with specific procedures.

What can I make a disclosure about?

- Improper conduct engaged in, and/or detrimental action taken by, public bodies or public officers performing public functions. This includes the Victorian Public Sector Commission, its members and employees.
- (Refer to Part 4 of these procedures for more information.)

Who can I make a disclosure to?

- If you wish to make a protected disclosure about the Victorian Public Sector Commission or any of its public officers, you may contact:

Protected Disclosure Coordinator

Victorian Public Sector Commission
3 Treasury Place
Melbourne VIC 3002
Telephone: (03) 9651 0835
Email: protected.disclosure@vpsc.vic.gov.au

Independent Broad-based Anti-Corruption Commission (IBAC)

GPO Box 24234
Melbourne, VIC 3001
or
Level 1, North Tower

459 Collins Street
Melbourne Vic 3000
Telephone: 1300 735 135
Website: www.ibac.vic.gov.au

Link to More Detailed Information About Making a Protected Person Complaint

Reporting-corruption/what-is-a-protected-disclosure

Disciplinary Procedures

Purpose and Scope

This procedure has been formulated in accordance with the requirements of the Workplace Relations Act.

It aims to ensure that:

- Proper and correct procedures are adhered to when any employee of Milparinka breaches Milparinka's rules and regulations; statutory legislative obligations or regulations; and that
- Proper procedures are followed when action is taken regarding an employee who has not been performing their job to the standard specified or has been found guilty of misconduct.

The Milparinka discipline system focuses primarily on personal counselling, and endeavours to coach the employee to meet the required standard of conduct.

Milparinka practices will ensure that proper discipline and dismissal procedures are complied with, and that there is a high level of consistency in their application.

Suspension

Suspension of staff while an investigation is undertaken is not a preferred option however can be considered where:

- There is an allegation of serious/gross misconduct and the staff members presence may pose risk or hinder any investigation
- Where the continued presence of a staff member may pose a continued risk to the health and wellbeing of services users/participants or their family members.
- Where the continued presence of a staff member may pose a continued risk to the health and wellbeing of other staff.

Suspension:

- Can only be approved by the CEO after alternative to suspension are considered
- Must not disadvantage a staff member financially
- Have the reason for the suspension and subsequent processes explained to the staff member at the time of the suspension

Inadequate Work Performance and Unsatisfactory Behaviour.

Where it becomes necessary for a Manager to address inadequate work performance and unsatisfactory behaviour with an employee, the following procedures are followed:

Verbal Warning (The informal counselling session)

Informal counselling is regarded as the first step in conveying to an employee any problem relating to their behaviour, specific actions or work performance.

Informal counselling must be conducted by the Manager and is simply a reminder to the employee that the identified behaviour/poor performance is unacceptable and should be improved immediately.

Means of rectifying the problem, if appropriate, and time frame for improvement should also be discussed.

All warnings given to an employee will be documented and retained on the employee's personal file as this will assist in defending any unlawful or unfair dismissal claim which may arise.

Verbal Warning (The Formal Counselling Session)

Formal counselling will occur when either informal counselling has failed to address and rectify the problem or a more serious issue needs addressing.

The following steps must be adhered to:

1. Managers must firstly satisfy the Chief Executive Officer that sufficient grounds exist prior to conducting a formal counselling session with an employee.

2. Having satisfied the above, the appropriate Manager must then arrange to meet with the employee as soon as practical in order to discuss the matter.

1. The employee concerned will be advised in writing of the time, date, location and reason for the formal counselling session. Included in this advice is a statement allowing the employee to be accompanied by a person of their choice.

3. The scheduled meeting should address the following issues:

1. Reason for the warning. (arrange to discuss the matter openly and invite employee to do the same).

2. Consult with the employee about his or her apparent failure to meet the performance standard.

3. Make the employee aware of the standard required, and give him or her the opportunity, in full and frank discussion to put their views forward with regards to whether or not they have met the standard and if not, why.

4. Suggest a means of rectifying the problem and, if appropriate, outline an agreeable time frame for improvement. One option may be for the Manager to devise a written statement of the performance objective(s) that the employee agrees he/she can achieve and commits himself/herself to achieve.

5. Arrange to reschedule another meeting (Review Meeting) in a specified time to reassess the matter.

4. It is important that all counselling sessions conducted with the employee are accurately minuted by the Manager.

1. The Manager and the employee must also sign and date all written records and both keep a copy.

2. A copy of this document will be placed on the employee's personal file.

5. Managers should also have regard to the employee's rights. Milparinka's policy, in conjunction with Federal Law, provides that an employee must not be terminated for

reasons related to the employee's conduct or performance unless the employee has been given the opportunity to defend himself or herself.

1. The employee must therefore be given sufficient details of the allegations against him or her to mount an appropriate defence. The employee also has the right to request the presence or assistance of a union delegate or a nominated support person.

If an employee claims that there are certain factors existing within the workplace that substantially impede their performance, reasonable steps to rectify the problem must be taken by the relevant Manager.

The Review Meeting

It is Milparinka's procedure that a review meeting be conducted on the date and time previously agreed upon at the initial counselling session.

The purpose of the review meeting is primarily to:

- Review the employee's progress in terms of what was agreed upon at the last meeting.

First Written Warning

Following the review period, if an employee's performance and behaviour still does not meet the required standard within the time schedule agreed to in the file note, a further meeting will be promptly arranged between the employee and the relevant Manager.

At the meeting, the following issues must be addressed:

- The required standard of performance;
- The way in which the employee has failed to meet the required standard;
- The required improvement, in conjunction with the period in which the employee should demonstrate improvement, (usually no longer than three months);
- Offers of assistance.

It is Milparinka's policy that the employee be given the opportunity to readdress the allegations of inadequate performance or behaviour.

Any matters raised by the employee at any subsequent sessions must be considered.

Immediately following the meeting, unless the employee's explanation of inadequate performance/behaviour is accepted by the Manager, a letter will be provided to the employee (preferably within 1 working day) clearly stating that it is a first written warning.

The letter should clearly set out the concerns raised at the meeting and the employee's response to those concerns.

All warning letters will be drafted by the Manager with assistance from the Chief Executive Officer and placed on the individual's personal file.

Termination

- If the employee is found guilty of further misconduct, then terminating employment may need to be considered.

- Prior to exercising the termination option, the Chief Executive Officer must have reached the conclusion that all disciplinary procedures detailed above have been exhausted. The only exception to this rule will be where an employee is allegedly involved in SERIOUS misconduct.
- It is strict Milparinka policy that only the Heads of Departments in consultation with the Chief Executive Officer can terminate the services of an employee.

Summary Dismissal

- The right of summary dismissal is a common law right and is rarely, if ever, affected by the terms of an award or agreement.
- The common law has long recognized that where an employee is guilty of serious misconduct, the employer does not have to provide the employee with the period of notice of termination that would otherwise be required.
- Where the employee is summarily dismissed, the employer is only required to pay the employee up to the time of dismissal.
- It is important to note that if an employee is summarily dismissed without proper preparation and a full investigation of the matter, the employer may be faced with an order for re-instatement.

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Recruitment and Selection

Recruitment and Selection

Purpose and Scope

To ensure effective and accountable employment practices at all levels within the agency. This applies to all vacant positions at Milparinka Inc.

Effective recruitment and selection of employees is critical to ensure that Milparinka is efficiently managed and resourced. Milparinka will ensure staff are selected on a non-discriminatory basis in accordance with Equal Employment Opportunity Legislation and the internal Milparinka Policy.

Procedures

In conjunction with the Chief Executive Officer, the Manager should, in the first instance provide the following information:

- The job, its title, where the position will be deployed or an organisation chart detailing to whom the holder of the position is responsible, by whom he or she is controlled and with whom related:
- A description of general responsibility and a definition of specific duties directly controlled; and
- The 'Job Specification', or broad picture of the person required will emerge from the list of duties. This can be defined in terms of - education, experience, personal qualities.

The Chief Executive Officer will determine the most suitable recruitment strategy for the vacant position.

For temporary positions the position is advertised, where time permits, internally prior to external advertisement. For permanent positions, external applicants are sought at the same time.

The CEO can at their discretion and following discussion and agreement with a senior member of the Committee of Management, may:

- approach known suitable candidates and ask them to apply. All interview requirements remain the same however if the person is considered suitable external or internal advertisement does not need to occur.
- Advertise the position first within the Milparinka community of families and participants to assess if there are suitable candidates. If a candidate is found who is considered suitable external or internal application is not need to occur.

In the case of recruitment of Chief Executive Officer, the Committee of Management will be involved in the selection and recruitment process.

All details will be verified by the Manager or Chief Executive Officer prior to job posting.

All Milparinka employees are eligible to apply for posted positions, providing they meet the selection criteria. If an employee is doubtful about their eligibility, they should approach the relevant Manager responsible for the vacancy to discuss any future concerns.

Mandatory Recruitment Requirements

There are a number of mandatory processes or items that are required before a staff member can be officially employed. The table below highlights the required areas. If any of these areas has not been completed then the person cannot be appointed to the position. Note that where it indicates 'If appropriate', these are mandatory requirements if the correct conditions are met. For example someone who is on a Visa must have a copy of the current Visa and an international police check if they meet the required conditions. Note that if a person has a visa and provides this to us, we still need to check this with the immigration department, so there may be a slight delay. (Employing someone under the wrong visa requirements is illegal and can expose the agency to major fines and penalties).

The mandatory requirements are notified to the applicant through the provision of an employment pack. This is provided to the applicant by the HR and Finance Officer and is returned completed to them.

It is the role of the HR and Finance Officer to ensure that all mandatory requirements are completed at the times of entering new staff into our systems. Once the HR and finance officer has confirmed all items are completed they will advise the appropriate coordinator in writing can then confirm the employment.

EEO - Sexual Harassment

Definitions

Sexual Harassment

Is Sexual Behaviour that is unwelcome. It is Behaviour that the person should have realized would have offended, humiliated or intimidated the other person.

Sexism

Is Behaviour reflecting prejudice or bias against members of one sex.

Sex Discrimination

Is treating a person less favourably than a member of the other sex in similar circumstances.

Purpose and Scope

To ensure a safe working environment for all staff and service users. Milparinka will ensure that no employee or service user is subjected to any form of sexual harassment resulting from their employment with the organisation.

Procedure

In circumstances in which a reasonable person, having regard to all the circumstances, would have anticipated that the person harassed would be offended, humiliated or intimidated.

Sexual harassment can also be in the form of language or jokes, comments, pictures or written material.

Any employee who believes that they are being harassed should immediately contact the Chief Executive Officer.

Any employee found guilty of sexual harassment will be subject to disciplinary action which may result in dismissal.

Legislative Provisions

Sexual harassment and discrimination are deemed unlawful under the Commonwealth Sex Discrimination Act 1984, the Victorian Equal Opportunity Act 1984 and various other State Acts.

The legislation places responsibility not only on the harasser, but also the employer and the responsible manager/supervisor.

How employers and the managers and supervisors react to complaints related to harassment will play a large part in determining whether Milparinka is held responsible for the acts of the sexual harassment.

Note: An employer, manager or supervisor who is unaware of the situation is still liable if they cannot prove that they have taken all reasonable steps in the prevention of sexual harassment in the workplace.

Therefore, all complaints must be treated seriously and in the strictest confidence.

What is Sexual Harassment?

Sexual harassment varies in the degree and the extent to which it causes affront and distress.

It may cause the recipient pressure, guilt and confusion and creates harmful working conditions of fear and conflict.

Sexual harassment and other forms of harassment can also cause low staff morale, increased absenteeism, lower productivity, poor work performance, poor teamwork and costly law suits.

All of these effects will eventually impact on the organisation.

Under the Sex Discrimination Act, sexual harassment is defined as:

- a person makes an unwelcome sexual advance or an unwelcome request for sexual favours, to the person harassed; or
- engages in other unwelcome conduct of a sexual nature in relation to the person harassed.

In circumstances in which a reasonable person, having regard to all the circumstances would have anticipated that the person harassed would be offended, humiliated or intimidated.

The following types of conduct may in fact constitute sexual harassment when they are offensive to an employee, regardless of any "innocent intent" on the part of the offender:

- physical contact such as kissing, patting, pinching or touching in a sexual way;
- sexual propositions;
- attempts at sexual intercourse;
- sexual intercourse under threat of loss of employment;
- unwelcome remarks or insinuations about a person's sex or private life;
- suggestive comments about a person's appearance or body;
- sexually explicit conversations;
- demands that certain sexually suggestive clothing be worn (eg: short skirts):
- proposal of marriage;
- offensive telephone calls; or
- gender based insult or taunting.

Jokes, pin-ups, calendars, graffiti, vulgar statements, abusive language, innuendos, reference to sexual activity, or overt sexual conduct to fellow workers constitute sexual harassment. Employees are entitled to work in an environment free from embarrassment, discomfort and intimidation arising from the introduction of sex (in whatever form) in the workplace.

The law requires employers to take reasonable precautions to ensure that their supervisors, managers and employees do not contravene the law.

What are your obligations as an employee?

It is also the responsibility of ALL employees to ensure that their behaviour does NOT create or condone circumstances that may allow or lead to sexual harassment

Every employee also has the right to deal with workplace issues that concern them. As the employee, you must not assume that Milparinka is aware of a sexual harassment problem you may have witnessed or may be experiencing.

It is therefore your responsibility to come forward with any complaint of harassment. It is imperative that you do not refrain from "speaking up" immediately.

It is the responsibility of all managers and supervisors to ensure that no offensive material, including pin-ups, calendars and magazines, etc. are present in the workplace. All employees also have an obligation to abide by Milparinka Policy.

Harassment Outside The Workplace

Milparinka will not tolerate sexual harassment at any of its social/promotional functions, conducted outside normal working hours.

It is imperative that all employees are made aware of the fact that sexual harassment outside normal working hours may also be deemed unlawful it there are repercussions within the workplace.

Milparinka may also be responsible for the actions of people attending and contractors who harass their employees.

Employer Responsibility – Vicarious Liability

It is Milparinka responsibility to provide a workplace free from sexual harassment and to establish internal channels for redress to all staff.

Experience suggests that the primary determinants of success in dealing with sexual harassment cases have been through:

- commitment at the most senior level in an organisation; and
- procedures that are seen to be even-handed and accessible to all employees.

Milparinka will consistently encourage discussion and resolution of issues in the workplace.

Milparinka further considers sexual harassment to be an unacceptable and unlawful form of behaviour which will NOT be tolerated under any circumstances. Management/supervisors are therefore committed to action which ensure the total absence of sexual harassment within the workplace, at all times.

Vicarious liability provisions in the law place obligations on employers, and their managers and supervisors to be responsible not only for their own conduct, but also for the behaviour of their peers and for people who work for them.

What to do, as a manager/supervisor, if a case of sexual harassment is reported to you but the victim does not want any action taken?

It is imperative that the employee is made aware of their rights as outlined under Milparinka policies and procedures, current legislation and other external sources. In most circumstances a lack of knowledge of their rights may very well be influencing their decision.

Manager/supervisors should also ensure that the behaviour does not continue, monitor the situation very carefully and intervene only if necessary.

Advise that complainant that, although their wishes will be respected the manager/supervisor may still have a legal obligation to take action as deemed necessary. Further advise the complainant that records of all informal complaints will be kept and that these records will be confidential and securely stored

What to do, as an employee, if you are being sexually harassed?

If an issue arises which troubles you, take the initiative to resolve it. Let the alleged offender know either verbally or in writing that their behaviour is unacceptable and must cease. If you feel you are unable to approach the alleged offender then you should contact either your direct supervisor, manager, a union representative, the Chief Executive Officer or other external reference sources such as the Commissioner for Equal Opportunity.

How To Lodge A Complaint – The Formal Complaints Procedure

In many instances sexual harassment complaints can be resolved informally. The purpose of the informal procedure is to resolve issues, not to establish "innocence" or "guilt".
Most grievances and problems are best resolved through open and constructive communication between the parties involved and employees should be encouraged to seek resolution in this manner.

Available Options

An employee who feel that they have been subjected to sexual harassment has a number of avenues available to them. Advice may be sought from and/or lodged with any of the following:

Sexual Harassment Officer

At this stage the sexual harassment officer is the Individualised Supports Manager. You can expect strict confidentiality from the S-H-O in responding to your issue. Formally advise the S.H.O. clearly, either in writing or verbally, of the action that is presenting a problem.

The S.H.O. will thoroughly discuss the issues with you and identify methods to resolve them.

Attempts to resolve the problem quickly, informally, internally and where possible in a low key and conciliatory way, is highly recommended. A consistent approach is necessary in all cases. Your S.H.O. will then proceed to undertake, with the assistance of the Chief Executive Officer, full investigation of the alleged matter. This will be conducted within two days of being advised of the situation.

Appropriate action will then be taken to further ensure that the alleged sexual harassment conducted ceases to continue within the workplace

DISCLAIMER

All records of times, dates, names, witnesses and any other information assisting the inquiry must be kept in a confidential place. Under NO circumstances will any information be maintained on personnel files

Reference Checks

It is a requirement that references covering past and present employment prove satisfactory and that references are checked before a decision as to a candidate's employment is made.

2 referee reports are required for all positions

1. When an applicant claims to have academic or trade qualifications, relevant to the position applied for, this information should be verified and a photocopy obtained.
2. The Convenor is responsible for ensuring that these aspects are carried out and that they are satisfactory before proceeding with any staff appointment.

There are three ways of obtaining and recording reference checks. In preferential order these are:

1. Use of an electronic form which is sent to referees, completed and when returned checked and saved into the CRM.
2. Phone contact and recording directly into the CRM
3. Phone Contact and record notes on the prescribed form and saving this form to the CRM Reference Checking Form

Do not rely on your memory - take notes during the reference check discussion.

In the case of Phone Interviews for referee checks please note the following

Consider the relevance

It may be difficult for candidates to nominate referees from their current organisations in situations where they don't want to disclose that they are looking for a new job. In such situations, the nominated referees may be from previous employers and it's important to evaluate the relevance of the reference. It's also important to ensure the referees are work-related rather than personal.

Understand the relationship

Ask the referee to describe his or her relationship with the candidate. What was the nature of the relationship? How long did they work together? Some candidates may put forward referees who are peers rather than managers, and it's important to identify and understand the nature of the working relationship to help you determine the perspective of the referee.

Confirm employment details

The reference check is an opportunity to confirm your evaluation of the candidate's CV and ensure that the information provided is accurate. This can range from a simple confirmation of employment timeframes to checking the scope of responsibilities.

Build rapport

Most referees will naturally be concerned to present the applicant in a positive light and will not want to harm the candidate's chances of securing the job. Make an effort to ensure the referee feels comfortable. Reassure him or her that you are genuinely interested in finding out if the applicant is a good match for the role (and that the role is a good match for the candidate).

Follow up from the interview

Probe into any areas of concern identified through the interview. Use this as an opportunity to confirm, clarify or moderate the strengths and limitations the applicant may have in relation to the role.

Seek specific examples

Just as you've asked the applicant for examples of his or her behaviour, seek similar behavioural evidence from the referee (e.g. describe a project he or she successfully managed or a time when he or she met a particularly tight deadline).

Seek consent

When a applicant provides referees as part of the application process, this is deemed as implied consent. If you want to contact someone other than the referees provided by the candidate, you must first obtain specific consent from the applicant. A failure to do so is a breach of privacy.

Do not promise confidentiality

Also make sure referees understand that everything they say is "on the record" and do not promise them the information will be kept confidential.

Final Review

Once you have conducted your reference check, review this in the light of the information you have gained through the resume evaluation and interview.

- Overall, what are the applicant 's key strengths in relation to the role?
- What are the applicant 's potential limitations
- What evidence do you have that he or she has effectively managed these in the past?
- What support can you provide to help him or her manage these in the context of the role?
- On balance, what is the applicant 's level of match to the selection criteria?

Annual Leave

Annual Leave

To maintain staff entitlements and levels of service. Leave accrual is as per conditions cited in the Milparinka Employment Agreement for staff employed prior to 1/1/2019 and as per the conditions set out in the Social Community, Home care and Disability Services Industry Award 2010

Procedure

Unless specified otherwise, employees referred to in this policy mean permanent full-time or part-time employees.

All employees are entitled to leave in accordance with the relevant awards or agreements and statutory provisions. Where the entitlements or practices in this document conflict, the applicable award, workplace agreement, employment contract or employment law takes precedence.

All planned leave has to be mutually agreed, and take into account workloads and the employee's needs. Leave must be approved in advance, except when the employee can't anticipate the absence. Any documents regarding leave will be kept on the employee's personnel file.

Leave entitlements are calculated from the date they started work and accrue in accordance with workplace relations legislation or industrial instruments. Annual leave counts towards continuous service (used when calculating long service leave). Applications for annual leave should be lodged with sufficient time to allow your line manager to arrange coverage of your role, the time needed with vary depend on the nature of your role and your current workload. At a minimum leave applications should be lodged 2 weeks in advance.

It is prerfrred that an employee is to take accrued annual leave for business close down periods.

If insufficient leave is accrued, Milparinka may direct an employee to take unpaid leave.

Milparinka will decide on a case-by-case basis whether it will agree with an employee to 'cash out' annual leave as permitted by workplace relations legislation or any industrial instrument.

Leave Without Pay

To maintain staff entitlements and levels of service. Leave without pay is not listed as a leave entitlement and is granted by the Chief Executive Officer.

Procedure

Leave Without Pay is unpaid leave of absence from employment authorised (consented) by the employer.

This type of leave is not prescribed in our industrial agreement and is not a general employment right for an employee under a contract of employment.

Leave Without Pay is given at the complete discretion of the employer. Leave without pay is mainly granted to a full-time employee with a reasonable length of service with the employer, for reasons such as allowing for extended travel time overseas or to allow an employee to recuperate from a long-term non-workplace-related illness when all other available leave has been exhausted.

Applications for leave without pay must be submitted to the Chief Executive Officer in writing at least thirty working days prior to the intended commencement of the leave. This requirement may be waived in case of emergency.

Each application will be considered on its merits and consideration will be given to:

- The length of employment at Milparinka
- Previous applications for leave without pay
- The ability to backfill the position
- The reason for the application
- Cost impacts both in terms of Service user support and financially
- Other leave being taken at that time

Unless exceptional circumstances exist, extended applications for Leave Without pay, i.e. more than two days in a row, will only be granted one in a twelve-month period.

A decision regarding the application will be made in writing to the applicant stating the outcome. If the application is unsuccessful, a statement will be provided outlining the decision.

Long Service Leave

Applications for Long Service Leave must be submitted in writing to the Chief Executive Officer at least three months prior to the intended commencement of the leave and should include the date of the leave.

Applications for Long Service Leave will be considered with reference to the following criteria:

- The number of Long Service leave applications submitted
- The ability to replace the staff member concerned.
- The taking of LSL is a negotiated agreement between the staff member and management and every effort should be made by management to ensure the person can take LSL at their preferred time.

Milparinka is a participant in the Governments Portable Long Service Leave Scheme and from 2020 has paid required contributions for all direct support staff into this Scheme.

All staff are provided with account names and details for the PLS scheme

Sick Leave Donation Registry

To enable employees in Milparinka Disability Services to donate an amount of their accrued sick leave to a central registry. The sick leave can then be utilised to assist fellow employees who are experiencing hardship due to a serious or catastrophic illness or injury being suffered by the employee or a member of their immediate family, that forces, or will force, the employee to be away from work after exhausting all of his/her accrued benefit of paid sick leave.

Procedures

The donation of sick leave to the registry is totally voluntary.

The intention of an allocation of Sick Leave from the Registry is that it can be used by an employee either intermittently over a period of time or continuously up to 90 days and/or other flexible options negotiated at the discretion of the CEO of Milparinka Disability Services. After 90 days continuous Sick Leave some other options that can be explored include, but not exclusively, temporary cessation of work, leave without pay.

The benefit of having a Sick Leave Registry at Milparinka Disability Services include:

• Continues to strengthen the sense of community among Milparinka Disability Services management and employees – looking after and supporting each other – just as we are doing with the communities in which we live and work

• Creates a visible process where employees who are genuinely experiencing hardship due to a lack of sick leave can request assistance

• Provides flexibility and recognises work/life issues by extending workplace support to include hardship that may arise from the catastrophic illness or injury of an immediate family member, where an employee has had to utilise all their own sick leave to attend to the medical and/or treatment needs of their family member

• Provides a strong example of how "modelling the Model" in this way can manifest powerful evidence of setting an example of leadership for others to follow.

Eligibility and Guidelines For employee/s wanting to apply for sick leave allocation, the following eligibility requirements apply:

• An employee must be a permanent employee of Milparinka Disability Services (or undertaking contract/consultancy work for a minimum period of 2 years)

• The employee or a member of the employee's family has a catastrophic illness or injury that requires the employee to be off work for a significant amount of time (continuously or intermittently or by negotiation with the CEO).

• The employee has, or will, use used all accrued sick leave as part of known ongoing treatments.

For employee/s wanting to donate to the sick leave registry, the following guidelines apply:

- Donation is completely voluntarily
- The donating employee has a minimum of 30 days accrued sick leave before they are able to donate to the sick leave registry
- A maximum of 4 days per employee per calendar may be donated.
- Understand that the donated time is for use by any eligible employee as decided by the Milparinka Disability Services Chief Executive Officer
- The donation ceases and is removed from the registry when a donor resigns from Milparinka.

Apply for sick leave from the Registry

- A Sick Leave Registry application form needs to be completed and can be obtained from the Administration Manager upon request.

- The form needs to include an explanation of the illness, expected duration and details of their consulting doctor. The completed form, with a supporting letter from their doctor, will be forwarded to the CEO for his/her review, approval and signature according to the criteria outlined in this policy.

- The total number of sick leave days allowed per year will be negotiated with the Chief Executive Officer according to years of service, value to the business, and achievement of KPIs.

- The employee or their immediate family member has a serious, life-threatening or terminal illness or injury. The Milparinka Disability Services President, and CEO will make the final decision as to whether or not an illness is serious or catastrophic.

- Where there it is known that sick leave will be taken into the future due to known treatment regimens the staff member can apply for reimbursement of used sick leave from the registry so that they can reduce the stress of waiting to apply when leave is exhausted. In these cases, the leave from the registry can only be used for sick leave related to the serious or catastrophic illness, not other minor illnesses, and it is relinquished on the resignation of the staff member.

Procedure to donate sick leave to the Registry

An employee is required to complete the Sick Leave Donation form and forward it to the Administration Manager.

The employee will be notified by the Chief Executive Officer of the outcome of the decision made in accordance with the above criteria.

Definitions and Clarifications

- Definition of Family Member The definition of family member includes immediate family member (spouse, son or daughter) or parent with a serious health condition. The Chief Executive Officer has discretionary authority to extend coverage to other relatives or individuals who have a close relationship with the employee which is like that of a family member.

- The term “serious health condition” includes, such conditions as: cancer, heart attacks, strokes, severe injuries, transplants, Alzheimer’s disease, abnormal pregnancy and childbirth, recovery from major surgery, and final stages of a terminal illness.

- The term “serious health condition” is not extended to cover short-term conditions for which treatment and recovery are very brief; for example, colds, flu, earaches, upset stomach, routine dental problems, known injuries and chronic illness pre-dating the persons employment, disability or injuries covered by WorkCover.

- Employees are required to provide administratively acceptable evidence of a serious health condition and its expected duration to support a request for extended sick leave from the donation registry.

- The registry exists to support staff in times of serious or catastrophic injury. Its existence and use do not negate any normal procedural requirements in regards to the notification and management of sick leave.

- A certification from the health care provider must address the nature of the family member’s serious health condition and the length of incapacitation. In addition, the statement must certify the following: 1) the family member requires psychological comfort and/or physical care 2) the family

member would benefit from the employee's care or presence and 3) the employee is needed to care for the family member for a specified period of time.

- If the need for sick leave does not permit employees to provide 30 days of advance notification, employees are expected to provide as much advance notice as possible. In all such cases, medical documentation supporting the need for extended sick leave must be provided before the leave is to begin. In emergencies when advance notification is not possible, employees, or their representative, are expected to provide notice and supporting medical documentation within 10 working days of when the employee's leave of absence began.

Study Leave

This policy relates specifically to courses undertaken by staff, which are not part of the services professional development strategy, or specifically undertaken as part of their role as a staff member. Study leave to attend tertiary or other courses is an unpaid entitlement. Staff seeking leave from work to attend a course must apply to the Chief Executive Officer in writing on an annual basis.

More frequent applications may be required where there are changes in course times throughout the year to course times. If study leave is approved full time staff will be entitled to up to 4 hours per week at the discretion of the employer. Variations to this figure may be considered on application in special circumstances. Part time staff may be entitled to a pro rata allocation.

Procedure

1.1 Application

The application should detail:

- the proposed course and institution
- duration, year being attempted, existing course credits and expected completion of the course, names and times of the subjects being undertaken.
- whether attendance at lectures/tutorials will require leave of absence from work.
- the requirement for attendance at any residential schools or field experience.
- the mode of assessment, i.e. by examination, assignment, etc
- relevance to their current position or career path within the Service
- evidence that the lectures or tutorials cannot be attended out of normal shift hours.

1.2 Approval is subject to:

Approval will normally be granted in accordance with:

- the suitability of the course as determined by the Service vis-a-vis the applicant's current appointment or likely career path within the Service
- the services capacity to meet and maintain service needs and levels during the period of proposed leave, as determined by the Chief Executive Officer.

1.3 Notification

The Chief Executive Officer will notify the staff member within 7 days of receiving the application being made.

1.4 Approval is for the specific dates and times in each individual application.

Changes during an academic year of dates and times in the staffs required attendance will require a new application by the staff and approval is not automatic.

Examination Leave

- The Service will grant a staff member, undertaking an approved course of study, leave with pay to attend examinations in accordance with Award entitlements. Leave will include the time of the examination and reasonable travelling time.

- Documentary evidence confirming the date and time of the examination must be provided to the relevant line Manager, at least two weeks prior to the examination, who will approve the paid leave.

Time in Lieu

To ensure a balance between staff entitlements and service needs. Time in Lieu is accumulated in accordance with the Social-Community-Home-Care-And-Disability-Services-Industry-Award (SHADS). Time in Lieu will only be taken at times which do not impact on service levels or service planning. Time in Lieu will not be taken at times when service users are in programs without the specific approval of the Chief Executive Officer.

Procedures

Time in Lieu accrual will not be granted for staff to catch up on work not completed as part of their normal duties. It will however, be granted for special circumstances. Some examples of situations where time in lieu would be granted are:

- Milparinka staff attendance at meetings out of hours to do with work (Planning, community liaison).

- Specific requests by Milparinka management to transport people or equipment out of normal working hours.

- Specific requests to provide support to those attending at special events out of normal working hours.

Time in lieu must be negotiated with and approved by the appropriate Manager or Chief Executive Officer.

Time In Lieu Arrangements

Milparinka Management follows the time in lieu clause as set out in the Milparinka Certified Agreements

Time Off In Lieu

An employee who is required to work at any time outside the ordinary hours of work shall be entitled to time off in lieu without loss of pay on the following basis:

1. for additional hours worked on weekdays the employee shall receive one-hour time off in lieu for each hour worked;

2. for hours worked on Saturday and Sunday the employee shall receive one and a half hours' time off in lieu for each hour worked;

3. for each hour worked on a public holiday the employee shall receive two hours' time off in lieu for each hour worked.

I. The only exception with regard to the applicable rates in points (i), (ii) and (iii) above shall be with regard to instructors participating in camps as agreed by the Committee of Management. Instructors who agree to participate in camps shall be entitled to a minimum of one half-day off in lieu of each overnight stay at camp.

II. Time off in lieu entitlements shall be agreed between the employer and employee and the agreed entitlement properly recorded. An Instructor entitled to time off in lieu shall normally avail themselves of this entitlement by agreement with their employer, within six months of the entitlement being accrued.

Records and Provisions

Time in lieu is recorded by staff on their time sheets and recorded in the MYOB system.

Provisions are made in the balance sheet for ensuring entitlement are covered and able to be paid

When T.I.L. Can Be Taken

T.I.L. credits can be taken at times agreed to by the line Manager. This time needs to be negotiated in order to minimize the effect on operating the service when a staff member is absent.

- Time In Lieu cannot be taken in advance of it being accrued.
- Time in Lieu cannot, with the exception of urgent issues, be taken at times dedicated to specific tasks such as staff training, meetings or planning times.

T.I.L and NDIS Service Users

No time in lieu can be accrued against the time allocated to NDIS service users without the direct approval of the CEO. Where TIL is accrued against an NDIS Service user then the person is charged at the time the work is done and the TIL is accrued. They are not charged at the time the TIL is taken.

Human Resources EEO Commitment

Purpose and Scope

Equal Employment Opportunity is based on sound, progressive management principles utilizing Milparinka's human resources efficiently by promoting fair and equitable employment practices, and removing any discriminatory and inefficient procedures.

Recruitment

Milparinka is an equal employment opportunity employer.

Recruitment will be from individuals selected solely on the basis of relative ability, knowledge and skills in fair and open competition which assures that all receive equal employment opportunity as their right.

Promotion and Advancement

Promotion and advancement within Milparinka will be from individuals selected in fair and open competition on the basis of relative efficiency measured to the position involved.

Individuals should have the freedom to choose their occupation limited only by individual ability and the availability of particular jobs.

Employment Rights

All workplace participants (including full and part-time, temporary, casual, contract and work experience) have a basic right to work in an environment free of harassment and discrimination, and Milparinka will inform workplace participants of their rights and of their responsibilities.

Equal pay will provide for work of equal value with appropriate consideration being given to the different requirements of various occupational employment categories.

Employees will be provided equitably with effective education and training where this will result in better organizational and individual performance.

Employee Responsibilities

All employees are expected to adhere to the EEO policy, and treat other employees with courtesy and sensitivity, and treat those with whom they deal equitably as a condition of employment. This applies to all workplace participants (full and part-time, temporary, casual, contract and work experience).

Salary Packaging

Purpose and Scope

Salary packaging is made available to staff, in accordance with legislation, to provide a higher level of remuneration and in an endeavour to maintain a consistent and qualified workforce.

Procedures

1. That the management of salary packaging is outsourced and does not incur any additional costs for Milparinka.
2. That staff pay all management fees to the managing agency
3. Milparinka is not able or permitted to provide financial advice in regards to the salary packaging and that staff are required to seek their own advice external to the agency.
4. Staff are entitled to be packaged to the full amount of fringe benefit tax as specified by the tax office for charitable organizations.
5. The policy and procedures as described in the service agreement between Milparinka and the outsourced agency apply.

Staff wishing to undertake salary packaging should make an application through the finance and administration manager.

Selection Interviewing

Selection Interviewing

Preliminary Requirements

Prior to the interview process, the Chief Executive Officer and relevant line manager meet and discuss:

- *The qualifications and key selection criteria for vacancies as contained in the relevant position description.*
- *If any suitable current employee is available to be transferred, temporarily assigned or promoted to the position*

Selection Panels

1. Function

- A selection panel, where appropriate, shall be convened to assess the relative suitability of applicants for appointment to a position.
- The panel must recommend the most suitable applicant based on the required qualifications, key selection criteria and dimensions (attitude, skills and abilities) relevant to the position.

2. Constitution of Selection Panel

Unless approved otherwise by the Chief Executive Officer, panels shall comprise:

- Convenor – Chief Executive Officer, Program Manager or delegate
- Second Member – unless the above mentioned is the same person, the person having direct line management responsibility for the position, or a person suitably qualified and/or experienced to make relative judgments as to the suitability and ranking of each applicant.
- Third Member (non-mandatory) – a person suitably qualified and/or experienced to make relative judgments as to the suitability and ranking of each applicant

NOTE: The Composition of the selection panel should consider the EEO Policy

3. Integrity of Panels

- The Chief Executive Officer must ensure that panel members who have a personal relationship with any of the applicants, which might unduly or potentially influence the selection panels outcome, are NOT appointed to the panel.

4. Convenor's Responsibilities:

- The Convenor is responsible for:

- Nominating other members of the selection panel
- Collating all necessary documentation. This will include, Resumes, position descriptions, referee reports,

5. Interviews – Preliminary requirements

- Panels will only interview applicants who meet the requisite qualifications and key selection criteria for the vacancy advertised.
- Panels will only interview applicants who they know have obtained a copy of the position description
- Prior to the interview process, the selection panel must:

  - Meet and discuss applications

  - Determine procedural responsibilities of the panel, eg individual panel members' responsibilities, dimensions to be covered by each interviewer, note taking and interview format.

  - Contact any persons considered necessary to clarify or validate aspects of the application.

  - Arrange interview timetable and venue.

6. Conducting Interviews

The interviews must be conducted with the view of determining the relevant skills, experience and qualifications of each applicant and along the following principles:

- On the basis of predetermined questions, with follow-up questions as required, in formulating questions panel members must at all times be mindful of anti-discrimination legislation.
- Give applicants every opportunity to show their suitability and allow applicants the opportunity to add any further information to produce any relevant material.
- Matters discussed at interview are to be held in strictest confidence between panel members and applicant.
- Safety Screening: See Safety Screening Requirements for Staff Interviews for guidelines as to what must be included in interviews.

7. Conclusion of Interviews and Selection for Permanent Staff

After interviews, panel members must discuss the suitability of the applicants and rank them according to the selection criteria. In doing so the panel must consider information with respect to each applicant gained from;

- The application and supporting documentation provided by the applicant.

- The interview.
- Comments provided by referees.

8. Dissent among the Panel

- Where the panel is not able to agree unanimously as to the recommended applicant, the dissenting panel member must provide a separate report (as must the members if the members of the panel who agree upon a recommendation) to the Chief Executive Officer.

NOTE: Reports must be submitted as soon as practicable after the interview. With the reports(s), must be copies of the position description, information submitted by each applicant and when requested by the Chief Executive Officer copies of the interview notes made by each member of the panel.

9. No Recommendation

- Where the panel is not able to make a recommendation the reason for the decision must be recorded. Where it is proposed to re-advertised the position, the advertisement must be reviewed to ensure that it targets appropriate applicants.

10. Notification of Unsuccessful Candidates

- Responding to people who apply and were unsuccessful or not interviewed is a professional courtesy which we should do every time
- It doesn't in general need to be personalised. The only times it must be personalised is if someone comes in for an interview and is unsuccessful we should call them.
- For people whose applications come through Seek a block mail out, done through Seek, which is then sent by Seek individually to each person, is sufficient. It doesn't need the person's name. Ours will suffice.
- Where people have emailed directly, a proforma note, pasted into a reply email is enough, you can add the name if you like
- Do not send letters unless none of the other options are available.

Supervision and Performance

Purpose and Scope

Milparinka's Supervision procedures has been developed with, and written by family members who have both lived experience of disability, and significant experiences in managing staff. Milparinka recognises that consistent and improved performance of its staff is the result of based on positive supervision which is an essential educative and supportive function which enables staff to examine professional issues, expand experiences, enable reflection and correction or continued development of processes and the implementation of best practice. It also enables management to monitor the quality of work, identify issues and to ensure quality staff input into the organisations core business of ensuring that people who we support are achieving better outcomes in their lives.

Milparinka's approach to supervision and staff performance is developed in line with its commitment to ecological structures and processes and ensures a model of supervision and performance review that is more fluid, less structured and done in the context of people's real time work and remains focused on the core goal of increasing staff capacity so they are better at assisting people to get better lives.

This environmental and situational approach seeks to elevate the level of responsibility of staff and lessen the level of middle management control, enable comments and feedback to quickly reach all staff and ensure service users feedback can be raised and responded to more rapidly.

We believe that staff who are well trained, and consistently focused through a myriad of supervision processes and conversations about their work and what they are doing are more productive when involved in decision making than when they are closely supervised in over structured processes.

This model is specifically relevant as we seek to achieve both an increased level of authority by service users, so we need people close to them able to reflect of things in real time and be able to make or be part of decision making and to creates an openness and multiple points of supervision and review so the model constantly challenges the roles and authority of staff in service users lives

Milparinka takes a very deliberate approach to reducing the distance between direct staff and management staff in relation to the support of individuals. Our view is that we all share the same roles in peoples lives and each staff member brings a different contribution to the same task.

This results in a continuous process of engagement and discussion between staff and management and a higher use of situational and planned mentoring, reflection and assessment of work than is achieved in normal supervision structures.

Procedure

Supervision and performance review is a process of reflective practice that supports staff in their work and enables the correction or continued development of processes and the implementation of best practice. It ensures that work is conducted to a high level with in the context of Milparinka's roles in people's lives.

As Milparinka takes an environmental and situational approach to supervision and performance there are multiple points of supervision and review.

- Any staff member at any time can enter into a formal supervision meeting relationship with their manager either at their request or as determined by the manager. This can be temporary and based on specific issues or ongoing.

- The use of a Recruitment Coordinator who mentors and provides guidance and reflection opportunities.
- Morning supervision and discussion sessions with Program Co-ordinators
- Fortnightly staff meetings.
- Fortnightly training in key communication strategies
- The use of champion and mentor roles by both managers and direct staff
- The uses of specialist staff, OT's and Speech Pathologists, to observe staff work and then provide discussion and feedback
- The uses of specialists working directly with staff to reflect and develop their work with an individual
- Weekly meetings with staff working with individualised service users
- The use of project groups
- Bi Annual performance reviews – (Commencing September 2020). This is a fluid process of discussion and rating systems are not permitted
- The key question in all structured performance reviews is "which people have better stories to tell in their lives because staff are engaged with them"
- The introduction of the NDIS and focus on reviewing the support of individuals to achieve specific goals and outcomes

Training and Education

Purpose and Scope

Milparinka is committed to supporting staff to reach their potential through the provision of training and education opportunities that contributes both to our capacity to provide quality supports as well as staffs career development.

Training and education should assist the employee to play a positive part in meeting the organisation's commitment to both groups of and individual participants, strategic goals and the implementation of our policies and procedures.

Strategic planning along with formal performance management process, where this is in place, will provide the direction and frame work for training and education needs of the organisation.

Procedures

Training and Education Opportunities

- The differentiation that Milparinka makes between training and education is that training refers to learning competency-based skills used in the completion of tasks which are implemented daily or frequently in the workplace. Education emphasises longer-term learning and is focused on theoretical and conceptual frameworks.
- Education enables employees to make significantly different contributions through more complex thinking and consideration of issues, which are not specifically focused in the here and now. Education includes things such as Certificate Courses through to Post Graduate university courses.

Study Leave

- Study leave with or without pay may be granted to a full-time employee when they are completing an accredited course at a recognised educational institution or a registered training organisation.
- Study leave can be considered on a pro rata level for part time staff.
- Study leave may be granted where classes are not available outside normal working hours, for attendance at lectures, seminars and tutorials or other course requirements.
- Study Leave is used to attend exams. It is not used for general study time including preparation for exams .

Paid and Unpaid Study Leave:

Unpaid Study Leave:

- Staff can apply for up to 4 hours a week of unpaid study leave to a maximum of 184 or 192 hours per year, depending if that have 4 or 6 weeks of annual leave accrual respectively.
- This can be cumulative if not used weekly and can be used in blocks of a maximum of three days in any one month. This accumulation is not an automatic entitlement and must be approved by management.

Paid Leave:

- A staff member may be entitled, with the provision of evidence from the course provider, to 38 hours per year of paid study leave to attend classroom activities including lectures, tutorials or other approved study activities or related project work.
- The staff member is able to supplement this with personal leave that may include annual leave, long service leave, leave without pay or additional study leave without pay as considered appropriate by management.
- A staff member will also be entitled to apply for paid study leave to attend examinations and graduations.

Making an application:

- Staff need to complete and submit the Study Leave Application Form.
- The Chief Executive Officer, in consultation with the staff's direct line manager, assesses this.
- The Chief Executive Officer will notify the staff member within 7 days of receiving the application.

Approval is subject to:

Approval will normally be granted in accordance with:

- The suitability of the course as determined by the Service vis-a-vis the applicant's current appointment or likely career path.
- The services capacity to meet and maintain service needs and levels during the period of proposed leave, as determined by the Chief Executive Officer.

Training:

- Milparinka will provide staff with regular opportunities to participate in ongoing training that is mandated by NDIS standards, relevant to their general work, and to their support of specific individuals. Training will be focused on ensuring staff are current in their work practices and focuses both on values-based training and learning competency-based skills used in the completion of tasks which are implemented daily or frequently in the workplace
- These may be provided by internal or external providers and may involve direct contact of the staff or may be completed as Internet-based class or Webinar.
- The majority of this training will be compulsory. Staff will be paid for participation in compulsory training.
- Milparinka will maintain a training record for staff, which will be available to them as required.

Tertiary and Postgraduate Education Support

- When it is financially viable for us to do Milparinka will offer assistance with tertiary and postgraduate course fees and/or reimbursement of other study-related expenses along with study leave for eligible staff undertaking approved study courses, which are not compulsory and which support both staffs career development and our organisations performance.

Eligibility

- Staff are eligible to apply for this support if Staff are:
- Full-time or part-time, contracted staff; and
- Have completed a minimum of one year's continuous service; and
- Are meeting performance expectations; and
- Are undertaking a full fee paying graduate or postgraduate course that is relevant and beneficial to Staffs current and future careers;

Financial assistance

- Staff may apply for financial assistance to cover the full or part costs of the course. The amount funded is based on Milparinka's capacity and decisions on how to distribute allocated funds. Any approved allocation may not specifically mirror staffs requested amount. The amount requested can include course fees, student amenities fees and other agreed study expenses.
- Any financial assistance is subject to approval from the CEO who will consult with staff's line manager to review staff's capacity to complete the course and maintain a satisfactory work performance
- Additional approval of the Committee of Management will be required in circumstance where the CEO endorses:
- Financial assistance in excess of our maximum commitment or $10,000 per financial year. (This amount is per financial year, not per course)

Conditions of study support

- If Milparinka provides financial assistance towards course fees and Staff do not pass a subject(s), staff will be required to pay the cost of repeating the subject(s). If staff do not re-enrol in the subject, staff will be required to reimburse Milparinka for the amount paid by us towards the cost of the course.

- Staff must remain employed by Milparinka for at least one year of continuous service after the completion of any subjects, (or completed course) which form part of the approved study course.
- Where Staff depart Milparinka without discharging the required commitment, Staff will normally be required to repay the amount of fees paid by us for the current and previous year. If staff's employment ceases due to the expiry of staff's contract or we terminate stff's employment (other than on the grounds of unsatisfactory performance and/or misconduct), the condition of discharging staff's commitment to Milparinka will not apply.

Application process

- Staff are required to discuss the application with their direct line manager prior to submitting the application
- The manager is entitled to raise appropriate concerns to the applicant however they are not authorised to prevent the staff member from applying.
- Staff are required to complete the Education Support Application Form to apply for education course fees and/or reimbursement of other study-related expenses
- The application will be reviewed by the CEO in consultation with the staff's direct line manager and the applicant
- If approved, Staffs application will be forwarded for processing to the Head of Human Resources and Finance.
- A schedule of payments will be determined in accordance with the course requirements.
- Payments can be made by Milparinka directly to the tertiary institution or can be reimbursed for fees already paid by the staff member.
- Payments are only made in response to official invoices from a tertiary institution or in the case of a reimbursement a copy of the original invoice and a receipt for payment made by the staff member.

Mentoring/Champions

- Where it is affordable and possible , Milparinka with support staff to undertake higher level course which enable them to take on mentor roles for other staff, through a higher level of expertise. The most recent of these, in 2023, is in the areas of communication and positive behavior support.

Volunteers

Purpose and Scope

To allow community members to become involved in enhancing opportunities in the lives of people who have a disability and to increase the possibilities for individuals who have a disability to pursue opportunities.

Procedures

Volunteers are defined as people who undertake activities:

- Of benefit to the community
- Of their own free will.
- Without monetary reward (reimbursement for out-of-pocket expenses is not regarded as payment.)

The following are not considered to be volunteers;

- Those seeking formal work experience
- Those required to perform community work.

Volunteering by people who are unemployed:

- Conditions may apply for people who are in receipt of unemployment benefits when they undertake volunteer work,
- Volunteering is not an acceptable long-term alternative for a person seeking paid employment, however it can be valuable as it provides opportunities to learn new skills, maintain existing skills, increase self-esteem and obtain current referees and to network.

Volunteering by people with special needs:

- Consideration will take into account the needs, skills, and abilities of the applicants on a case by case basis.

A decision to use the services of volunteers' will be based on:

- An understanding of what connections individual service users could have in their lives that a volunteer could assist with which would add value and possibilities
- Careful assessment of the tasks that can be performed by volunteers.
- Evaluation of the skills and/or knowledge that volunteers can provide.
- Relative costs and benefits of using volunteers.
- Assessment of the impact on paid employment opportunities within Milparinka. Volunteer roles cannot be used to reduce the level of paid staff employed at Milparinka
- An assessment of the capacity of the service point to manage and co- ordinate the role to be done by volunteers.

Milparinka will ensure volunteer-based services are:

- Of consistent quality and availability.
- Adequately supervised and managed. There will be a volunteer co-ordinator at each service point at which there are volunteers.
- Adequately resourced.
- The roles to be performed will be clearly defined in accordance to the needs of individual service users and the volunteers' expectations, interests, time commitment and skills.
- The duties must be meaningful to individual service users, not contrived or designed to 'make work', and should not exploit volunteers, for example, in the performance solely of tasks that staff are reluctant to do.

Where volunteers are working directly with the service users the following issues are expected:

- The right of each service user to connections that are relevant to pursuing opportunities in their lives.
- Confidentiality requirements apply
- Realistic expectations of what can and cannot be expected of the volunteer.
- The right of the service user and the volunteer to personal safety.

Selection and recruitment

- Prospective volunteers will complete a Volunteer Application Form
- Applicants will be recruited in a fair, open and equitable manner.
- Applicants will be asked to supply two personal references and undergo a police check. Milparinka will cover the cost of Volunteer police checks.
- Volunteers will have the same access to grievance and disciplinary procedures that paid staff have.

While working within the organisation, volunteers have the following responsibilities:

- To provide appropriate references and undergo an NDIS workers screening check
- To be reliable in their commitment to the organisation and its clients.
- To work within Milparinka guidelines and meet the standards of behaviour and dress code expected of paid workers.
- To maintain confidentiality in respect of all information gained in the course of their role.
- To follow the Milparinka code of conduct.
- To observe the requirements of the Work Place Safety Act.
- To record attendance for insurance and other purposes.

- To accept and follow directions from their supervisor.
- To ensure that they understand directions given to them and seek clarification if uncertain.
- To ensure that they are capable of performing all given tasks.
- To provide feedback to their supervisor on their progress.
- To report problems as they arise.
- To undertake training as required.
- To attend meetings as required;
- To work as a team member and respect the functions of paid staff.

Volunteers also have the right to:

- Be advised of Milparinka standards, guidelines and expectations, policies and procedures.
- Be given a suitable assignment and clear statement of the role to be performed.
- Receive sufficient training to enable them to carry out their tasks.
- Guidance, supervision, support, feedback, counselling and debriefing from their supervisor.
- Speak to and be heard by a person in authority if they have queries or complaints.
- Be informed about communication lines within Milparinka.
- Be treated as a bona-fide co-worker of the regular staff
- Be listened to by staff colleagues.
- Be provided with equipment necessary to do the job.
- Work in a suitable, welcoming and pleasant environment.

A climate of mutual respect and confidence will be cultivated between staff and volunteers. Managers will foster good relations between staff and volunteers by:

- Clearly defining volunteer's areas of work.
- Defining roles, rights and responsibilities of staff and volunteers.
- Identifying complementary roles played by both parties in achieving a common goal.
- All staff involved in managing volunteers will be given proper management
- Support and recognition and allowed sufficient time to enable them to adequately carry out their responsibilities.
- Milparinka will reimburse out of pocket expenses, from within existing allocations, incurred by volunteers in the course of their duties, for example:

1. Training.
2. Materials and other incidentals.

Insurance

- Volunteers are covered by Milparinka's liability insurance policy
- Volunteers using their own car in their volunteer role will have a current driver's licence, current registration and current car insurance.

Register

In accordance with the Milparinka Association Rules a register of volunteers is maintained. This is maintained via the CEO on behalf of the Secretary of the Committee of Management.

Carrying Work Bags and Equipment to / from Scene

to / from Scene

WH&S

Vehicle Placement - To reduce the carrying distance as much as practicable, staff should aim to park or move their vehicles as close as practicable to the worksite.

Assistance - Dependant of the distance carried, staff should share or rotate bags / equipment carried between staff members.

Or

Manual Handling Techniques - Staff should use available carry handles and straps, ensure the load is distributed evenly across the body, and move the bags between different sides of the body, if practicable. This will assist with spreading the workload across a range of muscles, rather than relying on or overloading the same groups.

Milparinka staff must notify the Manager/Coordinator of their work area of any immediate difficulties and at any stage of this process if additional assistance, such as other emergency service personnel or additional lifters are required.

Loading / Unloading Participant from a Car

From a Car

Participant Assistance – LOW RISK ACTIVITY

Staff should supervise and verbally instruct a participant to enter the vehicle and sit on the seat, where practicable. Minimal assistance may be required.

Or

Walk belt and turning disc - MEDIUM RISK ACTIVITY

The chair is positioned at a right angle beside the car. Position the participant toward the front of the chair. The walk belt is placed around the participants chest / upper waist.

The staff member instructs / assists the participant to stand up onto the disc and using the walk belt pivots the participant on the disc so that they are positioned with their back to the car. The staff member assists the

Manual Handling Operational Procedures

Equipment
All Milparinka staff working in locations where there is manual handling equipment must check that the equipment is operational prior to use. If any defects are identified, these should be immediately reported to the Person in Charge at the work location and in the case of a home-based work location any defects must be immediately reported to the Manager Individual Supports who then must fill out an incident report.

Work Location
A risk assessment of the physical environment (including access, distance, furniture, space, equipment, lighting, changes in floor level at lifts, bathrooms, ramps, steps) in which the participant is located must be carried out before participant handling occurs. This will ensure that the path of travel between the task and destination, and immediate space surrounding the participant is clear of any obstructions and doors are secured in a fully open position whenever possible.

Staff should be aware of any other hazards (actual or potential), such as steps and slippery paths, so that caution can be exercised. The shortest and / or easiest path of travel should always be determined.
Environmental hazards should also be removed if they do not create a risk of musculoskeletal disorder through its handling. Another person should be enlisted to clear obstacles and navigate the route if possible.

A formal assessment of a participant's level of independence, dependence or resistance to staff (including their cognitive, physical, behavioural and clinical capacity, constraints or contraindications) must be carried out prior to participant handling. Whenever possible, staff should find out or estimate the weight of the participant, in conjunction with other key risk factors, such as the position of the participant in relation to the staff and potential of sudden or uncontrolled movements.

These assessments will assist in determining the safest and most suitable method of handling the participant / object.

The Milparinka staff should notify the Manager/Coordinator of their work area of any immediate difficulties identified at this stage.

Where a Manual Handling Protocol has been put in place for a participant this protocol must be adhered to. Should the participants status change e.g. they become more dependent the Manager/Coordinator of the area should be notified and the Manual Handling Protocol reviewed.

The following manual handling tasks (this list is not exhaustive) present recommended steps that should be followed in order of appearance, whenever practicable. These are intended as a guide only.

Moving Supplies, Furniture, Equipment

Equipment

Mechanical Aids

Whenever possible, Milparinka staff should use mechanical aids, such as trolleys, to push / pull supplies, furniture and equipment rather than lift them. Trolleys should be stored close to where they are to be used, so that they are readily available. Ensure they do not block access or exits.

- When using the trolley, Milparinka staff should ensure there is a clear direct pathway to minimise turning and sudden stops.
- To initiate the movement of the trolley the lower legs should be in a lunge position and the weight should be transferred from the back to the front foot.
- To maintain the movement of the trolley the elbows should be by the side of the body and the lower back in a position so that the lumbar curve is maintained while pushing the trolley.
- The feet should always remain in the direction of movement.
- Avoid turning the trolley from a stationary position.

Items that are to be carried on a trolley should remain on the trolley to reduce double handling and unnecessary storage at floor / ground level, if practicable.

Or

Team Handling

- When the load is assessed as too heavy, too big, or too awkward to handle safely a team lift is advised. It is essential that with all team handling, there is a clear plan with a designated person to provide clear instructions and to coordinate the task.
- Standard manual handling principles (position body close to the load, spinal curves maintained, knees nose and toes aligned, wait for designated caller, lift with legs) must also be used.
- Whenever possible, there should be an adequate number of team members, team members of similar size and strength, and team members trained in the task.
- The lifting capacity of the team is not equal to the weight that each team member can lift by himself or herself added together.

And / Or

Correct Manual Handling Techniques

- Milparinka staff should always employ correct and safe manual handling techniques.

- This includes bracing the abdominal muscles, holding the load close to the body, toes, knees, nose aligned, bending the knees and maintaining spinal curves.
- Your Manager/Coordinator should be contacted at any stage during this process if the load has been assessed as too difficult to handle and / or further assistance is required.

Phones

Mobil Phones

Mobile phones are provided to some positions such as senior managers and coordinators due to the extensive use of phones in their work. This procedure describes the requirements for staff who hold these phones. Phones are also provided in the buses which are used to transport people to ensure immediate contact as possible.

Mobile phones are no longer provided to staff as the demonstrated preferences that staff prefer to use their own phones and be reimbursed as required.

Procedure

- Mobile phones provided by Milparinka are to be used for the conduct of Milparinka business and reasonable personal use unless otherwise approved by the Committee of Management or CEO
- Excessive private use will incur a cost for any calls made.
- Milparinka appreciates staff being able to take their own personal mobile phones on community access programs. If staff are required to use their personal mobile phones to contact Milparinka, the cost of the calls will be reimbursed by Milparinka on presentation of the telephone account showing the cost of the relevant calls.
- The use of personal mobile phones for either non-essential incoming or outgoing calls whilst staff are engaged in the supervision of persons attending is not permitted.
- When supervising programs and supporting service users' personal mobile phones, unless used in place of Milparinka phones, should be turned off, or if this is not possible then incoming callers should be asked to call back at a time when the staff member does not have responsibility for supervision of those attending.
- All Milparinka phones are required to have a PIN number for security of the phone.

Phone Calls

To ensure the responsible management of resources and support of service users. It is expected that, unless in an emergency, staff are not to make or receive personal or work phone calls during times when they are supporting persons attending Milparinka in programs.

Procedure

- Phone messages for all staff will be taken and sent in emails to the intended recipient.
- Staff wanting to make personal phone calls during non-service user contact time are to obtain approval from their Manager / Coordinator.
- Calls during work time are to be kept to a minimum length.
- Excessive use of Milparinka provided mobiles or desktop phones may result in the staff member being charged for the calls

Mobile Phones

Should it be required a mobile phone can be provided to Day Centre Staff when out in the community, these mobile phones are supplied to allow for emergency call and contact between staff on external programs and the Centre or vice versa.

- The mobile phones are only to be used for the conduct of Milparinka business.
- Unauthorized private use will incur the cost of the call.

Milparinka appreciates staff being able to take their own personal mobile phones on community access programs. If staff are required to use their mobile phones to contact Milparinka, and a Milparinka phone is not available the cost of the calls will be reimbursed by Milparinka on presentation of the telephone account showing the cost of the relevant calls.

The use of mobile phones for either non-emergency incoming or outgoing personal calls whilst staff are engaged in the support of persons attending is not permitted. When supervising persons attending mobile phones should be turned off, or if this is not possible then incoming callers should be asked to call back at a time when the staff member does not have responsibility for supervision of those attending.

Drivers responsible for transporting service users to and from Milparinka may for various reasons be delayed and may be required to contact home to advise of this. The use of the Milparinka bus phones for this will be permitted and reasonable personal calls, if a driver makes excessive personal calls using the providfed mobile phone the driver may be charged for the personal calls made.

Incoming Sales Related Calls

In order to reduce the amount of time taken by staff in responding to unsolicited calls from sale representatives and to prevent information about Milparinka resources, service users and staff being provided to unsolicited and non-validated sources. Milparinka staff will not participate in discussions or respond to questions from unsolicited sales calls.

Procedure

If a Milparinka staff member answers a phone call from an unsolicited sales person they are to advise the sales person:

- That it is our policy not to participate in any discussion with unsolicited sales people, or researchers from private companies.
- Advise the person that if they want to provide us with information or ask questions that they will need to mail written information to the Post Office Box.

If staff are aware that it is an unsolicited sales call they will not:

- Answer any questions
- Transfer or Pass the call onto another person or manager
- Provide names, titkles, phone numbers or email addresses of any staff member or service user at Milparinka or any other information about Milparinka.

While staff are expected to remain courteous it is expected that the above conversations are kept to a minimum and if the sales person persists you should advise them that you are not able to continue with the conversation, say goodbye and hang up.

Reporting Procedures

Reporting Procedures

Logging Incidents

- All hazardous manual handling incidents are to be reported to the employee's Health and Safety
- Representative (HSR), or your Manager if the HSR is not immediately available.
- A Hazard form must also be completed by the employee or immediate supervisor within 24 hours of an injury or manual handling incident.
- An Incident Report should also to be forwarded to your Manager by the conclusion of the shift where necessary.

Rolling the Participant

Rolling the Participant

Participant Assistance – LOW RISK ACTIVITY

Staff should supervise and verbally instruct a participant bend up their far knee and position the far arm across the body and instruct the participant to roll over. Minimal assistance may be required.

Participant Unable to Assist – LOW TO MEDIUM RISK ACTIVITY

Staff should bend up their far knee and position the far arm across the body and assist the participant to roll over. If the participant is heavy or large then two staff may be required for this activity.

Casual To Permanent Conversion from 26 February 2025

Casual To Permanent Conversion

We following the process as outlined by Fairwork (Becoming a permanent employee - Fair Work Ombudsman)

Eligibility

A casual can provide written notice to their employer to change to permanent (full-time or part-time) employment under the employee choice pathway if they:

- have been employed for at least 6 months
- believe they no longer meet the requirements of the Casual Employee Definition
    - the employment relationship has no firm advance commitment to ongoing work, taking into account a number of factors, and
    - the employee received the casual loading

For more information please see the fairwork website on casual employee definition

A casual can't provide notice if they:

- are currently engaged in an ongoing dispute with their employer about changing to permanent employment under the employee choice pathway, or
- in the last 6 months, their employer refused a previous notice or they've resolved a dispute with their employer about employee choice under a relevant dispute resolution process.

Prior to providing written notice

Prior to providing written notice you must have a discussion with your line manager to confirm that you meet the eligibility criteria

The Notice

The Casual Employee must submit their Notice in writing to the CEO.

The request must include:

- Details of your start date
- Why you are making the request and why you beleive you no longer meet the requirements of being a casual

Request Review

On receipt of your request the Senior Executive Management Group will review your request and assess whether or not to accept it, the Senior Executive Management Group have 21 days in which to reply to your request.

Shift Cancelations - Staff Payments

Shift Cancelations - Staff Payments

If a shift is cancelled and it is defined as a Short Notice Cancelation as per the NDIS definition, the relevant staff member may be eligible to receive payment for some or all of the cancelled shift in accordance with the following:

Cancelation notice received from Participant or relevant person	**Percentage of shift paid to staff member**
Up to 48 hours before the shift start time	100%
Between 48 and 96 hours before the shift start time	50%
More than 96 before the shift start time	0%

If a shift is cancelled and the impacted staff member is allocated a replacement shift of the same duration, then the impacted staff member will only get paid for the replacement shift.

If a shift is cancelled and the impacted staff member is allocated a replacement shift of the same duration, and the impacted staff member refuses to accept the replacement shift then the impacted staff member will not get paid for cancelled shift regardless of when the cancelation notice was received.

When notifying the Roster Coordinator of Short Notice Cancelations the relevant notifying staff member must inform the Rostering Coordinator the percentage of the shift that is required to be paid to the impacted staff member.

Privacy - Service User Records

Breaches of Privacy

What is a privacy incident?

A privacy incident may be a breach, a possible breach or a 'near miss'.

- Breach or Possible Breach – an action or omission that results in loss, theft, misuse or unauthorised disclosure of personal information, or has the potential to do so.
- Near Miss – are situations where a breach would have occurred without intervention. This includes situations where a privacy incident has occurred without any actual disclosure of personal information
- Where a complaint has been made that a privacy breach has occurred, which then needs to be investigated (all allegation of privacy breach).

Client information

Funded agencies have access to a client's personal, health and sensitive information, which is often provided on the basis of trust.

It is critical that funded agencies protect the privacy of this information. When a privacy breach, possible breach or near miss has occurred, Milparinka must capture this information and report this privacy breach to DHHS. This is reported through a web-based privacy incident report.

Capturing privacy incidents

The Privacy Incident Report Form captures details relating to:

- The privacy incident
- The clients impacted
- The immediate risks
- How the incident is being managed and if a breach has occurred, how it is being contained
- Information relating to security and breaches.

What is the Privacy Incident Report Form?

The Privacy Incident Report Form is used to record details about privacy incidents and how they are investigated and managed.

Privacy Incident Report Form access

To access the Privacy Incident Report Form is available by clicking on the link on the Reporting Incidents Page – https://providers.dhhs.vic.gov.au/reporting-incidents to be directed to the Report a privacy incident page.

Funded Agencies do not need a logon to access the Privacy Incident Report Form, just click on the link in the Funded Agency Channel to be directed to the Privacy landing page.

You can access the Privacy Incident Report Form via the following:

- PC (Desktop/ Laptop)
- Tablet
- Mobile Phone.

PRIVACY INCIDENTS MUST BE REPORTED WITHIN ONE BUISNESS DAY OF BEING IDENTIFED

Consent - Access to Participant Inf

Consent - Access to Participant Information

Participant Request

Under privacy law a participant has a right to access their own personal information.

Release of information is an issue between the participant and the Privacy Officer (CEO)and/or staff member (no one below the level of coordinator) involved. Information will only be released according to privacy laws. Milparinka will not require participants to submit Freedom of Information claims to access their own information.

Specific Directions to Staff

Apart from the provision of a subpoena, which has legal status, no written or verbal information, recordings or images of Milparinka participants will be made available to others without written or documented verbal consent.

Where there are regular events such as the uses of images within the service, or the sharing of information with therapists or support coordinators, participants can give written consent in advance. This consent is usually obtained at the commencement of supports and at the resigning of service agreements. A pre-signed consent form is not considered current if its dates are not in line with the current service agreement.

There is no capacity for doubt in relation to consent. Prior history does not provide direction for new requests for access to information or images., If a current signed or verbal consent is not present then consent does not exist and information or images cannot be shared until consent is available,

While the opportunity to pre-sign consent for some services is available, participants and representatives are under no requirement whatsoever to sign these. If they do not sign these it's simply means that each time there is a request for information we will contact them and ask them for their consent to release information.

Participants and representatives can withdraw previously give consent at any time. Any such withdrawal is to be accepted unconditionally.

Relatives/Friend

- No information is to be released to relatives and/or friends except where the family member in the role of primary carer is deemed to be the Authorised person or Plan Nominee.
- However, a participant may authorise another person to be given access if they have the legal right, capacity and provide a signed authority.

Other Health and Support Professionals

Release of information is an issue between the participant and the Privacy Officer and/or staff member involved. Information will only be released according to privacy laws and available consents. A signed participant consent, or a verbal consent which is documented, must be obtained for release of information.

Police/Lawyers

- Police and lawyers must obtain a signed participant consent (or subpoena, court order or search warrant) for release of information.
- The request is directed to the Privacy Officer and/or staff member.
- Unless a signed participant request is obtained the Milparinka Inc is not legally obliged to release information.

Insurance Company, Social Welfare Agency

- No information to be given.
- All enquiries to be directed to the Privacy Officer and/or staff member.
- Release of information is an issue between the participant and the Privacy Officer and/or staff member.
- The participant may seek access under privacy law.

Students on Placement Participants may not wish to have their personal information used for education purposes. Milparinka respects its participants right to privacy and where possible will use de-identified data for case studies. We will always inform participants of impending students requiring information and will ask participants if they want to consent to this.

Research/Quality Program

The participant must consent to any specific data collection for research purposes.

Where it is desired to publish material related to research, the anonymity of participants is to be preserved. Research requests are to be approved by the Chief Executive Officer.

Media

All media enquiries are to be directed to the Chief Executive Officer. Information is not to be released without authorisation of the Chief Executive Officer. No information is to be released without the participant's consent.

Telephone Calls

Requests for participant information are to be treated with care and no information is to be given out without adherence to the following procedure:

- Take the telephone number, name and address of the person calling and pass this onto the Privacy Officer and/or staff member. A signed participant consent, or verbal consent which is documented, must be obtained for release of information.

Emails

Participant information is only sent via email with the consent of the participant. The following message is to be sent on the bottom of your email messages:

This email contains confidential information intended only for the person named above and may be subject to legal privilege. If you are not the intended recipient, any disclosure, copying or use of this information is prohibited. Milparinka Inc. provides no guarantee that this communication is free of virus or that it has not been intercepted or interfered with. If you have received this email in error or have any other concerns regarding its transmission, please notify info@milparinka.org.au

Relevant links

Australian Information Commissioner http://www.oaic.gov.au/privacy/privacy-news

Health Records Act http://health.vic.gov.au/healthrecords/

We provide a service for a diverse multicultural population. service users/families who do not speak English or who are more proficient in another language are encouraged to use an Interpreting Service.

A member of the participant's family may not be a suitable translator and should not be encouraged. Wherever possible a professional Interpreting Service is used for interpreting.

Once it is determined that the service user/family needs an interpreter, the participant is asked if they would like to use the Interpreting Service.

An Interpreter in the appropriate language can be booked or the telephone interpreting service used.

Privacy - Service User Records

To ensure consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant.

To ensure each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.

To ensure that each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format

To ensure the privacy of service user information is maintained and in accordance with Legislative requirements. Service user records are confidential legal documents. This policy is to ensure that all service user records and service user information is kept and used in accordance with the Privacy Act 2012 and Health Records Act 2002.

This policy applies to all staff who have access to service user information.

The IPA and HRA do not replace other legal obligations regulating personal and health information handling. They supplement them. They sit alongside existing protections such as medical confidentiality and existing responsibilities to disclose information, for example mandatory reporting.

Privacy

To ensure that information collected from participants is done so with their consent, is relevant to the services and support provides, is stored securely, disposed of appropriately and not realised without appropriate consent.

Personal Information

Personal information refers to information or an option recorded in any form about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion but does not include health information as defined below.

Health Information

Health information refers to:

- All personal information handled by service providers in the public and private sectors
- Health-related personal information held by any organisation in the public or private sectors.

The Health Records Act defines health information as:

- Information or opinion about –
- The physical, mental or psychological health (at any time) of an individual or
- A disability (at any time) of an individual or
- An individual's expressed wishes about the future provision of health services to them or
- A health service provided, or to be provided, to an individual – that is also personal information or
- Other personal information collected to provide, or in providing a health service; or
- Other personal information about an individual collected in connection with the donation, or intended donation, by the individual of their body parts, organs or body substances; or
- Genetic information about an individual in a form which is or could be predictive of the individual's health at any time – but does not include health information, or a class of health information or health information contained in a class of documents that is prescribed as exempt health information.

Use of Disclosure

The term ‘use’ includes sharing information within a particular organisation, that is between individual staff or service groups that operate under the same legal entity. For example, a disability service may provide a range of discrete yet inter-related services within their organisation

The term ‘disclosure’ means sharing or communicating health information to organisations or individuals outside a particular organisation. For example, information through the assessment of needs may be used to make a referral to another organisation e.g. a day service making a referral for case management support.

Authorised Representative

Section 85(6) of the Health Records Act 2001 defines the classifications of individuals that may act as ‘authorised representatives. These are:

Guardians

- Attorneys under enduring powers of attorney
- Agents under the Medical Treatment Act 1988
- Administrators under the Guardianship and Administration Act 1986
- Parents (in the case of a child without capacity) or
- A person otherwise empowered to act or make decisions in the best interests of the person.

In all instances, proof of the representative’s authority must be sighted and a copy of that document placed on the participant ’s file.

What is Consent

The term consent refers to the informed and voluntary agreement of the person or the person’s authorised representative to a specific proposed action. participant s must be informed about their options, including the ability to withdraw or vary consent, and given the opportunity to refuse consent.

Type of Consent

The Privacy Act states that consent maybe 'express' or 'implied'.

Express Consent –

It is unequivocal and does not require any inference on the part of the organisation. It is the clear expression of the person's wishes, given in response to a choice about how their personal information is to be handled. It may be given orally or in writing, as long as it is clear and unmistakably stated the person has specifically conveyed their decision.

Implied Consent

may only be relied upon where consent can be confidently and reasonably inferred through the actions of the person. For example:

- It is reasonable to infer that a person who seeks support consents to their information being collected and used for that purpose. Their express consent would be needed before it could be used for an unrelated purpose (provided, of course, that using it for the unrelated purpose is not already required, authorised or permitted by law or by another exception in the relevant Privacy Principle)

Compared to express consent, it may be far more difficult to determine that implied consent exists. In particular, consent must not be simply assumed. A person who does not object to a course of action is not necessarily giving their consent.

Staff Responsibilities

- All participant information is private. Confidentiality of participant information must be maintained at all times. Milparinka Inc will adhere to National and State privacy laws.
- Participant information is not to be verbally discussed with or visually presented to staff members, families or other persons, whether within Milparinka Inc or outside i.e. other agencies, without participant consent.
- Participant 's records are legal documents and are not to be left in view of others.
- Each participant 's rights are to be respected and staff must ensure strict adherence to privacy of any visual documentation or verbal matters with staff, participant s or others. This includes participant 's accounts, referral letters or any other clinical documentation.
- The Commonwealth Privacy Act and the Health Records Act ensures that each participant has a right of access to his/her personal information. All information collected by Milparinka Inc in providing a service is deemed personal.
- Upon accepting employment at Milparinka Inc, the confidentiality policy will be explained to the new employee by their Manager during their induction and a privacy statement will be signed which is binding under the terms of their employment.
- The original will be retained in the staff personnel file and a copy given to the staff member.
- A breach of privacy guidelines will result in disciplinary action.

Capacity to Consent

- The Health Records Act 2001 does not specify the minimum age at which a young person can legally give consent. In making an assessment the service provider should use professional judgement as to whether the child or adolescent has the capacity and maturity to understand the nature and effect of giving or withholding the proposed consent. Age will of course be relevant, but not decisive except in the case of very young children. In assessing a child's capacity privacy laws adopt the common law test referred to as the 'Gillick Test', which briefly stated asks the question: does this child have the intelligence and maturity to understand the nature and effect of this proposed decision? If the child does have capacity under this test, then their decision must be respected. In that case consent needing to be informed, voluntary, specific and current equally apply.
- As well as ensuring that the child is given enough information about the nature and effect of the consent, the practitioner must also be satisfied that they have consented of their own

free will. This requires some consideration of whether there are any apparent circumstances that might negate that consent – such as a relationship of significant duress or undue influence (e.g. a history of abuse of the child by a person to whom the decision relates).

- As with any consent, it is important that the child understands they have the option of refusing permission for a proposed handling of their information.
- The participant must have the capacity to understand the nature of what they are consenting to and the implications of providing or withholding consent. Where the service provider is satisfied that the participant does not have the capacity to decide about disclosure or use of their information, consent can only be sought from their participant 's 'authorised representative'

Proof of Authority

- Before accepting a decision by a person claiming to be an 'authorised representative' the staff should verify the status by sighting a copy of the relevant document such as Plan Nominee Status, Guardianship or Administration Order, or Enduring Power of Attorney. If this is not possible the staff must record the fact they were unable to sight the document and why, and note all relevant details about the claim to representation (e.g. who advised about this, the claimed authority, and any other information).
- If unsure about the person claiming to be the 'authorised representative' an acceptable form of proof is a properly completed and witnessed Statutory Declaration containing sufficient information to reasonably satisfy the service provider that the nominated representative can make decisions in the consumer's best interest.

- **A Statutory Declaration form is available from the following Web Site:**

http://www.immi.gov.au/allforms/statdec.htm

What if there is no authorised representative?

- In many cases an individual without capacity will have no authorised representative. In these cases, it is reasonable for the practitioner to make a professional judgement about who can act in the best interests of the individual. Often this will be a family member, carer or friend. It could also be an independent practitioner, not involved in the individual's treatment. The only relevant criteria are that there are reasonable grounds available to assess that the potential representative is able and willing to act in the person's best interests. It is good practice to document the grounds for making this assessment in case of any dispute.
- Under no circumstances should a Milparinka staff member take on the role themselves of acting as that individual's representative. This would be a significant conflict of interest, and is prohibited both ethically and legally.
- In a situation where not, suitable person is available or can be identified, advice may be sought from the Office of the Public Advocate (Phone: 9603 9500).

What is Consent Obtained for?

Participant consent is obtained for the following:

- Collection of information (written consent)
- Participant 's personal information sought for research projects (written consent)
- Release of de-identified information to Department of Human Services as required (verbal consent)
- Third Party observation or participation in participant programs (verbal consent)

Emergencies

- Where immediate treatment is necessary to preserve a life or prevent serious injury, all attempts are made to gain the participant 's consent. The office of the Public Advocate is contacted if this is not possible.

Storage of Information

All information is stored electronically. Where this is on severs, these servers are located in Australia.

Information is stored in the CRM program, MYP. Access to information is layered and based on permissions to ensure that only positions with the correct levels of authority are able to access documents.

Disposal

The disposal and destruction of records is conducted in line with the requirements detailed in the Public Records Office Retention and Disposal Authority for Records of Disability Services Function. See link below

https://prov.vic.gov.au/sites/default/files/files/documents/0813var2_0.pdf

Service User Privacy & Access To In

Service User Privacy & Access To Information

Milparinka Inc is bound by the Commonwealth Privacy Act - Privacy Amendment (Private Sector) Act 2000 and also complies with the Victorian Health Records Act 2001 and related 10 National (NPPs) and 11 Health (HPPs) Privacy Principles.

The maintenance of privacy requires that any information regarding individual service users may not be disclosed either verbally, in writing, in electronic form, by copying either at Milparinka Inc. or outside it, during or outside work hours, except for strictly authorised use within the service user care context at Milparinka Inc. or as legally directed.

There are no degrees of privacy. All service user information is considered private and confidential, even that which is seen or heard and therefore is not to be disclosed to family, friends, staff or others without the service user's approval.

All information received in the course of service provision between a staff member and the service user is considered personal information. This information includes medical details, skills assessments, needs information, family information, address, employment and other demographic and accounts data.

The physical records and related information created and maintained for the continuing support of each service user are the property of Milparinka Inc. Milparinka Inc must ensure the protection of all information contained therein. This information is deemed a personal health record and while the service user does not have ownership of the record he/she has the right to access under the provisions of the Commonwealth Privacy and State Health Records Acts.

Requests for access are to be noted in the service user's record, service user Request for Personal Health Information Form and Register.

All staff at Milparinka Inc. have a responsibility to maintain the privacy of personal health information and related financial information. The privacy of this information is every service user's right. Any information given to unauthorised personnel will result in disciplinary action and possible dismissal.

Each staff member is bound by his/her privacy agreement which is signed as a condition of employment at Milparinka Inc.

Procedure

Personal health information is to be kept out of view and not for access by the public e.g. not left on reception desk, in the waiting room or other public areas; not left in program rooms unless in possession of a staff member; and not left unattended in staff room. service user files can only be with the staff providing the services or within the filing system.

Reception Area

Reception and other staff in the main reception area must remember that the waiting room is adjacent and as such staff should avoid service user information inadvertently being heard by other service users and visitors.

Computer Terminals

- Access to computerised service user information is strictly controlled with personal passwords.
- Staff are not to disclose passwords to unauthorised persons.
- Screens are cleared when information is not being used.
- Terminals are logged off when the computer is left unattended.
- Computer screens are not to be in public view.

Bullying

Purpose and Scope

The purpose of this policy is to make Milparinka employees aware of what constitutes harassment, discrimination and workplace bullying, and their responsibilities in preventing and managing such incidents. The intended outcome is a workplace that is free from all forms of harassment, discrimination and bullying.

Milparinka is committed to providing a positive and safe working environment free from intimidation, ridicule and harassment. Every manager, supervisor and employee have a responsibility to maintain a working environment free from negative and bullying behaviour.

Milparinka understands that a bullying and harassment free workplace makes it everyone's responsibility to make sure the workplace is free of bullying and harassment – and strongly encourages witnesses or victims to report any incidents.

Milparinka will investigate all complaints of bullying and will take remedial action where necessary.

Procedure

What is workplace bullying?

Workplace bullying is the repeated less favourable treatment of a person by another or others in the workplace. Bullying is persistent repeated unwelcome behaviour, mostly using unwarranted or invalid criticism, fault finding, exclusion or isolation. Instances of workplace bullying have the deliberate intent of causing physical and psychological distress to others and can include behaviour that intimidates, offends, degrades or humiliates a worker, possibly in front of co-workers, clients or others. Bullying is assessed from the perception of the receiver. It is behavior that is perceived as unwelcome by the receiver, it is not about what the giver intended.

Bullying in the workplace can take place between:

- a worker and a manager (or supervisor),
- co-workers, including trainees,
- a worker and another person in the workplace, eg a client or a student.

It might include one of or a number of the following behaviours:

- manipulation,
- intimidation,
- belittling remarks,
- unreasonable persistent criticism which is not part of a managing performance process,
- loud and aggressive attacks or more subtle intimidation such as constant criticism of a trivial nature,
- verbal and physical abuse, for example, shouting and throwing objects,
- isolation from colleagues,

- refusing to delegate or the withholding of information employees need to perform their job,
- removing responsibility and/or imposing menial tasks.

Bullying does not include:

- occasional differences of opinion, and non-aggressive conflicts and problems in working relations,
- workplace counselling, managing under performance and other action in accordance with Milparinka policy and procedures.
- Enforcement of lawful directions issued by the agency.

Behaviour will only be defined as bullying if a "reasonable person" observing the situation would consider it to be bullying. The reasonable person is defined as an objective third party.

Types of bullying

Unwitting bullying (also including reactive or isolated instances of bullying) This type of bullying is where stressful circumstances, stemming either from the workplace or from personal issues results in a deterioration of office behaviour. In reaction, an employee may become short-tempered and irritable. When an employee under pressure reacts adversely, he or she will often recognise the inappropriateness of the behaviour. The employee should apologise and learn from the experience so that any adverse behaviour is avoided in the future. In some cases, the irritable employee may need to be counselled to understand that their behaviour is not acceptable.

If an employee continues to exhibit inappropriate behaviour over a period of time in response to stress, this type of behaviour may fall under the general bullying category.

Serial bullying is the most serious type of workplace bullying. Serial bullying behaviour is identified when an individual target a number of employees in succession.

Relevant legislation

Milparinka has a legal obligation to ensure that workplaces are free of any harassing, discriminatory or bullying behaviour. Milparinka's legal obligation extends to providing a workplace that promotes the health and wellbeing of all employees.

The policy complies with and is supported by the following legislation:

- Victorian Equal Opportunity Act 2010
- Sex Discrimination Act 1984
- Victorian Occupational Health and Safety Act 2004

Effect of bullying on an individual

The effects on the person experiencing bullying can include:

- severe psychological distress, sleep disturbances and general feelings of anxiety,
- physical symptoms such as stomach-aches, headaches and general ill-health,
- incapacity to work, reduced output and performance,
- loss of self-confidence, self-esteem and sometimes even suicidal behaviour.

Effects of bullying on the organisation

The effects of bullying on the organisation can include:

- lower workplace productivity and efficiency,
- high staff turnover with resultant increase in recruitment and induction costs, as well as down time as replacement workers are trained in their new jobs,
- increased absenteeism and sick leave,
- the direct cost of dealing with complaints of bullying such as the cost of counselling effected workers, costs associated with legal action etc,
- stress related costs via the workers compensation system with resultant increases in insurance premiums and/or rehabilitation costs, poor morale.

Responsibilities of managers and supervisors

Managers are responsible for ensuring that all employees understand that bullying is not tolerated in the workplace and for taking early corrective action to deal with behaviour which may be offensive or intimidating. If a manager or supervisor feels that a reported incident might constitute bullying and the manager/supervisor feels that the nature of the complaint is outside their expertise, he or she will refer the matter to the Manager, Human Resources.

The prevention of all inappropriate behaviours including bullying require managers and supervisors to:

- be aware of, identify and prevent bullying in the workplace,
- eliminate inappropriate behaviour regardless of whether a complaint is received about that behaviour,
- encourage all staff to behave in accordance with the principles of equal opportunity and anti-discrimination,
- provide leadership and role modelling in relation to appropriate and professional behaviour in the workplace,
- respond promptly, sensitively and confidentially to all situations where inappropriate behaviour is exhibited or alleged to have occurred.

Employee and co-worker responsibilities

The prevention of bullying requires employees to be responsible for the following actions:

- be aware of and identify bullying behaviour and where appropriate utilise Milparinka's and/or external mechanisms to stop any further instances of bullying behaviour,
- behave in accordance with the principles of equal opportunity and anti-discrimination,
- if bullying behaviour is witnessed or experienced and the employee feels able, speak with the alleged bully to object to the bullying behaviour,
- offer to act as a witness if the person being bullied decides to report the incident,
- keep a record or diary of incidents noting what happened, when and the names of witnesses,

What can you do if you are being bullied?

An employee who experiences bullying can seek advice and assistance from any of the following contacts. If you are concerned about going to your direct supervisor you can talk to any Manager who you feel comfortable with:

- Senior Management,
- Immediate supervisor, manager or team leader,
- Human Resources,
- Union representative.
- An external advocate

Employees who experience bullying can seek to resolve the situation informally or formally.

Informal complaints procedure

- Employees should contact their supervisor, Human Resources or other manager to discuss an informal complaint procedure.
- Informal mechanisms may include a local management strategy to raise awareness or education session in relation to appropriate behaviour in the workplace.
- Informal resolution may also include local mediation between parties at the workplace where appropriate. Mediation is usually only appropriate for cases of unwitting bullying, and is not appropriate for serial bullying.
- Alternatively, an employee may ask their supervisor to speak to the alleged bully on their behalf. The supervisor will privately convey the employee's concerns and reiterate Milparinka's workplace bullying policy without assessing the merits of the case.
- A supervisor or manager who observes unacceptable conduct occurring may take independent action even though no complaint has been made.

Contact officers – The manager who is allocated the responsibility for responding to an allegation

The Role of the Contact Officers involves:

- assisting to clarify whether the behaviour could be described as bullying,
- discussing methods for the problem to be resolved either informally or through Milparinka's formal complaints procedure,
- remaining neutral as the focus is on reconciliation of a dispute and not siding with one party against the other.

Formal complaints

This procedure assumes that informal resolution of the bullying complaint has been unsuccessful or is inappropriate.

- A formal complaint of bullying will need to be in writing. This can be submitted to a manager that a staff feels comfortable however the manager will submit this to the Head of Finance and Business Services. The HF&BS will notify the CEO of receipt of a submission.
- The Manager, Human Resources, in consultation with the Chief Executive Officer will determine the kind of investigation to take place and will complete a confidential written report.
- The Chief Executive Officer will then take appropriate remedial and/ or disciplinary action.
- All parties to the complaint will be advised of the outcome.
- All parties will be given a right of appeal.

Options for remedies

The Chief Executive Officer shall determine appropriate action as a result of investigation. If someone has a complaint made against them and is found to have bullied the complainer, disciplinary action will follow. The disciplinary action will depend on the circumstances of the case, but can range from counselling the offender to termination of the offender's employment.

Confidentiality

An accusation of bullying can be potentially defamatory, especially if confidentiality is not observed and a person's reputation is unfairly damaged. Discussions, information and records related to complaints will remain factual and confidential. Be aware that confidentially is required by management and all participants in the assessment process should be aware that as part of the process of assessing the allegations that witnesses s and alleged perpetrator need to be interviewed and will become aware of the details of complaints.

All documentation and details of bullying enquiries and grievances will be kept securely by the Head of Finance and Business Services.

While discussions the complaint will remain confidential and on a need to know basis it is acknowledged that:

- The complaint will be discussed with both the person making the allegation and the person who is subject to the allegation
- Others who have been nominated as witnesses by the person making the allegation and the person who is subject to the allegation

Victimisation

Victimisation as a result of reporting workplace bullying is regarding as a serious breach of conduct and will automatically result in a formal investigation, which if proven, may result in disciplinary action being taken against the perpetrator, which may include dismissal.

Principles

The principles which apply to the workplace bullying complaints procedure are:

- Everyone has a right to be treated with respect,
- Everyone has a right to "due process" i.e. the person against whom the allegation is made has the right to know what is alleged against them, the right to put their case in reply, the right for any decision to be made by an impartial decision maker, and the right to an appeal against a decision,
- Complaints will be treated in confidence and where confidentiality cannot be guaranteed this will be clearly indicated,
- Access to counselling for effected workers,
- All incidences of bullying will be dealt with promptly, thoroughly, fairly and confidentially,
- Milparinka is under a legal obligation of a duty of care to provide a safe workplace. Any incidences of workplace bullying that are reported must be investigated, sometimes informally in the first instance, and formally if required in order to comply with this duty of care. Milparinka accepts and acts on its duty of care,
- Making false or malicious complaints of bullying will also be regarded as a serious disciplinary offence, which if proven, may result in disciplinary action being taken.

Code of Conduct

Code of Conduct

Who does the Code apply to?

The Code of Conduct applies to all Milparinka employees, volunteers, student, contractor or anyone who exercises power, controls resources for or on behalf of Milparinka.

If you are concerned about a possible breach of the Code discuss this with your manager. If you are concerned about approaching your manager to discuss a problem you can also speak to your Chief Executive Officer.

Showing respect for others

Respect the dignity, rights and views of others, including different values, beliefs, cultures and religions. Treat all people with respect, courtesy and honesty and give everyone a fair hearing.

Working Together

Effective teamwork is an essential part of a productive workplace. You can contribute to your team by:

- Valuing the contribution of the people you work with
- Working co-operatively and encouraging contributions from all members of your team
- Be open about reporting mistakes. Do not lie or misrepresent events to cover up mistakes.

Seek guidance and assistance if you are concerned that a staff relationship could have an impact on your work performance or attendance.

Violent and aggressive behaviour

Milparinka has zero tolerance to violence in its workplaces. Violent and aggressive behaviour, including verbal abuse, towards anyone in our outside of Milparinka will not be tolerated.

Should an employee believe their personal safety is at imminent risk they have the right to withdraw from an area. Employees are required to report all incidents of violent or aggressive behaviour and managers will investigate any incidents with a view of preventing or minimising the aggression and violence in the future.

Workplace harassment

Do not discriminate against, harass, including sexually, bully or mistreat any person while at work.

Disability Standards

As a registered Disability Service provider Milparinka and all of its staff are required to comply with the NDIS Practice Standards:

https://www.ndiscommission.gov.au/rules-and-standards/ndis-practice-standards

Milparinka and all of its staff are also required to comply with the National Standards Disability Services.

NATIONAL DISABILITY SERVICES STANDARDS

1. Rights: The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
2. Participation and Inclusion: The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
3. Individual Outcomes: Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.
4. Feedback and Complaints: Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
5. Service Access: The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
6. Service Management: The service has effective and accountable service management and leadership to maximise outcomes for individuals

Codes Of Conduct

There are 3 different codes of conducts that staff need to be aware of and work in accordance with. These are:

- The NDIS Code of Conduct
- The Disability Workers Code of Conduct, and
- The Milparinka Code of Conduct

As part of the completion of employment documents staff are required to read the first two of these Codes.

https://www.ndiscommission.gov.au/providers/ndis-code-conduct

https://www.vdwc.vic.gov.au/disability-worker-code-of-conduct

Staff will be provided with a copy of the Milparinka Code of Conduct at on site orientation.

This information is located on the Staff Manual.

Confidentiality of information

Treat all information about a person who is receiving or has received support from Milparinka in the strictest confidence as required by the Privacy Act. Confidentiality requirements continue to apply to former employees. Only access information about a service user or employee when relevant to your job role, it is lawful, or when specific consent is given.

Do not share information about, or images of, Milparinka service users without their specific approval. If in doubt do not share information , seek clarification from your manager.

Conflict of interest

Disclose in writing to your manager any actual or apparent conflicts of interest which may impact on your work performance.

Gifts and rewards

All gifts or benefits received must be reported to your manager who will advise on the correct course of action. No gift, regardless of the monetary value, should be accepted if it could potentially cause the employee to feel an obligation to the gift giver or, if it could be construed as taking advantage of an individual's inability to understand the value of a gift.

Report official misconduct

Report any official misconduct, including misbehaviour, fraud or corruption, which you become aware of at work. Report your concerns to your line manager, or to the Chief Executive Officer and co-operate with any investigations being conducted in connection with Milparinka.

Milparinka is committed to protecting from retaliation or reprisals any person who raises concerns about misconduct. In some circumstances, an employee who makes a disclosure about official misconduct will be regarded as protected Public Interest Disclosure Act 2013 .

Milparinka will investigate all allegations of misconduct and a range of outcomes are possible and may include, counselling, different levels of disciplinary warnings, dismissal and if required suspension, on full pay, while an allegation is investigated.

Internet and email use

Accessing, transmitting, storing or downloading any form of pornographic, sexually explicit or inappropriate material using any Milparinka resource is strictly prohibited and serious penalties, which may include dismissal, will apply.

Carry out lawful directions

Carry out any lawful and reasonable directions you are given and implement policies and practices that apply to your work.

You have the right to question a direction or a policy if you believe it is unreasonable or unlawful. Managers should be open to positive and constructive questions about their directions.

If you believe a direction is unreasonable, outline your concerns and ask for clarification from the person giving the instruction. If you still believe it is unreasonable, you can ask for advice at a higher level or lodge a grievance. This conversation should occur in private and not in front of service users or other staff who are not directly involved.

If you are waiting for a higher authority to consider your objection, you should generally carry out the instruction unless you believe the instruction is obviously unlawful or unreasonable or could endanger a person's health or safety.

Criminal Offences

You are to notify your manager in writing within 5 days if you are charged with an indictable offence, or if you are convicted by a court of any offence. This includes a loss of license.

Work Safely

- Comply with all established procedures and instructions given for workplace health and safety
- Report workplace health and safety problems, hazards and incidents
- Use any personal protective equipment provided
- Managers should ensure that no one is exposed to risks to their health and safety

Alcohol, smoking, drugs

Attending work or driving Milparinka vehicles whilst under the influence of alcohol, illicit drugs, or medications where you have been advised by your doctor not to drive, or work, while taking, is strictly prohibited and serious penalties, which may include dismissal, will apply.

If you are concerned that medication you are taking may affect your work performance, alert your manager as alternative duties may need to be considered for the duration of the course of treatment.

Smoking is not allowed in Milparinka motor vehicles, buildings, grounds and offices, except for designated smoking areas provided in accordance with your relevant meal break entitlements.

Smoking is also not allowed when you are actively supporting service users. This is both when you are inside or outside of buildings. The exception to this is if a service user is a smoker and you are smoking together to extend the social relationship.

Dress Code

The dress standard expected of staff may be referred to as ‘casual’. This code has been established to ensure a positive public image, connection with service users and to ensure compliance with occupational health and safety standards.

Guidelines

All Milparinka staff are expected to maintain a minimum standard of casual dress. Identification cards are not to be worn except where required at formal events.

Shoes must be worn at all times, except where the removal of shoes is required for a specific approved activity. Footwear should be neat and tidy. Joggers or trainers are acceptable. Open toed shoes or sandals are not permitted by staff who are working directly with service users during any part of the day.

Consideration should be given to the service users that you are supporting. At times multi coloured items of clothing will impact on an individual’s capacity to concentrate on activities due to sensory issues. Managers will identify this and discuss the issue with staff to ensure this impact does not occur in the future.

Child Safety

All staff, volunteers and board members of Milparinka Disability Services are required to observe child safe principles and expectations for appropriate behaviour towards and in the company of children, as noted below.

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

- adhering to Milparinka Disability Services Child Safety – Our Commitment policy at all times / upholding Milparinka Disability Services statement of commitment to child safety at all times
- taking all reasonable steps to protect children from abuse
- listening and responding to the views and concerns of children, particularly if they are telling you that they or another child has been abused and/or are worried about their safety or the safety of another
- promoting the cultural safety, participation and empowerment of Aboriginal children (for example, by never questioning an Aboriginal child’s self-identification)
- promoting the cultural safety, participation and empowerment of children with culturally and/or linguistically diverse backgrounds (for example, by having a zero tolerance of discrimination)
- promoting the safety, participation and empowerment of children with a disability (for example, during personal care activities)
- ensuring as far as practicable that adults are not left alone with a child

- reporting any allegations of child abuse to Milparinka Disability Services Child Safety Officer [Manager Individualised Services], and ensure any allegation is reported to the police or child protection
- reporting any child safety concerns to Milparinka Disability Services Child Safety Officer [Manager Individualised Services]
- if an allegation of child abuse is made, ensure as quickly as possible that the child(ren) are safe
- encouraging children to 'have a say' and participate in all relevant organisational activities where possible, especially on issues that are important to them.

Staff and volunteers must not:

- develop any 'special' relationships with children that could be seen as favouritism (for example, the offering of gifts or special treatment for specific children)
- exhibit behaviours with children which may be construed as unnecessarily physical (for example inappropriate sitting on laps. Sitting on laps could be appropriate sometime, for example while reading a storybook to a small child in an open plan area)
- put children at risk of abuse (for example, by locking doors)
- do things of a personal nature that a child can do for themselves, such as toileting or changing clothes
- engage in open discussions of a mature or adult nature in the presence of children (for example, personal social activities)
- use inappropriate language in the presence of children
- express personal views on cultures, race or sexuality in the presence of children
- discriminate against any child, including because of culture, race, ethnicity or disability
- have contact with a child or their family outside of our organisation without our child safety officer's knowledge and/or consent (for example, no babysitting). Accidental contact, such as seeing people in the street, is appropriate)
- have any online contact with a child or their family (unless necessary, for example providing families with e-newsletters)
- ignore or disregard any suspected or disclosed child abuse.

By observing these standards you acknowledge your responsibility to immediately report any breach of this code to Milparinka Disability Services Child Safety Officer [Manager Individualised Services].

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

Family and Domestic Violence Leave

Purpose and Scope

To provide direction in the case of an application for Family Domestic violence leave

Procedure

Since 1 February 2023, employees are eligible for Domestic Violence Leave.

Employees who commenced work on or after the leave entitlements came into place will be able to access the full 10 days from their start date.

Existing employees will be able to access 10 days of leave from the commencement of the new leave provisions and the 10 days renew on an employee's work anniversary.

Paid family and domestic violence leave is a standalone leave entitlement. This means employees get it separately from other types of leave, such as annual leave or paid sick and carer's leave.

Failure to comply with the new leave entitlements may result in a breach of the civil remedy provisions in the FWA thereby exposing managers to monetary fines and, other court orders.

Definition

The definition of family and domestic violence means 'violent, threatening or other abusive behavior by an employee's close relative, a member of their household, or a current or former intimate partner of an employee, that

(a) seeks to coerce or control the employee, and

(b) causes the employee harm or to be fearful.'

Evidentiary requirements

Milparinka is entitled to ask for evidence to show that the employee needs to do something to deal with the family and domestic violence.

This information can only used to satisfy ourselves that an employee is entitled to take Domestic Violence leave, and not for example, towards any disciplinary action.

Mishandling the information can have an adverse impact on the employee. Milparinka is not prevented from disclosing the information if:

- it is required by law;
- it is necessary to protect the life, health and safety of the employee or another person; or
- the employee consents.

Failure to comply with a request for evidence means an employee may be deemed ineligible for the leave.

Who are perpetrators covered in Family and Domestic Violence

To access paid family and domestic violence leave, the individual could be:

- an employee's close relative

- a member of an employee's household, or
- a current or former intimate partner of an employee.

A close relative is:

- an employee’s:
- spouse or former spouse
- de facto partner or former de facto partner
- child
- parent
- grandparent
- grandchild
- sibling
- a person related to the employee according to Aboriginal or Torres Strait Islander kinship rules.

Payment for leave

Milparinka will pay family and domestic violence leave as follows:

Full-time and part time employees at their full rate of pay, on the basis that the employee had not taken the period of leave; and

Casual employees at their full rate or pay for the hours they were rostered to work in the period they took leave.

These Payment must cover the full pay rate plus any incentive-based payments and bonuses, including

- loadings,
- monetary allowances,
- overtime or
- penalty rates and
- any other specific identifiable amounts.

Taking family and domestic violence leave

Employees will be able to take the leave if they need to do something to deal with the impact of family and domestic violence, which is not practical for them to do during regular work hours.

For example, this might include

- attending court hearings,
- making safety arrangements,
- accessing police services,
- attending counselling and
- appointments with medical, financial or legal professionals.

Grievance Procedures -Staff

Grievance Procedures -Staff

Purpose and Scope

To ensure an appropriate response and effective resolution of staff grievances. All grievances raised with Milparinka Management will be responded to in efficient time frames, with an absence of bias and a commitment to hearing the views of different participants (an atmosphere of trust and open communication will exist to ensure that staff and service users feel free to raise grievances without fear of repercussions).

Procedures

Service Recipient

See Complaints Policy

Staff

A staff grievance is a complaint by a staff member about any person or issue connected with Milparinka which has arisen out of their employment. This includes grievances in relation to fellow staff members, management staff and the Committee of Management, or members of the Committee of Management.

Grievances should be resolved whenever possible through conciliation and negotiation rather than arbitration and in the least formal manner possible.

- Anonymous complaints or allegations will not be accepted and dealt with under these grievance procedures.
- Where a grievance exists, the following shall apply: -

1. The parties at the workplace shall attempt to resolve the grievance themselves.
2. If the immediate parties involved are unable to resolve the dispute, the Manager should attempt to resolve the matter by mediation with the parties.
3. Where this fails the aggrieved party shall lodge a statement including details of the grievance, with the other party at the work location and the union or the employer representative or agent as is appropriate.
4. Upon receipt of such a statement a nominee of the union, of the employer or his/her nominee or agent shall immediately inform the other party of the details of the grievance enclosing a copy of the statement of the grievance
5. The nominee of the union or the employer or his/her nominee or agent, after consultation with the appropriate party at the work location, shall respond in writing.

If the Grievance Continues

One person nominated by the employer and one person nominated by the union, if participating, shall form a committee to establish the extent and nature of disputation and to attempt to resolve the grievance.

This Grievance Committee shall seek information from the parties and may visit the work location and tender advice as to the means of resolution of the grievance.

To avoid exacerbating the situation, no action including industrial action, shall be taken by either party to the grievance during the implementation of these procedures which shall take place without delay and be completed as soon as practicable. Where practicable, a mutually acceptable holding position shall be evidence of good faith only and shall have no bearing on the resolution of the grievance

A grievance shall be resolved where the parties to the grievance reach agreement:

1. The parties at the workplace shall be informed in writing of the grievance agreement.

OR

Where A Grievance Remains Unresolved: -

2. The matter shall be referred to the Chief Executive Officer or their nominee and the appropriate union or their nominee, who, after consulting with the parties and considering the advice of the Grievance Committee, shall attempt to reach a final decision in the matter and shall inform the parties at the workplace of this decision in writing.

Any grievance which remains unresolved after the application of these procedures may be referred by either the employer or the union to the Australian Industrial Relations Commission for resolution.

Records

The Chief Executive Officer should ensure that comprehensive records are kept of all grievances raised, action taken, outcomes reached, method of resolution and feedback provided to the aggrieved person.

Representation.

Each person engaged in a grievance or dispute is able to bring a representative to ensure fairness, to meetings.

Letters of Engagement

Letters of Engagement

All appointments must be formalized by a Letter of Engagement/Employment Contract covering the Terms and Conditions of Employment. This is provided by the Admin and Finance Manager.

Letters of Engagement for Staff should cover all relevant aspects of employment and also particular benefits offered by Milparinka

Permanent Full and Part Time Staff, Contract Staff, Casual Staff

Letters of Engagement to Permanent Part Time Staff, Contract Staff or Casuals and includes at a minimum, the following:

- The position titles
- Hours or work and number of days per week
- Terms of employment – specific dates (and special conditions where applicable)
- Entitlements
- Remuneration (including Superannuation eligibility).
- Salary Packaging
- The 6-month Probation Period for ongoing staff
- A recognition that the position is dependent on ongoing funding

The position is only considered as having been accepted when the appointee returns both a signed copy of the Letter of Offer and a signed copy of the position description, and confirmation that all other mandatory requirements have been met.

INFORMATION TECHNOLOGY PROCEDURES

Acceptable Use of Internet and Email

Purpose and Scope

This procedure sets out the processes for acceptable use of the computer network, including internet and email by employees and service users of Milparinka Disability Services Inc. The primary purpose for which access to the internet and email is provided to Milparinka staff is to assist them in carrying out the duties of their employment. For service users it is for recreational, work, social and learning opportunities.

This procedure applies to all Milparinka staff and service users

Procedure

Familiarization with internet access and rules is included in orientations for both staff and service users. Service users should be left unsupervised, or remain supervised, when using computers and accessing the internet dependent on their level of personal skills and need for support.

All management and key support staff will be allocated e-mail addresses for the purposes of work-related correspondence

Milparinka recognises that staff need access to email systems and the internet to assist in the efficient and professional delivery of services. Milparinka supports the right of staff to have access to reasonable personal use of the internet and email communications in the workplace.

Staff may use the internet and email access provided by Milparinka for:

- Any work and work-related purposes
- Limited personal use during breaks and non-contact time.
- More extended personal use under specific circumstances only with the express permission of the Manager.

NB: While service users are in attendance their use of computers take priority over any staff member's personal use of a computer.

Responsibilities

It is the responsibility of the Milparinka Management to ensure that staff are aware of this policy.

Any breaches of this policy coming to the attention of management are dealt with appropriately. It is the responsibility of the all employees to ensure that their usage of electronic media conforms to this policy. Page 2 of 3 b. Processes: Limited personal use by staff: Limited personal use of computer, internet and email facilities provided by Milparinka is permitted where it:

- Is infrequent and brief and occurs during breaks or non-service user contact time
- Does not interfere with the duties of the employee or his/her colleagues.
- Does not interfere with the operation of Milparinka.

- Does not compromise the security of the Milparinka systems. • Does not impact on Milparinka's electronic storage capacity.
- Does not decrease network performance (e.g. large email attachments can decrease system performance and potentially cause system outages.) • Incurs no additional expense for Milparinka.
- Violates no laws.
- Compromises none of the confidentiality requirements of Milparinka.
- Does not fall under any of the 'unacceptable use' clauses outlined below. Examples of what would be considered reasonable personal use are:
- Conducting a brief online bank transaction, or paying a bill.
- Sending a brief personal email, similar to making a brief personal phone call. Permitted extended personal use: It is recognised that there may be times when staff need to use the internet or email for extended personal use. An example of this could be when a staff member needs to use the internet to access a considerable amount of materials related to study they are undertaking. In these situations, it is expected that:
- The staff member advises and negotiates this use with the Milparinka CEO.
- The time spent on the internet is in the staff member own unpaid time. With Management approval staff are able to remain on site out of normal hours to use the internet. Page 3 of 3 Unacceptable use: Regardless of any level of approval, staff or service users may not at any time use internet or email access (including internal email access) provided by Milparinka Disability Services. to
- Create or exchange messages that are offensive, harassing, obscene or threatening.
- Visit websites containing objectionable (including pornographic) or criminal material.
- Exchange any confidential or sensitive information held by Milparinka (unless in the authorised course of their duties).
- Create, store or exchange information in violation of copyright laws (including the uploading or downloading of commercial software, games, music or movies). • Use internet-enabled activities such as gambling, gaming, conducting a business or conducting illegal activities.
- Create or exchange advertisements, solicitations, chain letters and other unsolicited or bulk email
- Staff may not use the computers to play games in work time

IT Support

IT support is provided through a reputable support company which is required to have:

- significant experience with both stands alone and network systems
- the capacity to respond within a specified or guaranteed time frame.
- the ability to provide a dedicated account manager and technician.
- Can cover the absence of technical staff during their holidays and other absences
- Has reasonable and predictable costs. The company should not need to outsource network support functions due to skill deficits.
- Is able to provide phone and remote based support and undertake a wide range of computer supports without need to physically attend the site
- Is able to be available outside of hours if required.
- Has a help desk function to allow for immediate responses to a range of issues
- Can manage both hardware and software and can provide competitively priced access to both.
- Are not limited to working with specific hardware or software companies

Website

Milparinka web site is found at http://milparinka.org.au/ The site structure is managed by an external provider however content can be managed locally. The passwords are held by the CEO.

The website is intended to contain a range of information that informs others about Milparinka's purposes, beliefs, structures and processes. Any personal information on the Web site or photos of people can only be used with their express consent.

The website will contain a portal for participants and their representatives, which enables them to share and store relevant information with multiple services. The access to the portal for any persons or services will be approved by the participant and their representatives, not Milparinka staff or management.

The web site should be reviewed every 3 months to ensure that it remains current.

Network

Purpose and Scope

The Milparinka computer network is managed by the IT support company. The network connection media utilises both hard wiring and wireless technology, for portable computers and tablets.

There is a server at the Brunswick site. The Networks is a Windows system.

Procedures

- The network administration passwords and associated passwords are known only by the IT support Company and the CEO.
- The network file structure consists of a number of Drives which can be reduced and added to as required. This can only be approved by the CEO.
- Access to all drives is restricted to specific user groups to which designations of staff are allocated to. Some drives all users can access.
- All users of the system will have a personalised login, password and email address.
- All work undertaken and saved by staff must be saved to appropriate network drive and not the local hard drive.
- No personal information is to be kept by staff on the network drives.
- All information of the network drives is Milparinka property and cannot be removed or used for purposes other than those related to your work at Milparinka without approval from the CEO.
- The Acceptable Use of Internet and Email procedure applies in all uses of the network by Milparinka staff and service users.
- Service users have access to the network through a generic log in which has no access to working files. The user name is m and the password is m.
- Service users, unless otherwise approved by the CEO, must not be given access to the network through a staff member's code. If you are leaving a computer unattended you are required to log out of the system.

System Backup

There are three methods of backup:

- The system is backed up each night to a backup system that is off site.
- An additional independent and automatic backup system based at Brunswick which can be accessed externally by Network providers.

Security

- All of Milparinka's networks, hardware and programs, including on portable computers, must be protected by a commercial grade virus protection system.
- This is managed by the IT Support Company who is responsible for ensuring upgrades and licensing requirements are met.

- All computers should be shut down at the end of the day unless required to be left on, and logged off, so they can be used externally.
- On disposal of computers all drives are formatted to remove any information which may have been inadvertently placed on them.
- All Milparinka data which is stored via the cloud drives can only be stored on Australian servers.

Software Application/Licenses

All software has a licence. Licences may be a full commercial licence, a 'free' licence, a licence to 'trial' or a licence to trial and then purchase. Other licence examples include 'shareware', 'freeware' and General Public Licence. A software licence is a legal agreement that is entered into between two parties

Milparinka's CEO will ensure that Milparinka:

- Is in compliance with the licence agreement of software used
- Maintains and renews licence agreements as required
- Retains documentation relating to the software licence agreement, this maybe through the IT Support Company)

Users

- Are required to conform to all Milparinka policy and regulations on software licensing including, but not limited to, this policy and the Information Systems Statute.
- Are required to conform with the terms and conditions of all licence agreements for software loaded on to any Information System owned or administered by the Milparinka
- Milparinka licensed Software must not be installed or used on any other system, computer, or device in any way that is in violation of the license agreement
- Software installed or used on Milparinka owned Information Systems in violation of its licence must be uninstalled

OPERATIONAL PROCEDURES

Showering of Participants

Purpose and Scope

To ensure that participants who require assistance with showering while at Milparinka are supported in a manner that preserves the dignity and safety of both participants and staff. The attendant care needs of participants should be responded to in a timely manner and provided in an environment that recognizes privacy, dignity and respect while emphasizing the safety of both participants and staff at all levels of the process

Procedures

The only exceptions to the following procedures are those participants who are fully independent in showering and require no staff support at any level of the process.

- Showering of participants while at a day service is not a daily occurrence and is required if a participant soils themselves with urine or faeces or becomes excessively dirty in the course of an arrangement.
- If a Participant becomes soiled and requires showering this must be undertaken without delay by the staff member who is supporting them at that time
- Prior to the commencement of showering staff are to advise their Manager.
- Staff should ensure that all required materials are available prior to the commencement of showering.
    - This will include:
        - Participants clothing
        - Shower chair
        - Flannels and towels
        - Soap
        - Disposable apron, arm and shoe covers and gloves
- All participants requiring any degree of staff support with showering **must be** showered while sitting on a shower chair: -not standing independently. All participants who are known to be unsteady are to use the shower chair with arms.
- All participants who require lifting, or any form of assisted transferring before during or after the shower, must have the support of two staff. If two staff are not available then showering is not to commence. If lifting is required the hoist must be used.
- Participants who are known to become disorientated during or after the shower must have the support of two staff. If two staff are not available then showering is not to commence
- Staff must wear protective clothing provided when showering participants. This is available in the bathroom

- The water temperature is regulated to prevent scalding however staff should check the temperature prior to allowing the participants to get wet.
- Cleaning of the bathroom should occur after showering, dressing and drying of the Participant has been completed. This includes ensuring that floors are not left wet and soiled clothing and towels are removed.
- Unless otherwise directed soiled clothing is to be rinsed off and placed in a sealed plastic bag to be sent home with participants.

Participants with Epilepsy

Participants of epilepsy and who have an epilepsy plan management should be highlighted in the MYP alerts.

Bathing of Participants with Epilepsy

- If participants with epilepsy require a shower the following will apply.
- A personal Care plan for showering must be prepared and available to staff
- Showers should be in a separate cubicle and not over a bath and a shower seat should be used if required.
- While bathing, the Participant must be supervised by a staff member at all times. This supervision can be personally tailored to each person. There are no exceptions to this requirement. (Because of the risk of drowning it would be negligent for staff not to provide supervision for the Participant in the bathroom).
- Supervision must be such that a seizure can be responded to at onset.
- Only one staff member is needed to provide supervision and should be the same sex as the Participant, if possible. The door to the bathroom should be closed so other staff and participants are unable to see in. Unless there is a risk of the participants injuring themselves once they are out of the bath or they require physical assistance, it is not necessary for the staff member to remain in the room when the Participant has finished bathing.
- The requirement for bathing supervision provided for a Participant with epilepsy must be documented in the Participant's Personal Care plan.
- The requirement for supervision must be made known to all direct care staff working with the Participant.

Additional Information

Maximum privacy for the Participant is a major consideration. The best way to provide non-intrusive supervision should be discussed with the Participant where possible.

Cultural Diversity

Purpose and Scope

Milparinka recognises that Australian population has a rich fabric of diverse backgrounds, expectations and care and support needs. The delivery of culturally responsive equitable supports that responds to this diversity in our population is a core quality expectation of our community, NDIS and Disability funded support providers.

Understanding an individual's cultural diversity including but not exclusive to beliefs, language, values, religion, communication needs, notions of family, sexuality, expectations and family responsibilities assists us and others in implementing strategies, practices, processes and services that best meet the diverse needs of their target group.

Milparinka in its support of people who have a disability is committed to support each individual in the context of their own life. This support in context includes responding to the cultural diversity that each person and family bring to the relationship with us to ensure the best and equal opportunities for all participants.

Every person has the right to receive high-quality and individualised disability support services regardless of their cultural background or other life circumstance or choice.

Procedure

- Support for Diversity is included in our organisational Values
- Our supports and support plans are culturally responsive and respectful of the family's cultural beliefs and their community.
- Communicate with each participant about the provision of supports to ensure responsive to their needs and support is provided in the language, method of communication and terms that the participant is most likely to understand.
- Milparinka seeks to implement a culturally competent and responsive approach to working with individuals, their families through considering and responding to factors such as language, culture, gender, intersexuality and religion in the context of the person's support needs.
- At the direction of the participant, the culture, diversity, values and beliefs of that participant will be identified and sensitively responded to
- Each participant's right to practice their culture, values and beliefs while accessing supports is supported.
- Where the opportunity arises recruit staff who are trained in languages other than English.
- Ensure resources are available to ensure a capacity to respond to, and increase our understanding of, cultural diversity and relevant issues for different cultural groups including:
    - Access and Use of Interpreters
    - Access to resources that enhance our capacity to respond to diversity.

- A capacity to translate documents as needed
- Access to specific expertise in relation to cultural groups as needed

Staff are encouraged to be flexible in their approach and seek information on specific cultural behaviours or understandings so that interactions with participants and families are sensitive to cultural differences.

Closure of Services

Purpose and Scope

Milparinka reserves the right to announce Closure of Services. Milparinka Services. Senior management will make necessary arrangements for closure in the case of emergencies or other issues.

Procedure

Planned Closure of Services

Interruption to normal services and an inability to continue to provide registered supports for a period of time must be reported to the NDIS commission. This is done through the NDIS commission Portal.

Milparinka may find it necessary to temporarily close the service under certain circumstances.

They include:

Natural disasters (or threats of natural disasters) such as fire or flood.

- Gas, water and electricity supply disconnection considered likely to jeopardise the health of people who use the services and staff or the safe operation of the service.
- Staff numbers depleted due to industrial action.

Where the closure of services is planned, the manager, individualized services must notify the participants, and their permanent carers in writing of the temporary closure of services including the reasons/s, the estimated duration of closure and alternative arrangements in supporting participants (if available).

The CEO in consultation with the Committee of Management should first consider part closure of the services if possible. High priority for continuing service provision should be given to people with high support needs and/or whose care givers have significant difficulties in organising alternative care arrangements for participants.

Emergency Closure

In case of emergency closures, we will contact without delay their care givers or people nominated as emergency contacts to notify of the closure so that alternative arrangements can be made. Contact will be made via SMS and Email in the first instance. Procedures must be put in place to ensure appropriate alternatives are available for those participants whose emergency contact is not reachable.

Health Related Issues

In case of infectious outbreaks such as Covid 19 closure may be required for isolation and deep cleaning. In these cases, all families and participants will be notified and, where possible, alternative arrangements will be made for the continuation of services.

Child Abuse Reporting

Purpose and Scope

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

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

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

Procedures

Reporting child sexual abuse is a community-wide responsibility. Accordingly, a new criminal offence has been created in Victoria from October 2014 that imposes a clear legal duty upon all adults to report information about child sexual abuse to police.

Failure to disclose

Any adult who forms a reasonable belief that a sexual offence has been committed by an adult against a child under 16 has an obligation to report that information to police. Failure to disclose the information to police is a criminal offence with a potential sentence of up to 3 years imprisonment.

Failure to protect

People of authority in our organisation will commit an offence if they know of a substantial risk of child sexual abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so.

What is a 'reasonable belief'?

A 'reasonable belief' is not the same as having proof. A 'reasonable belief' is formed if a reasonable person

in the same position would have formed the belief on the same grounds.

For example, a 'reasonable belief' might be formed when:

- a child states that they have been sexually abused
- a child states that they know someone who has been sexually abused (sometimes the child may be talking about themselves)
- someone who knows a child states that the child has been sexually abused
- professional observations of the child's behaviour or development leads a professional to form a
- belief that the child has been sexually abused
- signs of sexual abuse lead to a belief that the child has been sexually abused.

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

WHAT TO DO

What to do when an allegation of child abuse is made or **you have a concern about a child's welfare.**

Organisations covered by the reportable conduct scheme should contact the commission for clarification and guidance and talk through any issues of concern.

- Child Safety Officer
    - (03) 8803 8571
    - Reportable.conduct@justice.vic.gov.au

Heads of organisations are required to notify the Commission for Children and Young People within 3 days of receiving a reportable conduct allegation by submitting the online form. See the link below.

Notifying a reportable allegation

Child Safety - Our Commitment

Policy

Our organisation is committed to child safety.

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

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

Communication

Purpose and Scope

We support participants to communicate more effectively in whatever way is best for them.

We do this as we believe that all people are entitled to have influence and authority in their lives, make decisions about their lives, make friends, solve problems, have a joke, celebrate, tell stories and to experience life.

We believe that fundamental to these opportunities is a capacity to communicate effectively with others. We support a number of people who for parts of their lives have, or have had, challenging behaviours, we believe that being able to communicate more effectively is a major factor in helping people to move past these behaviours.

Procedure

Whereas in the past the majority of support items below were developed by Milparinka staff, the introduction of the NDIS means that these are now assessed, identified and develop by Speech Pathologists employed by each individual. Milparinka's staff work cooperatively with Pathologist's to implement communication tools and provide feedback.

There are two key elements that we focus on in relation to communication.

These are:

Environmental

Focuses on ensuring that our environment is communication friendly, in that it provides participants with such elements as:

- staff who are adequately trained
- enough time to communicate
- Variable communication structures for individuals
- Relevant assessment processes
- Reflective reviews of environmental issues with specialists
- Adequate equipment and resources for the preparation of aids and the immediate production of communication products
- Links to relevant external supports and resources.
- Signage – signage designed for participants' use must be in accordance with Easy English Guidelines.

Individual

This focuses on the identifying and responding to the individual needs of participants. The requirements here will be variable between individuals but starts in common with the need for relevant communication assessment to understand need. Where identified supports are identified these are to be developed, described, with staff trained and the communication source used consistently. Support is also focused on using appropriate communication outside of Milparinka.

Examples of some of the supports used by individuals are as follows; it is the responsibility of the speech pathologist to identify the need and develop these, and of Communication and Participation Consultant , supported by staff to ensure these tools are being effectively implemented.

Behaviour Scripts	Visual path for individuals to use when working through issues. For example, it links actions to consequences and gives alternative paths. (individual participants)
Chat Books	A book containing information about the person's life and interests that encourages conversation and relationships. It contains remnants (e.g. ticket stub) and pictures/photos (if a person is able to recognise). It must be updated regularly.
Chores Chart	Visual path/tool for participants undertaking regular jobs or tasks but have difficulty recalling the process. For people who can recognise photos and pictures and who need visual support to remember information? Chores charts that use objects can also be an option.
Communication Needs Assessments	Verbal communicators and people who are 6 + on the triple C.
Community Request Cards	Used by individuals to make purchases and regular requests in their community. They enable independence by taking staff out of the equation. (Some Participants)
Consistent Groups	Groups based on Communication/Relationships which do not change from day to day and allow for consistency, time for communication, maintenance of relationships, opportunity to resolve issues and for planning.
Diaries/Newsbook	Developed individually to facilitate improved communication between the home and service with increased capacity for participants to participate. Where individual participants are able to they are encouraged to be active participants in the process, using pictures to record their own day.

Individual Assessment/Observation/ **Prescription- Specialist Support from Speech and O.T.**	Specific to individuals. Increasing Understanding and Participation in the Environment- Object Cues, Object Symbols, Touch Cues, Sensory Properties/Preferences, Communication Plans, Supportive Pictographs (Boardmaker), Supportive pictographs, modelling
Intensive Interaction	Spending 1.1 time communicating with individual in the same manner that they communicate- imitation- helps to establish relationship
Leisure Pack	For people who need support to use their leisure time in a way that they enjoy. A collection of items preferred by the person that they can independently use during unstructured program time
Key Word Sign	Integrated throughout all programs and relationships and is a mandatory component of staff roles
New Participants	New participants to Milparinka have a communication assessment and resultant interventions. This usually commences during the transition process and is now supported by Speech Pathologist assessments and directions funded by the NDIS
Opportunity for Choosing	Increased opportunities for choice at a wide range of levels through the agency, eg. programs undertaken, where people have lunch, and more specific issues.
Participation To The Max	This form tells others what a person wants form their relationship with us. What they like and enjoy doing, information about how they interact and communicate and how to ensure that the person can participate/interact within group. This is a working document and is updated as staff learn more about the person.
Partnerships with families and Carers	We work in partnership with families and carers to ensure that communication aides and supports are implanted across the breadth of areas in each person's life.

Personal Communication Dictionary (PCD)	For people whose speech/gesture may be difficult for people to understand/interpret. The PCD developed by Speech Pathologists shows; what a person does, what it might mean, what you should do.
Picture based (Visual) Timetables	Used by participants who need visual support to understanding the pattern of the day. For some participants this involves using real objects. This also includes pictorial books that people use from session to session to locate themselves across the day.
Scripts	The purpose is documenting specific details of routines within the programs, so that all staff know what language and signs to use consistently. This is to increase participants understanding of regular events.
Sensory Programs	Programs that broaden people's capacity to relate to the environment and others through the use of technology. Includes programs such as Somantics and Reacticles.
Social Events	The creation of a series of in hours and out of hours social events to support people to practice new skills
Social Story	Individualised chat page/book that focuses on things the person needs to work on in a positive framework. Used in social settings, people homes. The social story is recorded in words, pictures and colour coded.
Talking Mat	Participants and staff use this tool as a way of participants expressing needs/wants/issues with word/picture cards. This is for someone at a symbolic level.
Technology	Computers, IPADS etc
Visual Checklists	Used for accessing community events (e.g. what you need for the gym – people take it home) or for more personalised use such as what did I bring in today.

Voice Output Communication Aides	Simple voice output (Low technology). To encourage understanding and to allow for opportunity to participate. Voice messages are recorded. The person can activate the output device with their body or switch system. They can be used as diaries and community request cards.

Community Access Register

Purpose and Scope

To ensure that Milparinka participants and staff attending groups programs can be located in the case of an emergency.

When participants and staff leave the ATU site community access register is to be completed. The register must accurately represent the participants in, and destination of, the activity.

Procedure

The Community Access Register is kept:

- **Brunswick** – Reception Area –on the front counter
- **Richmond** – Shelf in hallway, opposite room 1

The Community Access Register:

- Must be completed for any activity which is conducted outside of Milparinka premises. This includes community access by vehicle and walking.
- Must be completed prior to the activity taking place
- Community Access Register, to as great as extent as possible are to be completed by participants. Register is to be completed in program rooms and then delivered to the office when completed.
- Must include full details of the activity – date, those attending the program, vehicle, venue (please be as specific as possible), staff and mobile telephone number.
- Completed forms are regularly scanned to the archive on the S:/ network by the administration assistant as required

On Return

- Signed as returned
- Options given as to changes or non returns

Note there will be a default time i.e. 30 mins from where an alarm will be raised if they have not signed as returned.

This will automatically update the CommunityAccessRegister file and backed up as per standard requirements.

Future

We are moving to an electronic version of the Register. This will be via iPad style interface at the front desk

- The Participants names will be on drop down menus and ticked off as to their having community access now
- Staff names will be on drop down menus and ticked off as to accompanying Participants

- Mode of Transport will be on drop menus with ‘other’ being an option with scope to write such mode
- Time is automatically noted
- Return time will be needed
- Signed as going out

Complaints

Purpose and Scope

Milparinka is committed to the rights of participants and their family or advocates to make complaints regarding any aspect of the service with which they are involved.

Milparinka:

- Recognises the importance of dealing with complaints fairly within the principles of natural justice.
- Acknowledges that timely, effective responses to any complaints is fundamental to the maintenance of quality service standards and that dealing with complaints is an important element of service improvement processes.

This procedure ensures that people who attend Milparinka have the opportunity to raise complaints and to ensure that Milparinka responds to these with expediency and fairness.

Procedures

Complaints involving allegations of Violence, Abuse, Neglect, Exploitation Or Discrimination

Refer to Violence, Abuse, Neglect, Exploitation Or Discrimination procedure. This procedure direct responses to these allegations. The normal complaint documentation also need to be completed.

Other complaints

Our complaints management system and process should make it easy for people to make a complaint (anonymously if they choose) and ensure that we deal with all complaints quickly and fairly. Records of any complaints received are kept. Procedures and processes must ensure that complainants:

- Be informed of the complaint's progress
- Be appropriately involved in the resolution of the complaint and
- Be updated on the implementation of any relevant outcomes, including any action taken and decisions made.

Participants

- All participants will be advised of their rights to raise concerns and complaints processes procedure upon acceptance to the service
- All participants will be provided with material outlining the complaint process including the complaints charter of rights
- Materials provided will be in a user-friendly format and will give consideration to the literacy and language needs of the person.
- Participants will be advised that they can make informal and/or formal complaints

- Complaints material will include the relevant titles and phone numbers of personnel, who may be contacted, and the names, addresses and phone numbers of relevant external bodies or authorities who can act as an advocate for the participants**.**
- Participants will be advised of the complaint procedure, including external bodies, should they not be accepted into the program or service or where the Milparinka terminates service provision for reasons other than program completion.
- Contacts for external bodies which can support participant with complaints are included in all NDIA Service Agreements.
- Existing participants will be provided with information regarding the complaint's procedure as part of any personal planning or complaints meeting.
- All participants will be advised that there should not be reprisals for raising an issue. They should be advised that any form of retaliation is unlawful and will not be tolerated by the organisation.
- Participants will be advised that Milparinka sees complaints resolution as an important part of improving services for individuals and for the service as a whole.

Complaints Process

This organisation will conform to the following minimum criteria:

Informal Complaints

- The person to whom the complaint is made will try to resolve the issue as quickly as possible with the minimum intervention.
- The complaint will be recorded by the person to whom the complaint is made on the Record of Complaint Form and given to your manager.
- A copy of the Record of Complaint Form will be entered into the participants file.
- If the complaint involves another client then a summary of the complaint and actions taken will be made in that person's file.
- The complainant will be advised that they can make a formal complaint now or in the future if the issue is not resolved or recurs.

Note: Complaints that allege criminal activity or which may place an individual at risk cannot be managed informally. The complainant must be advised that they should follow the formal processes. It is the responsibility of the person to whom the complaint is made to advise management immediately. All alleged criminal activity is reported to the police.

Formal Complaints

Complaints Internal Feedback Form

- Formal complaints must be recorded in writing. See Complaints forms
- In conjunctions with a participants or carers complaint form the responsible staff member must complete a Complaints Internal Feedback Form

- Where complaints are taken verbally the client or their advocate should sign the record of the complaints form.
- A letter acknowledging the formal complaint will be sent within 2 working days of receipt of the complaint.
- Any meeting to discuss the complaint must be held within 10 working days of the receipt of the complaint.
- If the complaint alleges criminal activity then the complainant must be advised that the organisation will report the concerns to the appropriate authority.
- Principles of procedural fairness and natural justice will be adhered to at all times during the procedure.
- The Participant will be advised of their right to have a support person/ advocate (including interpreter if required) present during the meeting.
- Minutes of the Complaints Discussion meeting should include the date of the complaint, the nature of it and the action(s) proposed to respond to it.
- All contact with the Participant lodging the complaint or their advocate must be recorded and signed.
- The complainant will be advised that if they are not content with the outcome of their complaint; they should contact the next person within the service and / or the appropriate external advocacy body.
- If the Participant remains discontent with the outcome of the complaint process they are to be advised of the appropriate external channels to lodge their complaint
- A letter outlining outcome of resolution will be forwarded to the Participant or, where appropriate, their authorised representative
- A review meeting should be arranged to follow up with the actions and ensure all parties are content with the outcomes. The timing of this review is arranged with the representatives of the complainant at the time of informing them of the outcome of their complaint. The review meeting will discuss the participants satisfaction with the outcome, the way that the complaint was responded to and handled, including their level of engagement , and if they had any suggestions for improvements in our complaints process and how we responded to them.
- On completion of the complaints process the Record of Complaint Form is forwarded to the Chief Executive Officer for review and to be entered into the Complaints Register.

Summary

When Milparinka receives a direct complaint, the person making the complaint and the person with disability affected by the issue must:

- Be informed of the complaint's progress
- Be appropriately involved in the resolution of the complaint and

- Be updated on the implementation of any relevant outcomes, including any action taken and decisions made.

Quality Improvement

- The Complaints Register will be reviewed at Operations Review Meetings.
- A summary report together with a list of recommendations for changes to policy, procedures or programs will be drawn up and provided to management.
    - As of November 2023 Complaints it has been added as a permanent agenda item to all regular staff meetings at Milparinka. This enables a more immediate reflection of de-identified complaints.
- The Manager Individualised Services is responsible for ensuring that the actions recorded against each complaint are completed on time and properly recorded
- The Manager Individualised Services is responsible for ensuring that management is aware of any urgent actions of a systemic/policy nature
- The Committee of Management will be provided with a summary of all complaints at the next meeting following a complaint being made
- The Committee of Management must be advised immediately of any complaint that alleges criminal activity or any other issue that may pose a risk to the wellbeing of the organisation.

Conflict of Interest

Purpose

To comply with Milparinka's general and specific obligations as a registered provider of supports under the National Disability Insurance Scheme.

To ensure each participant receives transparent, factual advice about their support options which promotes choice and control

Procedure

As a registered provider of supports under the National Disability Insurance Scheme, Milparinka has responsibilities in relation to:

- managing conflicts of interest generally
- managing conflicts of interest in plan management and support coordination, and
- offering or receiving gifts, benefits and commissions.

Managing Conflicts of Interest Generally

Milparinka and its team members will ensure that when providing supports to participants under the NDIS, including when offering plan management or support coordination services, any conflict of interest is declared and any risks to participants are mitigated.

All employees will act in the best interests of NDIS participants and other participants, ensuring that participants are informed, empowered and able to maximise choice and control. Staff members will not (by act or omission) constrain, influence or direct decision-making by a person with a disability and/or their family so as to limit that person's access to information, opportunities, and choice and control.

If the Milparinka has an interest in any support option available to the participant, the participant is aware of this interest. The participant understands that any choice they made about providers of other supports will not impact on the provision of any ongoing Milparinka supports

Employees will ensure that Milparinka proactively manages perceived and actual conflicts of interest in service delivery. Employees will:

- Manage, document and report on individual conflicts as they arise, and
- Ensure that advice to a participant about support options (including those not delivered directly by Milparinka) is transparent and promotes choice and control.

As required by the NDIA Terms of Business, all participants will be "treated equally, and no participant [shall be] given preferential treatment above another in the receipt or provision of supports".

Managing Conflicts of Interest in Plan Management and Support Co-ordination

(Where separation of functions is non-viable at Milparinka)

Members of the Milparinka performing plan management and support coordination functions will ensure that:

- the organisation's risk register and/or conflict of interest register includes the ongoing potential conflict of interest
- they declare to participants the potential conflict of interest of Milparinka being both plan manager or support coordinator and a provider of other supports and affirm that the organisation will act as directed by the customer and in the best interests of the customer
- where other services are available participants will be presented with a range of choices about providers of supports and not only Milparinka and staff will not seek to influence the customer to select Milparinka.
- emphasises feedback and complaint mechanisms and the right to support from an advocate should the customer have any concerns about supports provided
- where other providers do not currently have spare capacity participants will be presented with options regarding support delivery in the future, including whether they would like to be wait-listed with other providers
- Brief notes will be made in MYP confirming the advice given to the participant.

Gifts, Benefits and Commissions and the NDIS

Milparinka or its staff must not accept any offer of money, gifts, services or benefits that would cause them to act in a manner contrary to the interests of an NDIS participant. Further, employees must have no financial or other personal interest that could directly or indirectly influence or compromise the choice of provider or provision of supports to a participant. This includes the obtaining or offering of any form of commission by employees or Milparinka.

- References
- National Disability Insurance Scheme (Registered Providers of Supports) Rules 2013
- Terms of Business for Registered Providers (effective 1 July 2016)
- Notes

This does not prevent Milparinka determining which people it will accept as participants on the basis of considerations such as: provider capability; the consequences of NDIS price caps; location; work health and safety; customer mix; and, risk appetite.

Disaster Response and Recovery

Purpose and Scope

To prepare, mitigate risk, respond and recover from an emergency or disaster.

To provide direction for management, staff, participants and other stakeholders in what to do if there is an emergency.

To ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster.

Procedures

Emergency preparedness

Milparinka has individual responses developed for a range of unexpected general emergencies that are possible to occur. These are designed to direct immediate actions at the time of an event and include:

- Medical Emergency
- Flood or severe Storms
- Personal threat from members of the public
- Hazardous material
- Fire
- Gas Leakage
- Bomb Threats
- Earthquakes
- Missing Participant

Note, where participants have health or behavioural issues that create known personal emergencies they have specifically designed strategies in place and are separate to this procedure

Electronic copies of these responses can be located in the QMS under *Emergency Manual General Emergencies* and hard copies are located at:

- **Brunswick** Reception office
- **Brunswick** Program Coordinators Office
- **Richmond** (138 Lord St) Program Coordinators Office (hook on back of door)
- **Richmond** (160 Lord St) in Dining room (hook on back of door)

All emergency folders are **RED**

Our participants, generally because of cognitive function, can be considered at high risk if they are involved in an emergency and will not be generally expected to lead actions during an emergency.

Where a participant is at a higher risk of harm to themselves or others during an emergency because of mobility, health, unpredictable or uncooperative behaviour's there is an alert in the CRM

- Fire Evacuations are practiced 2 times per year at all active Day service sites.
- Police and Fire Brigades are aware of our sites and the population that is supported.
- All senior personal to the level of co-ordinator (and all finance staff) have a capacity to immediately work from home locations in the event of a site being unusable or inaccessible. This includes access to all client contact information either through surviving servers, backups or Cloud based records.
- Backup systems for Server files are backed up daily to an offsite location.
- Our CRM is cloud based and ensure continuous access in the event that building and content are unavailable. The CRM is also backed up off site daily to a separate location.
- There are three methods of communications which will survive disruption to buildings. The CRM remains lives and accessible, email and phone. All Milparinka coordinators have access to home based equipment and can access these options. Each site has power packs consistently on charge to provide to key personal to ensure phone contact remains viable.
    - Brunswick in CEO and Head of Lifestyle office
    - Richmond in the upstairs office at 138
    - Kerferd St – in the Kitchen
- All finance records are stored in secure Cloud based servers
- All insurances are up to date and monitored annually
- The emergency preparation capacity will be reviewed at Management Review Meetings twice per year. Site risk assessments will be undertaken prior to the MRM and will become a permanent agenda item to ensure review of any risks and mitigation strategies.

Decision makers

In an emergency, where immediate response is required, the key decision maker is the most senior person present until a member of the senior executive takes command. This person in charge takes on the role of Warden and dons the orange vest and hat in each main office. They are required to arrange contact with a member of senior executive group at the soonest possible opportunity.

Once notified the CEO or delegate of the senior executive assumes control. Immediate contact is made to inform the Committee of Management of the disaster and the President and Treasurer, or delegates from the committee, will oversee the agencies responses.

In the follow up of an emergency and into the future recovery the committee of Management maintains oversight and a process of reporting and checking key decisions is established with the CEO. The key decision maker at a day to day level is the CEO with advice from the senior executive group. This group will co-opt additional expertise as appropriate at the time.

Actions in an emergency

These are described in the Emergency Manual General Emergencies - the location of folders are described above.

Evacuation

A note about evacuation from a site:

- If relocation is required at the time of evacuation, wherever possible this should be to each person's home. Transferring a participant from a point of evacuation, to a second place, and then home will increase trauma for our population. Where this is not practical participants will be transferred to an alternative Milparinka site.

Notifying carers

Allocated staff will phone carers to notify them of any emergencies that may create a risk to the welfare or their family member or client. The staff must be given specific direction on the content of conversation by the Warden with emphasis on if it is safe for carers to come in and pick up their family member/participants.

- If safety, numbers and time permit then allocated staff will make direct contact with key family members to notify and make arrangements that are required.
- If the scale of any event does not permit direct contact staff members are allocated to dispatch Global SMS and emails.
- Global SMS's are sent via SMSGlobal
    - SMS global access for emergencies
    - User name: Info@milparinka.org.au
    - PW: Milpar1234!
- The SMS messages for both participants and staff must include a specific contact number that can be contacted if people need information or are worried. This is to avoid blocking up key phone numbers.

Altering or ceasing services

This needs to occur in the context of any emergency and will consider the following:

- The level of risk in ceasing services or to participants and staff in continuing service during an emergency
- Options for providing services in alternative ways, such as relocating a service, changing the timing or location of service delivery, or partnerships with alternative providers. A list of alternative providers is kept on the One Drive folder
- Communication – how participant, families of participants, staff and the community will be provided information about services that may cease or be delivered in different ways, times or locations
- Arrangements for informing relevant statutory bodies of any statutory participant who are unable to attend programs due to alteration or cancellation of a service
- Triggers for altering or ceasing a service and particular needs of participants and staff.

Recovery

There are to key areas of focus:

- Health and wellbeing of participants and staff
    - The first priority is the health and wellbeing of participants and staff affected by the emergency and making sure appropriate support, including psychosocial support, is provided as soon as possible.
    - The Milparinka EAP program will have an expanded range of supports and will be available to participants as well as staff. The recovery process may take a long time if the emergency was significant and people may need support for months or even years after the emergency has passed
- Return to business as usual.
    - Return to business as usual will depend on the nature of the emergency, the availability and capacity of staff and infrastructure requirements.
    - As this is specific to each emergency a communication plan will be required to ensure participants, families of participants (where appropriate), staff, the department and other stakeholders are kept informed.

Keeping people informed

While in any emergency there will be a necessity for direct contact with participants and their families some of this can be provided in a generic form to ensure key staff are available to focus on all issues. The methods of communication to keep people informed are:

- Direct contact with individual participants families and staff as needed
- SMS
    - SMSGlobal
    - User name: Info@milparinka.org.au
    - PW: Milpar1234!
- Group Emails
- Directing people to the What's Happening page on the Milparinka website. A specific staff member will be delegated to keep this up-to-date and current.
- Media if required
- Following the event and during the recovery period group emails and the website are used to provide participants and families with information from the committee of Management and from the service providers.

Any global messages and information that are distributed in relation to any emergency or disaster must be approved by the Committee of Management Delegates prior to being published.

Media spokesperson will be the CEO or Committee of Management Delegate.

Actions to undertake after an emergency (Summary)

- Prioritise the needs of participants and staff following an emergency and ensure they have adequate care, access to debriefing, and support while they wait for services to return to normal.
- Conduct site assessments and consider factors such as safe access and egress, communications, electrical safety, water sanitation and other health and safety issues.
- Communicate regularly with participants, families and staff to keep them informed while waiting for a return to business as usual.
- Conduct a debrief with staff and relevant stakeholders as soon as possible to discuss the emergency, what worked well and what could be done differently next time.
- Review and update emergency management plans to reflect lessons learned.

Continuity of Supports

Where supports that have been disrupted are critical to the safety, health and wellbeing of a participant the Head of Lifestyle Services will coordinate responses to work with the participants and families to identify and put into place alternative supports.

In the first instance where practical the emphasis will be on providing participants with a secure consistent setting. The preference is for a Milparinka site or the persons own home. If these are not available short-term rental options will be implemented.

Review

- Emergency strategies are reviewed bi-annually at the Management Review Meeting
- Will be included in the C.O.M's risk management review in December of each year

Family and Domestic Violence Leave

Purpose and Scope

To provide direction in the case of an application for Family and Domestic violence leave.

Procedure

From 1 February 2023, for employees of non-small business employers are eligible for Domestic Violence Leave.

Employees who commence work on or after the leave entitlements come into place will be able to access the full 10 days from their start date. Existing employees will be able to access 10 days of leave from the commencement of the new leave provisions and the 10 days will subsequently renew on the employee's work anniversary.

Failure to comply with the new leave entitlements may result in a breach of the civil remedy provisions in the FWA and exposes managers to monetary fines and other court orders.

Payment for leave

Employers will need to pay family and domestic violence leave as follows:

Full-time and part time employees at their full rate of pay, on the basis that the employee had not taken the period of leave; and

Casual employees at their full rate or pay for the hours they were rostered to work in the period they took leave.

Payment must cover the employee's full rate plus any incentive-based payments and bonuses, loadings, monetary allowances, overtime or penalty rates and any other specific identifiable amounts.

Taking family and domestic violence leave

Employees will be able to take the leave if they need to do something to deal with the impact of family and domestic violence, which is not practical for them to do during regular work hours. For example, this might include attending court hearings, making safety arrangements, accessing police services, attending counselling and appointments with medical, financial or legal professionals.

The definition of family and domestic violence means 'violent, threatening or other abusive behavior by an employee's close relative, a member of their household, or a current or former intimate partner of an employee, that (a) seeks to coerce or control the employee, and (b) causes the employee harm or to be fearful.'

A close relative includes a current or former spouse or de facto partner, child, parent, grandparent, grandchild or sibling.

Evidentiary requirements

Milparinka is entitled to ask for evidence to show that the employee needs to do something to deal with the family and domestic violence. This information can only used to satisfy ourselves that the employee is entitled to take leave, and not for example any disciplinary action. Mishandling the

information can have an adverse impact on the employee. Milparinka is not prevented from disclosing the information if:

- it is required by law;
- it is necessary to protect the life, health and safety of the employee or another person; or
- the employee consents.

Failure to comply with a request for evidence means an employee may be deemed ineligible for the leave.

Epilepsy - Swimming and Showering

Purpose and Scope

This procedure details the responsibilities of staff in relation to supporting participants who have epilepsy during swimming and showering.

People with epilepsy are able to choose to go swimming as the general community do.

To ensure that these activities are performed safely it is the responsibility of staff to ensure that proper precautions, support and environmental features are present.

Procedure

- All staff should be educated about the dangers of swimming and showering for participants with epilepsy before undertaking such tasks.
    - It is the responsibility of the supervisor to ensure that staff are provided with information and training as to the dangers of swimming and bathing for participants with epilepsy.
- Staff must have completed the `epilepsy training' and be aware of the protocols involved in the supported Participants Epilepsy plan.
    - The designated time as to contacting '000' must be strictly adhered to during an epileptic episode.
- This information is provided on a case-by-case basis as there are a range of individual provisions required depending on their level of epilepsy or at their, or their family's directions.
- All participants with epilepsy who require support showering or swimming due to the potential of injury will have an alert placed in the MYP Banner
    - To access their file, type their name in the SEARCH bar at the top left of the MYP website and then selecting their folder in the drop down –
        - This takes you to the ARM section where a Red Circle with triangle and '!' in the Client section indicates such alerts in ARM)
- Specific support required with swimming and bathing will be written into personal care plans of participants with epilepsy so all staff have access to this information.
    - Note, where a person who has Epilepsy does not require a shower while at Milparinka, or does not choose to go swimming, they will not require bathing or swimming to be included in a personal care plan.

Swimming

- Participants with epilepsy should not be discouraged from swimming but do require a staff member to be with them at all times while in the water.
    - **Participants with epilepsy must never swim alone.**
        - *Consideration should be given to offering swimming aids to participants with epilepsy while they are swimming.*

- If Participant swims in a group, there must be at least one staff member in the water and a qualified life saver supervising the pool. This means they are present and physically supervising the pool.
- If a Participant has a seizure while swimming it is essential to support the Participant's head above the water, until the seizure ceases,
    - Only once Seizure has finished are they to be removed from the water, where they are to be laid in the recovery position.

Showering

The requirement for supervision must be made known to all direct care staff working with the Participant.

- If Participants with epilepsy require shower support while at Milparinka sites or on sanctioned programs the following will apply.
    - This will be documented in their Personal Care Plan (PCP)
- The specific PCP for showering must be read before showering a Participant with Epilepsy commences.
- Supervision and due care must be such that a seizure can be responded to at onset as per their documentation.
- Only one staff member is generally needed to provide supervision and they should be the same sex as the Participant, if possible.
- Showers should be in a separated cubicle and not over a bath with the Participant sat on a shower seat with arms, not standing unless specifically documented it is safe to do so.
- The door to the bathroom should be fully closed when the Participant is changing or undressed so other staff and participants are unable to see in.
    - *Maximum privacy for the Participant is a major consideration*.
        - *The best way to provide non-intrusive supervision should be discussed with the Participant where possible*.
- While showering, the Participant must be supervised by a staff member at all times. This supervision is personally tailored to each person.
    - There are no exceptions to this requirement. (Because of the risk of injury, it would be negligent for staff to not provide supervision for the Participant in the bathroom).
- Unless there is a risk of the participants injuring themselves once they are showered, it is not necessary for the staff member to remain in the room when the Participant is drying or changing.

Inclusion – How to Support It

Purpose and Scope

Inclusion is a universal human right. We support people who have disabilities to have the opportunity to participate in welcoming communities which values their roles and supports the lifestyle of their choice. We seek connections which bring about an improved enjoyment of life and physical and mental wellness through an enhanced sense of belonging and stronger networks of social support.

We are not satisfied with simply achieving physical and functional inclusion, our aim is social inclusion.

Procedure

Inclusion is the acceptance of all people regardless of their differences. It is about appreciating people for who they are. Inclusion allows people to value differences in each other by recognising that each person has an important contribution to make to society. Inclusive programs mean all people are provided with the opportunity to participate at the appropriate level. There are three levels of inclusion –

Physical: This provides physical access to places such as through the use of signs and ramps.

Functional: This is when a person has the necessary skills to take part in community activities but does the activity alongside others in the community rather than with people in their community.

Social: Social inclusion goes beyond making buildings accessible or even allowing people to participate in the same activity. Social inclusion is not achieved until community programs and activities are welcoming, accommodating and conducive to making friends and sharing experiences and people have valued roles alongside other members.

The process of supporting inclusion will incorporate a range of individualised approaches for different people, for example, some people may need skill development, while other need less of this, some people may require our support with capacity building and facilitation and others may just need an introduction. However, there are some frameworks that should be part of all considerations.

- Recognise that inclusion is not limited to certain groups of people; it is possible for anyone, regardless of their level of disability.
- Natural / organic relationships are optimal where Participants develop a relationship based on being themselves rather than engineering such.
- Knowing the person and knowing what they value
- Getting to know the community and opportunities exist or can be created
- Knowing the sensible entry points and how to start connections
- How to support the person to shift from being someone who simply attends at a functional level to someone who belongs.
- Building capacity in community places
- Linking the person to others who share common interests

- Communication aides are available and functional within the place
- What do you need to do, if anything, to sustain the inclusion.

Specifically, staff should be considering the following elements when supporting Social inclusion.

About the person

- Think deeply about life and ambitions
- See assets rather than just needs
- Compare outcomes with what is to be not just what was
- The intentional identifying of vulnerabilities with the intent of developing safeguards
- Has a presence that is frequent, regular, predictable and legitimate (expected presence or role)
- The possible need to engineer a presence
- The possible need to engineer and support a role for the person
- Need to be able to provide the person with reliable access to the place and support the persons presence and role
- We need to pay attention to encouraging the development of relationships and support the person to have opportunities to develop relationships and roles that work well for them, i.e. the right relationships with the right people.
- We need to consciously support the achievement of social inclusion, not just expect it to happen
- Ensure the person has the authority to manage, negotiate and control their own relationships and supports
- Ensure the person is the main and driving influence
- Be responsive; our support changes in responses to new circumstances and idea

About the Community Place - what to look for and do

- Use non-segregated places
- That is has available roles that are valued, enhancing and a good match to the persons interests and skills
- Look for places where people have similar interests to the person
- Look for opportunities to mobilise the resources and capacity of community places
- Ask places to support opportunities for people rather than to solve problems
- Find opportunities for participatory roles and approaches
- Focus on asset development in the community place rather than your support role
- Look for age-gender peers

- That it provides the opportunity for encounters with other people who are present, have compatible roles, are available with heart and are valued
- Focus on spotting skills and strengths in both people and places
- Focus on supporting social relationships to develop
- Focus on supporting a participatory approach with the natural supports having a greater role than paid staff
- We need to recognise, support and discover places with assets
- Recognise that specialist supports exist to support a shift to natural supports
- Plan and look for opportunities for people which have ripples that provide opportunity for new connections and can bring added benefits which expand opportunities
- *DO THIS ONE PERSON AT A TIME*

Individual Files

Purpose and Scope

To ensure files are maintained in a manner that facilitates effective use and storage of relevant information. All participants attending Milparinka will have an active Participant file this file is kept electronically.

Procedure

All personal files are stored in MYP.

Personal files are to contain the following information:

- personal details, including a recent photograph
- Consent Forms
- Profile and information sheets
- Planning documents
- a copy of the most recent timetable, including all charges
- assessments and reports
- general correspondence including special needs funding applications
- incident reports
- Finance information
- Journal Notes
- NDIS information

It is the responsibility of the program coordinator to ensure that:

- relevant information is placed in the files
- that the files remain current

Any information which is not current can be removed and filed in the archives. If you are unsure of this procedure, see your Manager.

When a Participant leaves the service all or part of the file can be copied and forwarded to the new service as specified in a consent form signed by the Participant or authorized person.

The original file is archived and disposed of in accordance with legislation.

Agency Staff

Where agency staff are employed and are required to view Participants Files

1. **Must have orientation as to policy and procedures**

Students and Volunteers

Students on placement and who are required to view the files as part of their assessment must make their request to the Manager and are required to sign confidentiality statements prior to viewing files.

Consent is obtained from the Participant or family, this can be verbal. This must be recorded in the persons file.

A breach of confidentiality by a student will result in the termination of the placement.

Volunteers are unable to access files without specific consent from individuals and unless there are very specific reason for them viewing a file, viewing files by volunteers is not something that Milparinka supports as a general rule.

A person attending or their representative have the right to view the information on their file in accordance with the Privacy Principles.

Infection Control and Waste Management

Purpose and Scope

Milparinka management team have a duty of care and must take all reasonable steps to safeguard staff, clients and participants and stakeholders from infectious diseases. The purpose of this policy and procedure is to ensure that Milparinka and our staff minimise the risk of the spread of infectious diseases in the work environments.

Milparinka is committed to the safety and wellbeing of all staff and participants. Effective infection prevention and control are vital to providing high-quality services to participants and a safe working environment for our staff.

Milparinka recognises that our staff may have an increased risk of exposure to COVID-19 and other infectious diseases due to working in high-traffic environments, working in close contact with other people and frequently touching and potentially contaminated surfaces.

Staff have a duty to take reasonable care of their own and others' health and safety in the workplace and cooperate with their managers or supervisors about any action they take to comply with the OHS/WHS Act or Regulations.

This procedure applies to all employees, supervisors, managers, contractors, and/or volunteers.

DEFINITIONS

Infectious Diseases: Also known as communicable diseases caused by organisms such as bacteria, viruses, fungi and parasites.

Physical distancing: A term to describe how our staff members should keep their distance from people with common symptoms of any infectious disease.

Personal protective equipment (PPE): PPE protects the wearer from infectious diseases. Proper use helps keep staff safe and stops the spread of infectious diseases. PPE may include surgical masks, particulate filter respirators (such as P2 or N95), gloves, goggles, glasses, face shields, gowns and/or aprons.

Standard precautions: A minimum level of practice for infection prevention and control.

Waste management: The systematic and responsible handling, disposal, and reduction of various types of waste generated within the organization while prioritizing the health, safety, and well-being of individuals with disabilities, staff, and visitors.

PROCEDURE

Standard precautions or infection control strategies include:

- Safe work practices, e.g., hand hygiene and hand sanitising
- use of Personal Protective Equipment (PPE), e.g., gloves, gowns/aprons, masks and eye protection
- respiratory hygiene/cough etiquette.
- Prevention of disease in the workplace
- Proper management and disposal of infectious/ contaminated waste

1. IDENTIFYING AND CONTROLLING RISKS

Milparinka and our staff will identify hazards and, if necessary, assess the likelihood of risk to the health of staff members from exposure to COVID-19 or any other infectious disease at the workplace.Where a risk to health is identified at a workplace, Milparinka will, so far as is reasonably practicable, eliminate the risk. Where it is not possible to eliminate the risk, it will be controlled so far as is reasonably practicable.

2. RISK MITIGATION AND CONTROL MEASURES

Milparinka will maintain high standards of infection prevention and control through:

- Maintaining and reviewing our infection control policy and procedures regularly and in response to new State and Federal legislation and best practice guidelines.
- Providing annual infection control training to all staff.
- Displaying information and directions to help staff, participants maintain infection control practices.
- Completing relevant hazard and risk management processes, as required, following the Risk Man agement Strategy .
- Auditing infection control practices, investigating problems, checking for trends and fixing problems.
- Implementing proper waste management disposal procedures.

2. Standard Precautions

Standard precautions are the minimum infection prevention measures that apply to all service provision.

Standard precautions must be implemented when providing services to any participant.

Standard precautions involve adherence to all of the following work practices:

- Performing hand hygiene
- Appropriate and correct use of personal protective equipment (PPE)
- Use of an aseptic technique
- Safe use and disposal of sharps (if in use)
- Performing routine environmental cleaning
- Respiratory hygiene and cough etiquette
- Safe handling and disposal of waste.

Standard precautions are to be always used with additional precautions. Additional precautions are to be used by all staff members when their manager or supervisor instructs staff to use them.

Some standard precautions to protect against infectious diseases include but are not limited to:

1. a Performing hand hygiene

Hand hygiene is the single most important factor in reducing the spread of infections. Hand hygiene must be performed at the right moments.

Hand hygiene can be performed either by washing hands with soap and water for 30 seconds or using an alcohol-based hand rub for 10-20 seconds.

The five moments for hand hygiene:

1. before touching a participant or their surroundings
2. before a procedure or where there is a risk of being exposed to body fluids
3. after a procedure or body fluid exposure risk
4. after touching a participant
5. after touching a participant's surroundings, eg, chairs

Additionally, hand hygiene must be performed:

- before putting on gloves
- after removing gloves
- before touching food and eating
- after going to the toilet
- after lunch breaks or other breaks
- after blowing the nose or coughing
- after handling waste
- after handling unwashed linen or clothing
- after handling animals
- when hands are visibly dirty
- when starting and finishing work
- before and after a meal or other break
- before starting a new task or activity
- after using a handkerchief or tissue, coughing, or sneezing.
- after touching hair or any other part of the body.
- after handling rubbish.

- before wearing and after removing any personal protective apparel, including
- gloves, mask/face protection, or impervious apron/gown.
- after handling unwashed linen or clothing.
- handling or preparing any food or drinks for participants or staff, including assisting participants with their meals.
- after contact with any surface, environment or object that may be contaminated.

General rules for hand hygiene include:

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

1. b Respiratory hygiene/cough etiquette

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

- covering the nose and mouth with a tissue when coughing, sneezing, wiping or blowing the nose
- if no tissues are available, cough or sneeze into the elbow rather than the hand
- encouraging participants to use tissues when they sneeze or cough
- providing the means for prompt disposal of used tissues in general waste
- encouraging participants to practice hand hygiene
- making alcohol-based hand rub available.

1.c Using Personal Protective Equipment (PPE) correctly

Personal Protective Equipment (PPE) should only be used in certain situations.

The use of PPE (such as masks, gloves, eye protection and disposable gowns) may be appropriate and recommended when providing services to participants.

Any PPE provided needs to be practical for the work environment (allowing the necessary visibility and mobility) and properly decontaminated or disposed of at the end of every shift.

Management will follow DH information on the appropriate use of PPE for COVID-19 or any infectious disease in the work environment.

Our staff are trained in infection control practices, including the wearing of PPE (personal protective equipment).

When providing services to participants, PPE is often used and, depending on the support or service to be provided, can include:

1. c. a Face masks

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

- droplets or aerosols
- splashes or sprays of blood or body fluids

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

When using face masks, staff must:

- not touch the front of the mask with the hands once the mask is in place
- use the mask for the care of one person only and change it if a care activity/service is taking a long period of time
- not leave the mask dangling around the neck
- when the care activity/service is complete, discard the mask and perform hand hygiene.

1. c. b Gloves

Gloves should be worn:

- for procedures with a risk of exposure to blood or body substances, i.e., cleaning a participant's toilet
- when touching equipment or surfaces that may come into contact with blood or body substances
- when performing blood glucose monitoring
- when caring for participants who have an infection spread by contact
- if the staff member has broken skin
- when preparing food.

- When touching surfaces inside the participant's home

It is important to remember the following:

- gloves are not used instead of hand hygiene
- perform hand hygiene before and after using gloves
- remove gloves when a care activity/service is finished, and change gloves before starting a different care activity/service
- dispose of used gloves immediately
- do not use multiple gloves at the same time

1. c. c Gowns and aprons

Waterproof gowns or aprons are used to stop contamination of staff clothes and skin, such as when there is the risk of splashes or sprays of blood or body fluids (e.g., urine, vomiting or diarrhoea). When using gowns or aprons, staff must:

- perform hand hygiene before and after using them
- gowns must fully cover the torso from neck to knees, arms to the end of wrists and adequately wrap around the back with all tie fastenings tied at the back
- remove and dispose of gowns as soon as care/service is completed
- plastic aprons can be used:
    - when clothes may be exposed to blood or body fluids, but there is a low risk that arms will be contaminated
    - when the staff clothes might get wet
    - only once and then disposed of as soon as care/service is complete.

1. c. d Protective eyewear

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

- droplets or aerosols
- splashes or sprays of blood or body fluids.

Protective eyewear protects the wearer when providing services to participants who have an infection spread by droplet or airborne route.

When using protective eyewear, staff must:

- remember that the outside of the eyewear is contaminated
- when care/service is complete, remove eyewear using the headband or earpieces
- clean the eye shield after each use with detergent and water

2.2 Vaccination

Vaccination stops people from becoming very sick if they catch infectious diseases such as COVID-19 or Flu.

Under the NDIS Code of Conduct, Milparinka and our staff must provide supports and services in a safe and competent manner, with care and skill. This requires a mandatory level of vaccination of staff. Participants cannot be excluded from supports if they are not vaccinated.

All staff members must provide their COVID-19 Vaccination Certificates before providing any service to a client or participant.

Milparinka will keep a record of all vaccination certificates from staff members and will make sure to request the COVID-19 vaccination booster certificates, accordingly, complying with applicable Commonwealth, state and territory laws, including public health orders.

Staff are encouraged to stay up to date with their COVID-19 vaccines to aid in protection against both infection and severe disease for themselves and the people they support.

Any staff member with any infectious disease, including the flu, is required to stay away from the workplace until such time they are cleared by a doctor or after testing negative for the infectious disease when applicable and must report it to their Manager.

2.3 Infection Control Training

All staff must complete the infection prevention and control training before providing services to any participant.

Milparinka is responsible for keeping a record of all COVID-19 and PPE training certificates of completion on each staff member's file.

Management must monitor staff compliance with infection control practices and requirements and address any issues as identified by providing clear instructions and additional training if required.

2.4 COVID-19 Management Plan

Milparinka has developed a COVID-19 Management Plan which is available to all staff members and participants as is appropriate.

The COVID-19 Management Plan can be updated at any time. Management will stay up to date with changes in Health orders

The development of our COVID-19 Management Plan forms part of the development of our risk management and disaster management system.

2.5 Workplace Cleaning

Any workplace cleaning needs to be conducted in accordance with the Department of Health's advice for the disability sector and WHS Authority information on managing infectious disease risks in our industry.

3. REPORTING

Incidents relating to infection control or infectious diseases should be reported in accordance with our incident reporting system

Our duty to eliminate or reduce risks associated with exposure to any infectious disease, so far as is reasonably practicable, includes ensuring that:

- All staff follow all physical distancing and/or self-isolation current advice, according to the information provided by the Department of Health and notify their manager if they feel unwell or suspect they have been infected.
- Any unwell staff member does not attend the workplace.
- Staff members who have been tested for COVID-19 and are awaiting their results or who are confirmed COVID-19 cases do not attend the workplace.

If any staff member develops any of the symptoms of COVID-19 or any infectious disease, however mild, they must:

- follow infection prevention and control procedures
- self-isolate immediately, seek medical advice
- take sick leave
- notify their as soon as practicable if their situation changes (for example, if they receive a positive COVID-19 diagnosis).
- follow the instruction of management after reporting any illness.

4. NOTIFICATION

Milparinka must notify the NDIS Quality and Safeguards Commissioner of Covid infections with 24 hours of notification by staff.

Milparinka will also report any of the following communicable and notifiable diseases following the stage and national legislation and guidelines:

- HIV/AIDS
- sexually transmissible infections
- vaccine-preventable diseases
- arboviruses
- zoonotic diseases
- enteric diseases.

For further up to date information about pandemics and infectious diseases, with specific and current information about correct responses to different types of Infection refer to the https://www.health.vic.gov.au/infectious-diseases/infection-control-standard-and-transmission-based-precautions this page also links to the Blue book which contains specific information about infectious diseases. These pages are used to confirm our responses to specific communicable diseases.

Direct enquires can be made to:

Communicable Disease Prevention and Control Unit

Department of Health

Melbourne

Telephone: 1300 651 160

Fax: (613) 9096 9174

Email: infectious.diseases@dhhs.vic.gov.au5.

MONITORING AND REVIEW

Milparinka will ensure they are up to date with relevant information provided by the Department of Health about specific industry requirements and ensure that staff are provided with adequate information and training to follow any required protocols.

Waste Management

Milparinka does not deal with clinical waste however there is significant risk of infection from infected waste that has not been managed correctly. It is important that all staff manage waste safely.

Staff will receive straining and guidance in waste management.

Disposal of PPE:

- The **Environment Protection Authority Victoria and the Royal Australian College of General Practitioners** , has advised that waste PPE from a non-healthcare workplace, which is not contaminated with pathogenic microorganisms or blood/other body substances, can be disposed of into the general waste stream. It can be placed into a plastic bin liners and disposed of in the general waste bin.
- If the PPE has come in contacted with potentially infected with a pathogen, blood or body substances the used PPE must be disposed of in the yellow clinical waste bin located at each site.

Disposal of contaminated or potentially contaminated waste:

The following waste products are to be disposed of, with any PPE used in the process in the yellow Clinical Waste Units located at each site:

- Contaminated PPE
- Medical dressings
- Bandages
- Swabs
- Cotton Balls
- Band Aids
- Tonga depressors or swaps used orally
- Covid 19 tests and related swabs and waste

- Small Sharps containers.

Incontinence pads

These are disposed of in the specific Incontinence pad disposal Unit located at each site

Sanitary Napkins and tampons

These are disposed of in the specific sanitary Unit located in each toilet

Emergencies or Unexpected events involving waste management:

If an unexpected event occurs that is difficult to control or manage or cannot be effectively managed by the available resources staff should:

The Environmental Protection Authority (EPA) also provides guidelines for pre-incident waste management planning, which can help communities prepare for an incident's waste management needs, regardless of the hazard.

In general, the following steps can be taken to deal with a waste management emergency:

- Assess the situation: Determine the type and extent of the emergency, and identify any potential hazards and ensure that all participants and staff are made safe.
- Contact you manager immediately
- The manager will confirm who will contact emergency services
- Alert all people nearby or at the workplace including fellow staff members and
- participants
- Evacuate participants to a safe location and follow correct procedures
- Contain the waste: Take steps to prevent the waste from spreading or causing further harm or prevent others from coming in contact with the waste.
- The management team will provide directions and support to lean up the waste: Remove the waste safely and dispose of it according to the appropriate procedures.
- The manager in charge will as and if required notify the appropriate authorities: Contact the relevant authorities, such as the local council or EPA, to report the emergency and ask for advice.
- After the emergency has been resolved, review the response and evaluate what worked well and what could be improved.

Intake

Purpose and Scope

To ensure that all people who approach Milparinka for service are welcomed with a personalised and comprehensive process that recognises their needs, identifies Milparinka's capacity to respond to those needs, ensuring prospective participants and supporters have the information available to make informed decisions about accessing our supports and complies with required standards.

Procedures

Milparinka Participant Initial Intake Form (jotform.com)

Other than direct support staff all office staff, including admin staff have been trained to complete the initial intake form.

- This avoids people when making contact to request service, from having to wait indefinitely or, to be being passed around whilst looking for staff.
- If you take the initial call you should, unless the person asks for someone specific, complete the intake form with the person or get back to them at the soonest possible time to complete it.
- INTAKE FORM
    - The intake form is available online (at the top)
    - Clarify, if it is not the actual participant making the request, that the person has authority to act on the participants behalf.
        - If they do not have authority, explain you are unable to complete the form but can answer questions they may have about the process
    - Clarify, that the person has a current NDIS plan, including dates and NDIS number.
        - If they do not a current NDIS plan including dates and NDIS number, explain you are unable to complete the form but can answer questions they may have about the process
            - NOTE – there are no guarantees as to gaining a NDIS PLAN and time frames are also not definitive.
        - If they are seeking plan management see PLAN MANAGEMENT form
    - IF they have authority and a current NDIS plan, continue with JotForm
- After JotForm is complete, advise the person that the form will be submitted to the next intake committee meeting and someone will be allocated to follow up with them. As this meeting is scheduled Tuesday's every two weeks on the non-pay week, you should advise them to expect a call within 2 days after the next intake meeting.
    - There may be the occasional cancellation of this meeting and a consequential delay if this is the case.

- The Intake Committee assesses the initial request and allocates a staff member to reconnect with the person and family to either:
    - Seek further clarification
    - Advise of a decision not to proceed with the intake. This must include the reason for this.
    - Progress the intake process further.
- In the initial follow up we would expect to;
    - Organise a face to face meeting with the participant and their representative to more fully discuss needs, preferences and their goals.
    - If you are required to adjust communication processes based on the participants capacities, please ensure that you discuss this with the Milparinka Communication Consultant or preferably the participants Speech Pathologist if they have one.
    - Prior to the meeting the participant and representative must be provided with a Service Information Manual. This manual provides them with information about our service, how we work, their and our rights and responsibilities and fees models. They should be encouraged to read this prior to your initial meeting as it clarifies key areas that they should be aware of and allows for discussions to occur in relation to any question or concerns they may have.
    - The initial meeting determines what the person wants, how they would like us to proceed and as to any other preferences around staff or other service related issues. This includes for example, preferences for vetting staff and impacting on the design of supports.
    - This process includes discussions as to how we are able to, if needed, to restructure our service capacity and models to respond to ensure they are fit for purpose for the participant's support needs, health, privacy, dignity, quality of life and independence. Participants should be assured that they are able to review their requests and change their mind at any time. New decisions that create new directions and risks will not impact on service delivery unless that require a type of support that we cannot provide.
    - It should also be made clear to participants and representatives under what conditions we may consider ceasing supports. These include, an inability to provide high intensity support due to changing health needs that may require a capacity/approval we do not have, a consistent inability to support them to achieve their stated goals or to keep them safe, insufficient funds available to cover the costs. Every effort is made to avoid getting to this point and it is extremely rare, however if it is required Milparinka accepts an obligation to link the participant to services that is able to meet their needs.
    - Participants are under no obligation to provide you with a copy of their plan however once you are clear of the desired supports you should confirm with them that they have the appropriate categories in the plan to be able to cover the cost of those supports.

    - At this point the participant is entered into the CRM as a pending client. This is so that we have a secure place to store any information.

- Once agreement is reached on what the participant is requesting and they have confirmed that they would like to proceed to the next step, complete a request for a new service agreement Jot Form detailing the type of supports, the hours of supports, the ratios of supervision requested, and submit this.
    - Inform the applicant that a different staff member will send the service agreement to them. All subsequent queries will be through this staff member.
- Should some participants or representatives may want to see a costing of service prior to having a service agreement completed. This is a very reasonable request and should be complied with on all occurrences.
    - This must be requested by the co-ordinator via a Jot Form to the Client Relationship Manager who will forward a quote to the participant
- Participant and representatives have two (2) weeks to read, sign and return the agreement. If it is not returned in that time.
    - It is the responsibility of the Client Relationship Manager to contact them to ask if they need any more information or need to discuss anything further.
    - Agree with the participant a reasonable time for future follow up if needed and record this in the CRM Journal Notes section.
- The participant and representatives should be made aware no further preparations can be taken at this point in regards to the commencement of supports or employment of specific staff without a confirmed service agreement.
- A number of participants or a representative cannot or do not wish to sign an agreement for their own reasons. If a participant or a representative directs that we proceed with services as documented but cannot, or do not want to sign, they can send a short email confirming this or advise you verbally.
- If they provide an email confirming this, you will:
    - Respond to their email confirming its receipt and include in your response a copy of the final agreement confirming that support will be provided in accordance with that agreement.
    - will link the participant's email confirming their agreement to the last page of the Service Agreement and save this agreement as a signed.
    - Record in the Service agreement section of the participants NDIS tab in the "final signed copy of the service agreement provided to the participant/representative on ##Date##.
- If the participant has provided verbal approval and does not email
    - Send them an emailed (preferred) or hard copy version of the final agreement they have agreed to.

    - Record information stating the date of their verbal approval in the Service Agreement section of the participants NDIS tab.
    - Record in the Service agreement section of the participants NDIS tab in the “final signed copy of the service agreement provided to the participant/representative on ##Date##.

- If the participant or representative do not provide a signed agreement or consent in another form at the expiry date of the agreed period for future follow up, the Service Agreement writer will contact the participant or representative either verbally or via email and advise them that we will not continue to follow this up with them.
    - The participant is to be advised they are welcome to recontact us should they wish to proceed. The Service Agreement writer will document this next to the unsigned agreement in the CRM.
- When an agreement is signed or agreement is reached
    - Ensure that the participant or representative receives a final signed copy of the service agreement. This is an NDIS requirement. The provision of this is recorded in the Service agreement area of the CRM with a comment that states “final signed copy of the service agreement provided to the participant/representative on ##Date##.
    - Send a New Participant Notification Jot Form. This will reach key personnel who will adjust required fields and make the person active in the CRM.
- The co-ordinator responsible for service provision now asks the participant to complete the Participant Information Forms, either by themselves or if preferred in person with the relevant program co-ordinator. The form provides key information as to enable safe provision of supports. Also, ask them to sign the declarations confirming that they have received information about fees and complaints processes.
- At this point transitions supports are able to be designed with the participant and representative and any agreed services are able to commence with staff employed/allocated and duly orientated.

Meal Time Profiles (MTP)

Purpose and Scope

Eating and drinking difficulties can put a person at risk of serious health problems and injury possibly resulting in hospitalization or death.

This procedure reduces this risk by ensuring staff are aware of the issues and responsibilities in relation to Meal Time Profiles and ensure individuals are safely and appropriately supported during mealtimes.

Milparinka staff will maintain their duty of care to all participants with eating and drinking difficulties.

IMPORTANT CLINICAL NOTE

People who take medicines associated with swallowing problems may be at increased risk of choking while eating or drinking.

People taking

1. **Antipsychotic**
2. **Benzodiazepines**
3. **Anti-epileptic**
4. **Combinations of any 1,2 and 3**

May be at a particular risk of muscular reactions that can affect swallowing.

Where it becomes known that Medications have changed,

- **Notify manger**
- **If changes in the Participants ability to swallow, chew, pocketing, create bolus etc. are noted, Speech Pathologist should be consulted immediately.**
    - **There is a list of common medications that may impact swallowing at the end of this procedure, this should be referenced.**

Procedure

Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned. Milparinka staff do not prepare meals however are responsible for the support of participants to eat their meal. As such, they must ensure that the meal is in accordance with individual needs and preferences, delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable where practicable.

In accordance with the above Milparinka will ensure:

- Each participant requiring mealtime management. The Communication and Participation Consultant undertakes this identification.

- For each participant requiring mealtime management, that their key supports ensure that individuals have mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:
    1. undertaking comprehensive assessments of their nutrition and swallowing; and
    2. assessing their seating and positioning requirements for eating and drinking; and
    3. providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
    4. reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.

(Milparinka will provide support and advice as needed to ensure the above occurs)

- Each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
- Each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
- Where a meal needs to be prepared Milparinka this will be supervised by a staff member who has been trained by a speech pathologist in the preparation of meals.
- All Mealtime Profiles for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them.
- Mealtime Profiles should proactively manage risks associated with the specific risks and needs of each individual.
- Procedures are in place for workers to ensure the provided meals are prepared and provide texture-modified foods and fluids in accordance with mealtime profiles.
- Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.
- Staff are required to follow all existing Meal Time Profiles and are not permitted to change the content of Meal Time Profiles, or provide foods other than in the prescribed form described in the MTP. If food comes in from home which does not comply with the MTP then this food should not be given to the Participant and management advised immediately.
- All difficulties noted with a person eating must be reported to management who will discuss this with families or house staff and decision around accessing a Speech Pathologist will be made.
- The MTP must be approved for use -by the CEO or Delegate

For individuals living at home

If the development of the Meal Time Profile is supported by Milparinka, a copy of the Meal Time Profile will be forwarded home.

For individuals living in supported accommodation

Assessment by a Speech Pathologist will be arranged by supported accommodation service and a copy forwarded to Milparinka.

The following are mandatory requirements

- that staff follow the strategies listed in all individual Meal Time Profile at all times. Non-adherence will result in disciplinary action being taken.
- Staff supervision during mealtimes for any individual who has a Meal Time Profile prescribed is mandatory
- Only staff who have completed the mealtime management training with speech pathologists that has included the preparation of modified foods are able to prepare a modified meal for participants of mealtime profiles.
- Staff must have observed the MTP being undertaken with the participant before they are able to give a meal to that participant.

Newly Appointed Employees

All new staff must undergo a staff induction/orientation process prior to working with any individuals and will:

- Be shown all relevant mealtime profiles and their location during the orientation process.
- Have observed a permanent staff assisting an individual at mealtimes, during the orientation process.
- Sign acknowledgement that the Meal Time Profile, location and importance is explained during the orientation process.

Existing Employees

Regular staff are informed of the existence of a new MTO by a memorandum and direct instruction, with relevant Meal Time Profile attached. Staff are required to sign the memorandum, acknowledging that the mealtime profile has been read and understood.

If a staff member notices any of the following behaviours from an individual, they must inform a Manager immediately:

- Refusal to eat and drink
- Difficulties coping with different foods or drink
- Limited chewing or biting
- Choking
- Coughing or gagging during or after eating or drinking
- Gurgly sounding voice after swallowing

- Pocketing food eg: holding food in the cheek
- Keeping food in the mouth for long amounts of time before swallowing
- Behaviours at mealtime eg: throwing a plate, hitting self
- Decreased level of alertness during meals
- Health concerns eg: frequent chest infections or pneumonia, weight loss.
- Signs of dehydration – reduced urine output

Further Information

Staff must report to their manager immediately if the following occurs:

1. An Individual has consumed food/drink not specified or in a way not specified in an individual Meal Time Profile.
2. Observed a staff members non-adherence to a Meal Time Profile.
3. If an individual's needs or eating patterns are changed.
4. If an individual's Meal Time Profile is lost or damaged.
5. If you are uncertain or unaware

Location of Meal Time Profiles

These are laminated and displayed in the cupboards of rooms where the participant eats their meal. These cupboards are labelled with the words Meal time Profile.

Location of client dietary requirement list

Special functions and events for additional centralised reference, the "client dietary requirement" list is located in the main kitchen area at each site. This list indicates which individuals at the relevant site has a Meal Time Profile prescribed and any other specific dietary requirements. Where participants do not use the centralised kitchen, this file is located in the program rooms for easy access.

It is the responsibility of all staff supporting individuals at mealtimes to be familiar with any relevant mealtime profile.

Special Functions and Events

When an individual is being supported by Milparinka staff MTP requirements for individuals both in and away from Milparinka sites.

The staff member/s who are responsible for supporting the individual on that day/event are required to ensure adherence to the MTP. It is also incumbent on all other staff who are aware of specific individuals MTP to raise concerns immediately with management or an individual's direct support staff if they notice an MTP not being adhered to during an event or function (or at any other time).

Medicines associated with swallowing problems

Antipsychotic medicines associated with swallowing problems

- Aripiprazole (e.g. Abilify)
- Asenapine (e.g. Saphris)
- Chlorpromazine (e.g Largactil)
- Flupentixol (e.g. Fluanxol)
- Haloperidol (e.g. Haldol, Serenace)
- Lurasidone (e.g. Latuda)
- Olanzapine (e.g. Zyprexa, APO-Olanzapine)
- Paliperidone (e.g Invega)
- Quetiapine (e.g. Seroquel)
- Risperidone (e.g. Risperdal, Rixadone)
- Trifluoperazine (e.g. Stelazine)
- Ziprasidone (e.g. Zeldox)

Benzodiazepine medicines associated with drowsiness

- Alprazolam (e.g. Alprax, Kalma, Xanax, Zamhexal)
- Bromazepam (e.g. Lexotan)
- Clobazam (e.g. Frisium)
- Clonazepam (e.g. Rivotril, Paxam)
- Diazepam (e.g. Ducene, Valpam)
- Flunitrazepam (e.g. Hypnodorm)
- Lorazepam (e.g. Ativan)
- Midazolam (e.g. Hypnovel)
- Nitrazepam (e.g. Mogadon, Alodorm)
- Oxazepam (e.g. Alepam, Murelax, Serepax)
- Temazepam (e.g. Normison, Temaze, Temtabs)

Antiepileptic medicines associated with drowsiness

- Carbamazepine (e.g. Tegretol, Teril)
- Clonazepam (e.g. Rivotril, Paxam)
- Gabapentin (e.g. Neurontin, Nupentin, Pendine, Gabaran, Gantin)
- Lamotrigine (in combination with other medicines; e.g. Elmendos, Lamictal, Lamidus, Lamitrin, Lamogine)

- Phenobarbital (e.g. Phenobarb)
- Pregabalin (e.g. Lyrica)
- Valproate (in combination with other medicines; e.g. Epilim, Valpro)
- Vigabatrin (e.g. Sabril)

Commonly prescribed medicines which can affect swallowing

- Risperidone (antipsychotic)
- Sodium valproate (antiepileptic)
- Olanzapine (antipsychotic)

Medication

Purpose and Scope

Milparinka's procedure for Medication Administration provides specific direction to staff in regards to the administration and management of Medication. Staff have a duty of care, to ensure the wellbeing of all participants who are administered medication and to eliminate potential risks to all others.

All medication must be administered only as directed by the prescribing doctor.

1	Supply of Medication
2	Receiving Medication
3	Administration of Medication
4	Recording Medication Administration
5	Storage of Medication
6	Incorrect Medication
7	Dropped of Split Medication
8	Medication Discrepancy
9	Disposal of Medication
10	Review of Medication
11	PRN Medication
12	Self - Administration of Medication
13	Participant Movement (Medication)
14	Medication Training
15	Common Drug Types

Supply and Receiving Medication

Supply of Medication

It is the responsibility of the primary carer to provide Milparinka, with all medication required by a Participant whilst attending the agency.

This must be done in the following manner:

1. In a separate dose administration container. (Webster Style Pak is the preferred form).
2. With a medication sheet completed by the prescribing doctor containing:

- The medication to be administered.
- The dosage, frequency and route of administration.

- Pharmaceutical information.
- The desired effects and potential side effects.
- Name, address and contact numbers of prescribing doctor and dispensing pharmacist.
- If a Participant attends a secondary agency, a separate pharmacist filled container must also be provided.

Transfer of medication should be minimized. A minimum of one (1) weeks supply should be provided and sent in on a Monday morning (or as negotiated between the agency the primary carer).

Routine medication/drugs will only be accepted by Milparinka, if they are provided in a Webster Style Pak or a strip dosette.

Only short-term medications such as antibiotics, will be accepted in a container or packet.

The container/packet must be in its original container (not envelopes) and correctly labelled by a pharmacist, with clear instructions, stating:

- The medication to be administered.
- The dosage and the frequency.
- Any pharmaceutical information.
- An expiry date.
- Name, address and contact numbers of dispensing pharmacist.

Alterations must not be made to a pharmacist label. Milparinka will not accept any Webster Style Pak, dosette or container that has been tampered with.

Receiving Medication

Staff are not required nor responsible for the identification of medication received and administered to participants.

Staff do hold a responsibility however, for identifying a discrepancy in the number of tablets/capsules, contained in a participants Webster Style Pak/dosette. This is done by reviewing the pharmacy label and Doctors medication Sheet.

Procedure

1. Upon receipt of medication staff must check that the number of tablets/capsules contained in the Webster style Pak/dosette, corresponds with the label attached.
2. If nil discrepancy is identified, medication must be signed in the “Incoming Medication Register” and stored immediately in safe storage.
3. Where a discrepancy is identified, the Manager must be notified immediately.

1. The Manager or delegated staff member must notify the primary carer and medication is to be returned to the primary carer or to the dispensing pharmacist, whichever is applicable, as soon as possible and replacements sought.

4. Medication containers must also be returned if they are damaged, if medication has become contaminated in any way or if the pharmacist label has been tampered with, so as replacements can be obtained
5. Staff must note any discrepancy identified, along with subsequent action taken in the Participant file.

Administration of Medication

Administration of Medication

There are seven principles of medication administration. They are known as the 7 'R's.

1. **Right Person**
2. **Right Drug**
3. **Right Dose**
4. **Right Route**
5. **Right Time/Day**
6. **Right Procedure**
7. **Right Recording**

Prior to administration of any medication the first 6 of the 7 'R's must always be checked.

Staff who administer medication are also responsible to carry out proper recording procedures, (the 7th 'R" of Medication Administration Principles) and ensure safe storage of medication, monitor desired effects and return any expired medication to the primary carer for "safe" disposal.

Under no circumstances, can staff who are not appropriately trained, or qualified administer any medication/drugs rectally or via injection or nebuliser.

Infection Control

Staff must ensure infection control guidelines are followed, when administering medication/drugs ie:

- Washing hands and ensuring work areas are clean.
- Minimizing handling of medication via the use of medicine cups.
- Wearing disposable gloves when applying creams/ointments.

Procedure

Staff must:

Prior to the administration of medication staff member must inform the participant of the procedure and what steps and actions will be taken. Prior and post the administration of medication staff are to check for any abnormalities in the person's physical health or response to the medication and report these immediately to a manager.

1. Prior to administration of medication, wash hands and ensure work areas are clean.

2. Administer medication to only one Participant, at any one given time.
3. Prepare the specified medication administration area, with the participants medication, participants medication sheet, participants medication recording sheet and medicine cups. (this area must be away from all activity to promote concentration of the administering staff).
4. With the Participant present, check the first 6 principles of administration, (the 7 'R's). The participants medication sheets provided by the participants doctor, must be used to do this.
5. Is this the:
    1. **Right Person**
    2. **Right Drug**
    3. **Right Dose**
    4. **Right Route**
    5. **Right Time/Day**
    6. **Right Procedure**
6. Report any discrepancy identified to the Manager immediately. The administration of medication must be withheld until further direction is given.
7. (Only if staff can answer "yes" to all of the above questions, is medication administered).
8. Transfer Participant medication from the Webster Style Pak/dosette or container in a medicine cup and hand directly to the Participant. (This is to minimize unnecessary handling of the medication).
9. Observe and ensure that the Participant places the medication in his/her mouth.
    1. If necessary, staff may be required to place medication in a participant's mouth. In such an instance staff should use the aid of a medicine cup –

1. if required to place the medication in the mouth due to other issues, this should be done whilst wearing gloves.

10. Immediately following the administration of the participants medication, Implement the 6th R, sign the 'Participants Medication Recording Sheet' to confirm the medication has been given.
11. Return the participants medication to safe storage.
12. Wash all used medicine cups, in hot soapy water and returned to storage.

Staff must not under any circumstances, change medication administration times or alter the contents of a pharmacist filled container in anyway, without consultation with the prescribing doctor.

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Recording Medication Administration

All medication administered to a Participant, must be recorded on the appropriate Medication Administration Record Sheet.

The staff member responsible for administering the medication, must record that the medication has been given immediately following administration.

The recording sheet used is dependent on the type of medication administered.

Routine Medication	To be recorded on the 'Dose Administration Container Record Sheet'.
Original Containers	To be recorded on the 'Original Container Administration Record Sheet'. (includes drops, liquid & inhaled med).
PRN Medication	To be recorded on the 'PRN Medication Administration Record Sheet'.

Storage of Medication

All medication/drugs, whether administered by participants themselves, or by Milparinka staff, must be kept in safe storage and must conform with pharmaceutical and storage instructions given for that particular medication/drug.

Medication must be stored in a lockable cabinet, fixed to a particular location, if refrigeration is required a lockable container must be used.

Keys to medication cabinets must be stored safely and clearly labelled. All Milparinka staff must be made aware of their location.

A spare set of keys must be available in a secure location.

Procedures regarding the storage of self-administered medication must take into account, the Participant's capacity to control their own medication and any potential risks it may pose, to other participants and third parties.

Medication must be stored in a clearly labelled cabinet dependent on the type of medication.

1. Routine Medication.
2. PRN Medication.
3. Individual Self-Administered Medication.

Problems with Administration

Incorrect Administration

Incorrect administration occurs when a Participant is given:

- The wrong medication.
- Given a scheduled dose at the wrong time.
- Not given medication at all.

Procedure

If incorrect administration of medication occurs, staff must:

1. Notify the Manager immediately.
2. The Manager or delegated staff member must contact the

1. Participant's doctor for information and instructions.
2. If unavailable the Poisons Information Centre (ph: 13 11 26) must be contacted.

3. All instructions given by the professional to whom the matter was referred, must be followed.
4. Advise primary carer of incident and the action taken. (As provided by the professional).
5. Report the matter by submitting an incident report via CIMS.
6. The staff responsible for incorrect administration, must make a note in the Participant file and on the appropriate Medication Recording Sheet.

Dropped or Spilt Medication

Dropped or spilt medication must not be administered to a Participant.

Procedure

1. Staff must place dropped or spilt medication into a separate labelled container, and return it to the primary carer, for return to the pharmacy.
2. With approval from the Manager, staff may use a subsequent dose of medication, providing it is identical to the one which was spilt.
3. The primary carer should be informed and the medication container must be returned to the primary carer as soon as possible for refilling.
4. Staff must note the occurrence and subsequent action taken in the Participant file.

Medication Discrepancy

Checking the quantity of tablets or capsules in a dose administration container is

Important. It ensures that error in filling or administration is identified as soon as possible.

All medication should be checked by Milparinka staff:

1. When first received at the agency.
2. Prior to administration to the Participant.

Procedure

1. If a discrepancy is found in the quantity of a participant's medication, staff must notify the Manager immediately.
2. Attempts should be made to establish the reason for the discrepancy. ie: missed dose, overdose given etc.

3. If incorrect medication has been administered, staff must follow procedures for 'incorrect administration of medication'.
4. If an error has been made in the filling of the medication container, staff must follow procedures for 'receiving of medication'.

Disposal, Review and Self - Administration of Medication

Medication which is no longer needed by the Participant or is past its expiry date.

Procedure

- Disposal of medication is the responsibility of the primary carer.
- Medication which is no longer needed or past its expiry date must be returned to the primary carer for safe disposal and replacement sought.
- The disposal of the medication must be noted in the participants file.

Review of Medication

Medication, as a matter of best practice, should be reviewed regularly. This is the responsibility of the primary carer and should be done at intervals, of no more than six (6) months.

It is the responsibility of the primary carer, to notify Milparinka of any medication changes including medications not administered by the agency.

It is then the responsibility of the Manager, to ensure all staff are made aware of any changes to a participant's medication. This enables staff to understand and respond to any physical or behavioural changes, that may be observed as a result.

Milparinka staff can request a medication review, if they have concerns re: the participants well-being or have observed changes in the participants physical condition and/or behaviour. All concerns should be brought to the attention of the Manager.

PRN Medication

PRN drugs or medication are those to be given 'when necessary' and have been prescribed by a doctor for a foreseeable, but non-chronic condition.

When a drug or medication is prescribed and administered as PRN medication, clear written instructions from the Participant's doctor should be provided to Milparinka.

These include:

- Exact circumstances when drug/medication should be given.
- Exact procedure for administration.
- Circumstances under which a further dose should be given.
- Circumstances under which the doctor should be notified.

PRN medication must be provided in a separate pharmacist filled container and stored separately to routine medications.

As with all medications, the procedures laid out for receiving, administration, recording and storing must be adhered to.

Prior to the administration of PRN medication, authorization from the Manager must be sought.

The administration of PRN for the use of chemical restraint, requires authorization from the Chief Executive Officer/ Authorised Program Officer

The use of PRN for chemical restraint needs to form part of a participants Specialist Behaviour Support Plan, developed by a Behaviour Support Practioner/Specialist and registered with the NDIS Quality and Safeguard Commission.

Monthly reporting on the use of Chemical restraint, must be made to the Commission by the Chief Executive Officer/Authorised Program Officer, detailing the administration of such medication.

Self-Administration of Medication

'Self Administration' is the term used, when participants are able to administer their own medication without supervision or assistance from staff.

or participants who are learning to administer their own medication

Safe storage practices must be maintained, in a manner that does not inhibit a participant's independence/access. An individual locked cupboard must be available for such participants.

Staff are not required to record the administration of medication, when a Participant is fully independent in self-administration of medication.

Participant Movement (Medication)

Where a Participant will be absent from Milparinka on community access or other activities, during the time medication is prescribed to be administered, the following procedures will apply:

Procedure

1. Prior to leaving the agency, the staff member who will be responsible for medication administration, must sign the 'Medication Register for Community Based Activities'. The register must also be signed when the medication is returned.
2. The staff member who signs out the medication, is responsible for ensuring that the medication is secure, until such time as it is signed back in.
3. On return to Milparinka, staff must complete and sign the appropriate 'Medication Administration Record Sheet'.

Please Note: Some participants require that their P.R.N. Medication be available when in community settings.

The movement of such medication from Milparinka must be noted on the "P.R.N. Medication Register for Community Based Activities." Procedures for Administration should be adhered to as detailed in this Policy

Staff must not under any circumstances, change medication administration times **without consultation with the prescribing doctor.**

Proforma forms used to record the administration of medication are obtainable from the Manager and the procedures and forms.

Medication Training

There are two components to staff being trained to be able to administer medication without direct supervision.

These are:

- Online training provided through the NDIS training program which is addresses the principles of medication training and the required elements of administering medication.
- Direct observation of competency-based skills in the provision of medication. This is commenced under the supervision of a suitably authorised staff member.
- See list below which recently completed as part of the observation in the final component of the staff's assessment of competency.

Medication Training – Observation of Medication Administration Checklist.

Name of Staff:

Name of Observer:

Date of Observation:

This component is conducted following receipt that the staff has undertaken the online medication training on Etrainu.

Area being assessed	**Competent Y/N**	**Further action if Required.**
Greets the person		
Explains the procedure to the person		
Collects all necessary items/aids		
Washes hands appropriately		
Completes the first 6 R's, prior to administration		
Medication is administered in line with Milparinka procedures.		
Completes the 7th R – recording immediately following administration.		
Locks away medication Safely immediately following administration		

Observes the person for any concerns prior to and following administration, throughout the process.		
Is aware to report any concerns and can identify the appropriate person who such concerns are reported.		

Concerns could include any of the following:

- Rash
- Swelling
- Headache
- Skin tone
- Dizziness
- Slurring of speech
- Nausea and vomiting
- Blurred vision
- Confusion
- Behaviour changes
- Anything abnormal

A staff member is only considered competent in medication administration, when they are observed to be competent in all areas above.

This observation checklist is then sent to Administration for saving to the staff members file and is added to the staff training register.

COMMON DRUG TYPES and their uses

Analgesics: Drugs that relieve pain. There are two main types: non-narcotic analgesics for mild pain, and narcotic analgesics for severe pain.

Antacids: Drugs that relieve indigestion and heartburn by neutralizing stomach acid.

Antianxiety Drugs: Drugs that suppress anxiety and relax muscles (sometimes called anxiolytics, sedatives, or minor tranquilizers).

Antiarrhythmics: Drugs used to control irregularities of heartbeat.

Antibacterials: Drugs used to treat infections.

Antibiotics: Drugs made from naturally occurring and synthetic substances that combat bacterial infection. Some antibiotics are effective only against limited types of bacteria. Others, known as broad spectrum antibiotics, are effective against a wide range of bacteria.

Anticoagulants and Thrombolytics: Anticoagulants prevent blood from clotting. Thrombolytics help dissolve and disperse blood clots and may be prescribed for patients with recent arterial or venous thrombosis.

Anticonvulsants: Drugs that prevent epileptic seizures.

Antidepressants: There are three main groups of mood-lifting antidepressants: tricyclics, monoamine oxidase inhibitors, and selective serotonin reuptake inhibitors (SSRIs).

Antidiarrheals: Drugs used for the relief of diarrhea. Two main types of antidiarrheal preparations are simple adsorbent substances and drugs that slow down the contractions of the bowel muscles so that the contents are propelled more slowly.

Antiemetics: Drugs used to treat nausea and vomiting.

Antifungals: Drugs used to treat fungal infections, the most common of which affect the hair, skin, nails, or mucous membranes.

Antihistamines: Drugs used primarily to counteract the effects of histamine, one of the chemicals involved in allergic reactions.

Antihypertensives: Drugs that lower blood pressure. The types of antihypertensives currently marketed include diuretics, beta-blockers, calcium channel blocker, ACE (angiotensin- converting enzyme) inhibitors, centrally acting antihypertensives and sympatholytics.

Anti-Inflammatories: Drugs used to reduce inflammation - the redness, heat, swelling, and increased blood flow found in infections and in many chronic noninfective diseases such as rheumatoid arthritis and gout.

Antineoplastics: Drugs used to treat cancer.

Antipsychotics: Drugs used to treat symptoms of severe psychiatric disorders. These drugs are sometimes called major tranquilizers.

Antipyretics: Drugs that reduce fever.

Antivirals: Drugs used to treat viral infections or to provide temporary protection against infections such as influenza.

Barbiturates: See "sleeping drugs."

Beta-Blockers: Beta-adrenergic blocking agents, or beta-blockers for short, reduce the oxygen needs of the heart by reducing heartbeat rate.

Bronchodilators: Drugs that open up the bronchial tubes within the lungs when the tubes have become narrowed by muscle spasm. Bronchodilators ease breathing in diseases such as asthma.

Cold Cures: Although there is no drug that can cure a cold, the aches, pains, and fever that accompany a cold can be relieved by aspirin or acetaminophen often accompanied by a decongestant, antihistamine, and sometimes caffeine.

Corticosteroids: These hormonal preparations are used primarily as anti-inflammatories in arthritis or asthma or as immunosuppressives, but they are also useful for treating some malignancies or compensating for a deficiency of natural hormones in disorders such as Addison's disease.

Cough Suppressants: Simple cough medicines, which contain substances such as honey, glycerine, or menthol, soothe throat irritation but do not actually suppress coughing. They are most soothing when taken as lozenges and dissolved in the mouth. As liquids they are probably swallowed too quickly to be effective. A few drugs are actually cough suppressants. There are two groups of cough suppressants: those that alter the consistency or production of phlegm such as mucolytics and expectorants; and those that suppress the coughing reflex such as codeine (narcotic cough suppressants), antihistamines, dextromethorphan and isoproterenol (non-narcotic cough suppressants).

Cytotoxics: Drugs that kill or damage cells. Cytotoxics are used as antineoplastics (drugs used to treat cancer) and also as immunosuppressives.

Decongestants: Drugs that reduce swelling of the mucous membranes that line the nose by constricting blood vessels, thus relieving nasal stuffiness.

Diuretics: Drugs that increase the quantity of urine produced by the kidneys and passed out of the body, thus ridding the body of excess fluid. Diuretics reduce water logging of the tissues caused by fluid retention in disorders of the heart, kidneys, and liver. They are useful in treating mild cases of high blood pressure.

Expectorant: A drug that stimulates the flow of saliva and promotes coughing to eliminate phlegm from the respiratory tract.

Hormones: Chemicals produced naturally by the endocrine glands (thyroid, adrenal, ovary, testis, pancreas, parathyroid). In some disorders, for example, diabetes mellitus, in which too little of a particular hormone is produced, synthetic equivalents or natural hormone extracts are prescribed to restore the deficiency. Such treatment is known as hormone replacement therapy.

Hypoglycemics (Oral): Drugs that lower the level of glucose in the blood. Oral hypoglycemic drugs are used in diabetes mellitus if it cannot be controlled by diet alone, but does require treatment with injections of insulin.

Immunosuppressives: Drugs that prevent or reduce the body's normal reaction to invasion by disease or by foreign tissues. Immunosuppressives are used to treat autoimmune diseases (in which the body's defenses work abnormally and attack its own tissues) and to help prevent rejection of organ transplants.

Laxatives: Drugs that increase the frequency and ease of bowel movements, either by stimulating the bowel wall (stimulant laxative), by increasing the bulk of bowel contents (bulk laxative), or by lubricating them (stool-softeners, or bowel movement-softeners). Laxatives may be taken by mouth or directly into the lower bowel as suppositories or enemas. If laxatives are taken regularly, the bowels may ultimately become unable to work properly without them.

Muscle Relaxants: Drugs that relieve muscle spasm in disorders such as backache. Antianxiety drugs (minor tranquilizers) that also have a muscle-relaxant action are used most commonly.

Sedatives: Same as Antianxiety drugs.

Sex Hormones (Female): There are two groups of these hormones (estrogens and progesterone), which are responsible for development of female secondary sexual characteristics. Small quantities are also produced in males. As drugs, female sex hormones are used to treat menstrual and

menopausal disorders and are also used as oral contraceptives. Estrogens may be used to treat cancer of the breast or prostate, progestins (synthetic progesterone to treat endometriosis).

Sex Hormones (Male): Androgenic hormones, of which the most powerful is testosterone, are responsible for development of male secondary sexual characteristics. Small quantities are also produced in females. As drugs, male sex hormones are given to compensate for hormonal deficiency in hypopituitarism or disorders of the testes. They may be used to treat breast cancer in women, but either synthetic derivatives called anabolic steroids, which have less marked side-effects, or specific anti-estrogens are often preferred. Anabolic steroids also have a "body building" effect that has led to their (usually nonsanctioned) use in competitive sports, for both men and women.

Sleeping Drugs: The two main groups of drugs that are used to induce sleep are benzodiazepines and barbiturates. All such drugs have a sedative effect in low doses and are effective sleeping medications in higher doses. Benzodiazepines drugs are used more widely than barbiturates because they are safer, the side-effects are less marked, and there is less risk of eventual physical dependence.

Tranquilizer: This is a term commonly used to describe any drug that has a calming or sedative effect. However, the drugs that are sometimes called minor tranquilizers should be called antianxiety drugs, and the drugs that are sometimes called major tranquilizers should be called antipsychotics.

Vitamins: Chemicals essential in small quantities for good health. Some vitamins are not manufactured by the body, but adequate quantities are present in a normal diet. People whose diets are inadequate or who have digestive tract or liver disorders may need to take supplementary vitamins.

NDIA Service Agreements

Purpose and Scope

For each participant has a clear understanding of the supports they have chosen and how they will be provided.

While having a service agreement is preferable they are not mandatory and cannot be imposed on participants and families should they decide that they do not want a service agreement. A written service agreement is only mandatory in Specialist Disability Accommodation (SDA) supports under the NDIS. The National Disability Insurance Agency (NDIA) does not require providers to have a written service agreement for other supports.

While it's not mandatory, Milparinka considers signed service agreements as 'best practice', as a written contract protects both participants and services from any liability if something goes wrong.

Other reasons why a NDIS service agreement is important:

- It formalises our relationships with participants and families
- It helps make sure we share the same expectations of what supports will be delivered

All terms written in a signed service agreement are binding

Where a service agreement is created, we can start delivering services without participants or representatives signatures - as long as there is documented evidence that the participant and their representatives, understand and agree to the document and the conditions, for example through verbal or digital communication.

We will provide participants and their representatives with a final copy of negotiated service agreements, regardless of whether it's signed or not.

Procedure

- Collaboration occurs with each participant to develop a service agreement which establishes expectations, explains the supports to be delivered, and specifies any conditions attached to the delivery of supports, including why these conditions are attached.
- Each participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand.
- When a new or existing Participant requests an agreement the manager responsible for their support will enter into discussions as to what it is that they want from their relationship with Milparinka. They will summarise this and provide it to the Client Relationship Manager (CRM) in the prescribed form. The CRM is responsible for further discussion with the participant and their representatives to completed the agreement.
- There is a NDIS Service Agreement pro-forma which can be modified to reflect individual requirements. This basic pro-forma is used to develop all agreements.

- Once goals are identified and it is confirmed we are able to respond effectively to, the person and representatives are provided with information about costs and a NDIA Service Agreement is drafted.
- Regardless of individual requests no agreement may include items which would cause Milparinka to be in breach of Human Services Standards, National Standards Disability Services or Occupational Health and Safety requirements.
- Where a participant or representative does not wish to sign the service agreement, however approves of it via another medium a note of this approval and its method is added to the service agreement by the CRM
- Each participant receives a final copy of their agreement regardless of how this has been approved, by signature, verbally or by electronic media.
- A written record of the provision of a final copy of the Service Agreement to the participant is made in their notes by the CRM
- The details of each NDIA Service Agreement in relation to the support they are requesting are forward to relevant managers by the CRM using the prescribed form
- On signing a date is to be specified as to when the agreement is enacted.
- Milparinka will file a copy of the agreement in each person's file.
- Where the participant chooses not to have an agreement, a record is made in the person's file of the person's choice.

Needle Stick Injuries

Purpose and Scope

To provide direction in the case of a needle stick injury.

Procedure

While it is not common Disability Support Workers may be at risk of needlestick injury, which occurs when the skin is accidentally punctured by a used needle. As Disability Workers do not undertake invasive injections the risk is significantly decreased. Where a needle stick injury is likely in this field is in using testing equipment such as when supporting participants to test for blood sugar levels.

Blood-borne diseases that could be transmitted by such an injury include human immunodeficiency virus (HIV), hepatitis B (HBV) and hepatitis C (HCV).

These are general guidelines, so you need to see your doctor for further information and advice.

What to do if you have a needle stick injury

Immediately after the injury

- Encourage the wound to bleed, ideally by holding it under running water
- Do not suck the wound
- Wash the wound with soap and water
- do not scrub the wound while you're washing it
- dry the wound and cover it with a waterproof plaster or dressing
- notify your supervisor - you will need to fill out an accident report form.
- Go straight to your doctor, or to the nearest hospital emergency department.

At the doctor's surgery or emergency department

Your doctor or the emergency doctor should:

- Take detailed information about the injury, including how long ago it happened, how deeply the skin was penetrated, whether or not the needle was visibly contaminated with blood, and any first aid measures used.
- Explain the transmission risks, which are small.
- Offer blood tests to check for pre-existing HIV, HBV and HCV. You should be offered counselling about these tests before the blood specimens are taken.
- Inform the original user of the needle about the needlestick injury - if they are known. They will be asked to consent to blood tests to check their HIV, HBV and HCV status. They should be provided with counselling before the tests are done.
- Advise you about reducing the risk of transmission until the test results are received. You should practise safe sex and avoid donating blood.
- Ask your doctor about additional counselling if you think that you will require it.

- Post exposure prophylaxis (PEP)

Your treating doctor may recommend post exposure prophylaxis. A decision to treat will depend upon:

- Where testing of the source of exposure is possible - whether the source tests positive to HBV or HIV.
- Whether there has been exposure to blood from that source.
- Where the exposure source is unknown or can't be tested, an assessment of the situation may suggest an increased risk - for example, a needle discarded from a drug treatment facility.
- This may involve treatments with specific medications that may prevent development of infection. You should be referred to an infectious disease specialist for this treatment.

Record Keeping

A record of the incident, all documents and correspondences, including the injury report form are stored in the staff members file.

Packed Lunches

Purpose and Scope

To ensure that food hygiene standards are maintained and that the risk of contamination is minimized. Milparinka staff will manage packed lunches in accordance with the Department of Health Food Safety for All Guide.

Procedure

(Source: Food Safety for All – Department of Human Services)

- Food taken out of the refrigerator early in the morning for a packed lunch and left at room temperature until lunchtime can become a food safety risk. Provided however, that food is properly prepared and is stored at the correct temperature until lunchtime, it will be safe to eat. The following information shows how to keep lunch foods safe.
- Once lunch has been prepared, it should be kept cold until it is eaten. Lunches should be placed in the refrigerator as soon as a Participant arrives. Lunches must be in a container which is labelled with the person's name. Where refrigerators are not available, a packed lunch may be kept cool by packing a frozen drink in the lunch box, using a lunch box /ice pack combination, or an insulated bag such as an Esky.
- Particular care should be taken to keep texture modified foods (minced and mashed or blended foods), salads, soft cheeses, milk, yoghurt, dips, egg, fish, meat or meat pastes cold. These foods are especially vulnerable to food poisoning and should be eaten within four hours of when they were taken out of the refrigerator. If left out of the fridge for more than four hours, these foods should be thrown out as they may have become unsafe.
- Participant Carers are advised to avoid packing perishable foods which have just been cooked or warmed, for example meat loaf or boiled eggs. Such foods should always be cooled in the refrigerator, preferably overnight, before being packed for lunches to prevent bacteria growing on the food.

At times when food will be kept at room temperature for longer than four hours, foods should be discarded with the exception of the following:

The following types of food are considered to be safe.

- Unpeeled fruit, unopened packs of tinned fruit or dried fruit, fruit juice in an unopened sealed container.
- Nuts (Check participants allergy list and never provide nuts to a person who has not provided these themselves)
- Unopened long-life (UHT) milk drinks or yoghurt or milk drinks that have been completely frozen
- Unopened tins (such as tinned baked beans, spaghetti, fish or soup) and Dried biscuits

Parking Fines

Purpose and Scope

Purpose

To understand the responsibilities of Milparinka and their workers in regard of a parking fine and who is legally required for the payment of such when they are incurred.

Scope

Milparinka is responsible for ensuring that, if required, a valid parking permit/disabled permit is obtained and available for each of its vehicles transporting people who have a disability.

Milparinka is responsible for ensuring that money, through the program costs process, is available for community-based programs where paid parking is required.

- Staff are required to account for this in each program costing.

Procedure

It is the responsibility of drivers to ensure all vehicles are parked in accordance with local laws

If a community-based program requires a vehicle to be parked in a regulated zone, it is the responsibility of the driver of Milparinka vehicles to ensure that the vehicle is parked:

- In the correct zone
- Within the time limits
- And that the correct charges are paid

If the vehicle incurs a parking fine the designated driver of the vehicle will be required to pay the fine to the Council within the time allowable

Staff should ensure that if the community-based program requires money for parking then this is accounted for in the program costings.

- There is not a defence if money was not disbursed from the program costing before undertaking the program. It is the responsibility of the worker to ensure such monies are available before travel.
- If due to changes in rates, there are insufficient funds for parking from the program, such cost will be reimbursed if a worker was to cover the shortfall
-
    - The responsibility for parking fines is still on the driver of the vehicle if they were to park the vehicle against the laws / regulations of a parking space.

Where Milparinka Vehicles are not utilised in providing services for a participant or group, such as ILA or other community-based activity,

- The permit is provided by the Participant for use on the day / shift and not Milparinka.
    - If they do not have such a permit, there is no entitlement to parking in Disability Spaces and such costs for fines resulting from parking in such spaces are solely the

responsibility of the driver – as per this procedure for other fines incurred when driving.

- Cost for parking are by the Participant
    - If the participant has insufficient funds or changes in the rates were unaccounted for before the trip was undertaken,
        - Staff must check before with their manager if they are to be reimbursed for covering the cost of the shortfall or paying fully for such parking.
            - It is entirely the workers choice as to whether to provide such funding and there is no obligation to.
-
    - The responsibility for parking fines is the driver of the vehicle if they park illegally and they are responsible for parking fines

Participant Medical Emergencies

Purpose

The purpose of this procedure is to effectively support individuals with known medical conditions and allergies that are likely to require emergency responses, in a consistent and predictable way in a medical emergency.

Key principles of Milparinka with regard to individual emergency procedures:

- The wellbeing and safety of people is paramount
- All individuals with a known medical condition or allergy that has a potential to cause the individual harm such as pain and/or deterioration of health and/or death will have an emergency procedure developed.
- Individual emergency procedures will be formulated and reviewed in consultation with the individual, their family, care and where required the individual's medical practitioner advice.
- Individual emergency procedures belong to the relevant individual and cannot be altered without consent of the individual and/or their representative.
- Individual emergency procedures are written in a consistent format for all individuals, so as they can easily be interpreted by staff in an emergency procedure.All relevant staff will be trained in individual emergency procedures.
- They are easily obtainable for staff to reference

Procedure

1. Upon commencement at Milparinka, individual medical conditions are determined and an emergency procedure is developed in consultation with the individual, their family/carer and if relevant the individual's medical practitioner.
2. Once developed the emergency procedure is forwarded to the individual, their family/carer and if relevant the individual's medical practitioner for approval.
3. If a medical condition develops following commencement at Milparinka, point 1 & 2 above apply and an emergency procedure is required to be developed immediately.
4. Once approved a copy is saved in the individual file allowing easy access for all staff;

1. Buildings

1. A4 laminated copy is kept in the A4 emergency folders at each site. These folders are bright orange in colour and located in the following locations:

1. Brunswick site

1. Reception

2. Main Office Area

2. Richmond Site

1. Program Coordinators Office

2. Dining Room – House 160 Lord St

2. Milparinka Vehicles

1. Each Milparinka Vehicle has a white A5 folder with the A5 Versions of the Medical Emergency Sheets laminated within

5. The emergency procedure is then saved to MYP and is available to all staff who work with the participant at all times through electronic means such as smartphones and computers

6. Following development and approval of an individual emergency procedure, Staff are informed via MYP and trained in application of such at Staff meetings or PD days at start of term.

7. Some emergency strategies require specific external training. I.e. Nebuliser, Vagus Nerve Stimulation etc. In such cases the Manager of Individual Services is responsible for identifying relevant staff who require this training and making this training available. In such cases, only individuals specifically trained are permitted to work with such individuals.

8. Individual emergency strategies are updated at any point, to reflect changes in condition when Milparinka is informed of changes by the individual, their family/carer and if relevant, their medical practitioner.

9. At a minimum Individual emergency strategy are reviewed every 12 months.

10. All individual emergencies must be recorded in individual journal notes

11. If staff have any concerns regarding an Individual's emergency procedure and/or an individual's health, they must discuss this with their manager immediately.

12. The Manager is then responsible for contacting and discussing the concern with the individual, family/carer and where relevant the individual's medical practitioner.

13. Generalised first aid principles must be adhered to if an individual did not have a known prior medical condition and therefore no individual emergency procedure for medical emergency episode.

14. In such an instance, a new individual emergency procedure will then need to be developed as per the guidelines (see 1 & 2 above) regarding this condition and this then included in all Medical Emergency Folders

15. The manager is responsible for the relevant emergency issues being highlighted in MYP in red at the top of the persons detail page

Updating of Emergency Procedures

When any information regarding a Participants health are updated in the system, it is important to update that information in their profile within the Emergency Procedures Manual if such changes occur.

- The relevant manager of each site is responsible for the updating of personal information in the Emergency Procedures

- Information is passed onto the Admin staff re a Participant Medical Procedure at each site to produce new laminated copies with the updated information. This must be checked by the Manager who is responsible as to accuracy before being put in the folders.
    -
        - All folders will have the following general information sheets at the front of the folder
            - Epileptic Seizures
            - Choking
            - Asthma
            - Burns
- The Manager is responsible for the updating of A4 folders in the facilities and ensuring the removal of the old information, including general information sheets.
    - A5 laminated copies are provided for inclusion in Milparinka Vehicle folders and the Transport Manager at each site is responsible for the updating of the folders within the vehicles and removal of old information.

Participant Notes

Purpose and Scope

To ensure effective and accountable recording of issues which are significant in the support of individuals

Procedure

If something unusual, good, concerning, important or risky happens in regards to a participant staff are supporting staff must record this in a Note on the day it occurs. (This is different to recording information about a participant's progress in achieving their goals. Goals notes are made in response to specific goals in a different section of MYP).

Notes should be completed within the time span of your shifts however if this is not possible speak to your Coordinator to see if extra time can be allocated.

Notes should be documented using the category that best fits the issues you are writing about. If you are note sure about the category speak to you coordinator.

Core group Staff in Day services are required to make an entry each two weeks in MYOP GOMs notes to comment as to each individual's progress towards achieving stated goals.

Categories that notes can be recorded in include:

- **Arrangements:** details of arrangements, progress, benchmarks and engagement. Where an arrangement is in place then a description of where this developed from and intent must be included. New arrangements should include contact person and contact details.
- **Communication:** Any developments or changes in communication processes for the person
- **Complaint or concerns - Carer:** Overview of complaint of concern raised and proposed actions on the staff part. Where this is a formal complaint the documents can simply refer the reader to see the complaints record.
- **Concerns - Staff:** Any issues of concern that staff have noted in regards to a person and what action has been taken about these.
- **Health:** Issues related to Health and wellbeing including medication
- **Incidents:** Incidents are recorded on the day they occurred and include details of behaviours, times people involved, intervention strategy and outcomes. These incidents are primarily events in which an individual exhibits abehaviour which Impacts negatively on others and the environment. This information is used as evidence for the NDIA
- **Planning:** Issues related to planning such as meeting times, contacts. The actual plan is kept elsewhere
- Covid 19 Updates
- Goal Reviews
- Home and Living

- NDIS
- Positive Behavior Support
- Service Agreements/Quotes
- Therapy

Some important things to know about notes.

Notes are subject to judicial inquires and once you saved them it is not possible for them to be altered or corrected by anyone. So be sure to re-read notes you have written before you press save. Notes need to be clear, concise, to the point and free from emotive language. This is not storytelling; it is a specific record of an event or issue.

Do not use slang or abbreviations.

Ensure that your entry does not contain assumptions, judgemental language or red flag terminology. Just because a person looks glum does not mean they are sad. Just because someone is staggering does not mean they are drunk. Keep to known observations. State only what you heard, saw, smelt or felt. For example:

Joe felt hot to the touch – not Joe has a fever (maybe he has been sitting out in the sun all day); Billy was observed to be unsteady on his feet – not Billy was drunk because he was staggering around.

When you state that Trixie was being offensive or obstructive, you are making a judgement about her behaviour – Trixie's behaviour might offend you, however her intent might be otherwise. If you merely state the actions that Trixie has taken and your response to that, you are maintaining neutrality.

Red flag terms describe words or phrases that can lead to sensationalism. These could be describing a person as being the 'victim' of domestic abuse or there is an 'epidemic' of scabies within the household.

Remember, stick to the facts and only the facts.

To see video instructions on how to record Notes please click **HERE**

Participant Protection Policy

Purpose and Scope

The purpose of this policy is to provide clear guidelines for the Committee of Management and Staff in relation to safeguarding the rights of Participants.

Milparinka's Participant Protection Policy aims to reduce the risk of abuse occurring, and to ensure that a caring and appropriate response is taken should Abuse occur.

Policy statement

Milparinka is committed to providing a safe and secure environment for all its Participants, Employees, Visitors, Contractors, Volunteers and Club Members

Responsibility for ensuring Participants Protections

Committee of Management, CEO, Managers, Coordinators, all staff, contractors and volunteers.

Obligations

Milparinka requires us to treat all people with fairness and dignity and within the parameters of Social justice

PROGRAMS/POLICY APPLIES TO

- All service organisations or subsidiary bodies authorised by or under the control of Milparinka,
- All Employees, Participants, Volunteers, Contractors and Visitors engaged by Milparinka.

Definitions

Abuse, can consist of one or more of, but is not restricted to, the following:

Elder Abuse

- a single or repeated act, occurring in any relationship where there is an expectation of trust, which causes harm or distress to an older person.

Physical Abuse

Any non-accidental physical injury resulting from practices such as:

- hitting, punching, kicking (marks from belt buckles, fingers), shaking, burning (irons, cigarettes), biting, pulling out hair, alcohol and/or other drug administration.

Sexual Abuse

- Any assault or abuse of a sexual nature, sexual molestation, indecent exposure, sexual harassment or intimidation.

Emotional Abuse

The chronic attitude or behaviour of one person, which is directed at another person, or, the creation of an emotional environment, which erodes a person's self-esteem and social confidence over time.

Behaviours may include:

- Insulting, bullying, devaluing, ignoring, rejecting, corrupting, isolating, terrorising or other extreme acts in the person's presence.

Financial Abuse

May include:

- Misappropriation of money, valuables or assets,
- Forging signatures on financial documents,
- Denial of access to personal assets,
- Accessing a person's funds electronically and/or
- Forced or unauthorised changes to legal documents.

Neglect

- Characterised by the failure to provide for basic needs. Any serious omission or commission which jeopardises or impairs a person's health or development.

Child

- A person under the age of 18. Milparinka is compliant with the Child Safety Standards

Leader

Any person (paid or unpaid) over the age of 18 who is responsible for the control and safety of Participants placed in their care whilst holding a formal position in Milparinka. A leader could include but is not limited to:

- Senior Executives
- Managers
- Coordinators
- Staff
- Contractors
- Volunteers
- Club Members

Participant

- Any person who is supported by Milparinka.

Volunteer

- Any unpaid person over the age of 16 who is invited to assist in the care of vulnerable people.

Club Member

- Any person over the age of 16 who is a member of the Milparinka Garden Club

Legal

All relevant organisations within Australia are bound by Federal and State legislation and principles established through common law. Milparinka is committed to adhering to all relevant legislation.

Ethical

Some actions may not be regarded as Abuse, but are unacceptable behaviour at Milparinka. These include:

- Inappropriate conversation of a sexual nature.
- Coarse language, especially that of a sexual nature.
- Suggestive gestures or remarks.
- Jokes of a sexual nature.
- Inappropriate touching.
- Inappropriate literature (e.g X rated material).
- Recording or filming without prior consent.

Participant Rights

Each Participant of Milparinka has the right:

- To full and effective use of his or her personal, civil, legal and consumer rights;
- To a quality support which is appropriate to his or her needs;
- To full information about his or her own services and supports
- To be treated with dignity and respect and to receive services without exploitation, abuse or neglect;
- To receive services without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation;
- To personal privacy;
- To be treated and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect;
- To continue his or her cultural religious practices and to retain the language of his or her choice, without discrimination;
- To select and maintain social and personal relationships with any other person without fear, criticism or restriction;

- To freedom of speech;
- To the greatest extent possible maintain his or her personal independence, which includes a recognition of personal responsibility for his or her own actions and choices, even though some actions may involve an element of risk which the Participant has the right to accept, and that should then not be used to prevent or restrict those actions;
- To the greatest extent possible maintain control over, and to continue making decisions about, the personal aspects of his or her daily life, financial affairs and possessions;
- To be involved in the activities, associations and friendships of his or her choice, both within and outside any support service;
- To have access to services and activities which are available generally in the community;
- To be consulted on, and to choose to have input into, decisions about the delivery of their programs
- To have access to information about his or her rights, care, accommodation and any other information which relates to him or her personally;
- To complain and to take action to resolve disputes;
- To have access to advocates and to other avenues of redress; and
- To be free from reprisals, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights.

Procedure

Employees, Agency Staff, Contractors & Volunteers

Employees, Agency Staff, Contractors and Volunteers involved in activities or programs with children, aged and/or vulnerable people must be carefully selected and screened. Prior to commencing employment or volunteer services, the following precautions will be taken:

- All employees and/or volunteers must complete an application with details of Employment history, two referees and permission to contact them.
- Both referees will be checked using an agreed set of questions which have been drafted by Milparinka.
- The questions will seek to establish the applicant's suitability for the role or position and the and will be documented and retained on file.
- All short-listed candidates must undertake a formal interview which includes an analysis of past relevant experience.
- A NDIS workers screening check complies with legislative requirements will be completed satisfactorily and verified prior to the Employee or Volunteer commencing their proposed role.

Training

All new Workers/Employees, including Agency Staff, Contractors and Volunteers will be orientated to this policy and receive training in;

- The content and application of the Organisation's Participant Protection Policy,
- Reporting procedures and the associated legal requirements.

Information courses based on current "best practice" and changes to legislation will be provided on an annual basis.

A Safe Environment

- Incidents of Abuse are unlikely to take place in front of another person and the presence of a witness can assist in clarifying questionable allegations.
- Wherever possible, workers will not visit participants in their homes unless a friend or relative is present or another Worker accompanies them.
- When transporting people under their care, Workers will take them directly to and from arranged venues and will not spontaneously detour or make additional arrangements.
- Workers will respect a Participant's feelings and privacy when engaging in physical contact of any kind.
- Adults and Children are expected to respect each other's privacy during times that require undressing, dressing or changing clothes. Workers will set an example by protecting their own privacy in similar situations.
- Initiations and secret ceremonies are prohibited. All aspects of every program related to participants, aged and vulnerable people will be open to observation by family, friends or guardians.

Disciplining Children

Is not the responsibility of Milparinka or its Workers, Volunteers or Leaders to discipline a Child.

If a Child does not abide by the rules set down by the Organisation, or becomes an obstruction to the care of other Children or Participants, and may cause harm, the Child will be removed and referred back to their parent or guardian. At no time will a Leader administer any form of physical, emotional, financial or mental discipline.

Reporting Procedures

- Milparinka actively encourages the reporting of all abuse.
- Milparinka is committed to building an environment where either a victim or employee/volunteer feels able to report such abuse.
- Employees and/or volunteers must report reasonable suspicions of abuse to the senior management of Milparinka
- Reasonable Suspicion means fair and practical reason to believe an incident involving abuse has occurred based on verbal communication, hearsay, rumour or observation of behaviour.

- An independent person will be appointed by Milparinka with the specific duty of dealing with any allegations of harm or abuse that may arise.
- The details of those reporting abuse will be kept private and confidential.

The escalating procedures will be as follows:

- The automatic suspension from all work or other duties within Milparinka of any person while under investigation by Milparinka, or by the police, for committing abuse;
- The automatic termination of their employment, or involvement with Milparinka if found guilty of committing abuse, either by internal investigation or by a court.
- If there is reasonable suspicion that a participant has been or is suffering abuse, senior management, the Police, and insurance company will be contacted immediately.
- The Police will also be notified if a Participant discloses an incident of Abuse that has occurred somewhere other than Milparinka premises, (e.g. an outing).
- If a disclosure of abuse is made, the person who receives the disclosure will maintain appropriate pastoral care to the one making the disclosure.

This will include:

- Treating each allegation seriously and not attempting to deny the allegation or minimise its impact on the alleged victim.
- Not pushing the Participant to disclose details of the alleged assault or attempting to investigate the allegation.
- Assuring the Participant that they are understood: that their disclosure is being taken seriously; that what has happened is not their fault, and that they are correct in disclosing the incident.
- Reporting the abuse to the police.
- Not contacting the alleged perpetrator. If the Worker or Volunteer is already providing counsel to the alleged perpetrator, it may be advisable for another person to assume this responsibility for the duration of any investigation.

Maintaining confidentiality.

Any disclosures by a Participant, reports of suspected abuse and all details of the subsequent investigation will be documented promptly and the documents will be held in a secure location where a breach of privacy cannot occur.

Associated Procedures

Child Safety

Child Abuse Reporting

Complaints

Cultural Diversity

Service Standards and human rights

Duty of Care/Dignity of Risk

Incident Reports

Personal care

Personal Relationships, Sexuality and Sexual Health

Photographs and Videos

Police and Security Checks

Restrictive Practices

Risk Management

Showering of Participants

Responding to abuse

Participants Meeting

Purpose and Scope

To provide participants of the days services with an opportunity to have increased influence and authority within the agency. Milparinka will provide opportunity for participants to discuss with those attending Milparinka issues, future events and changes they may desire.

Input is to be sought from those attending as to their view and directions about these matters. Where appropriate staff will facilitate and support participants.

Advocates can be used to support participants at the request of participants.

Procedures

- The meeting structures will be regularly reviewed with participants to determine the most effective meeting process at both sites. Participation is not mandatory.
- Topics for discussion are determined by the group and panel and updates about issues are provided by the service management. Minutes are kept.
- Richmond has a collective meeting of all participants who want to take part and Brunswick have an executive meeting weekly, which has a representative from each group who raises issues from people in their group.
- Participant representatives from Brunswick and Richmond can discuss in more detail any issues raised by participants with management at any time.
- A representative of management is required to attend the meeting if requested be Participants to respond or clarify an issue

Participants Money and Property Management

Purpose and Scope

Milparinka's has limited relationships with participants individual money and property. The relationships that we have are to ensure the availability of funds and personal property for programs.

All funds are accounted for and managed responsibly and are collected in real time, on the day, or in arrears. No personal funds are charged or claimed in advance. Participants, are notified in advance of the any program expenses that required the use of personal funds. Participants are encouraged to have as much control as possible over the management of their own money.

While the majority of equipment and resources used in programs belongs to Milparinka, there may be occasions where individual participants attend programs with their own personal equipment's, such as an iPad or communication aid. The majority of personal items we support participants with are limited to things such as a bag, lunch box or additional clothing.

Policy

Personal Property

Each participant who attends a Milparinka site for group program activities will have an allocated locker space to keep personal items, such as bags, clothing in.

Where a participant brings in additional items such as an iPad or other communication aid this will be managed dependent of each person's capacity. For example, where a person can manage their own items independently, they are encouraged to do so. Where a staff manage is required to manage items on behalf of the person, the items will be when not is use, stored in the participants locker or in a locked cupboard. (this included personal hygiene items, such as incontinence pads)

On occasions a family will request a check off list for property at the beginning and end of the day. These requests are automatically approved and the check list must be completed to the family's satisfaction.

Loss or damage of person equipment will be documented in an incident report. Where an item is damaged or lost because of a participants behaviour or general use it will be the responsibility of the participant to repair or replace the item. If an item is damaged or lost because of staff oversight or behaviour, Milparinka will be responsible for the cost of repair or replacement.

Participants personal funds

In group programs the cost of activities in known in advance and is provided to participants in writing in a timetable format. Milparinka does not charge notational amounts. It charges the actual cost of events. For example, if a timetable has identified a cost for a shopping programs as being $10, however on the day the cost of items is only $6.45, then the $6.45, and not $10, is charged to the person. Participants are not charged for programs that they do not attend, due to illness or other reasons. This process is managed through the following steps:

- A timetable with costs identified is provided to participants in advance.
- The charging of program costs occurs in arrears so real cost are known
- Staff record actual expenditure at the time programs are conducted.
- The account sent to the participant in arrears is developed from the actual program expenditure record and not the timetable record.
- Participants are never charged an amount over the pre-advised program cost recorded on the timetable. This means participants will be charged a maximum of what was included on the timetable or a lessor amount.

Procedures

Where Participants Require Support in Days Service with the Management of Personal Funds

- A Money Pouch System is used
- ensuring adequate funds are in the money pouches is the responsibility of the head of business and finance services. The responsibility for monitoring the direct staffs use of this is the program coordinators.
- The folders contain the necessary money for those attending to use in the various programs which have daily costs. Where a Participant is able to manage their own money, they do not have to be part of this process. They are able to pay as they go from their own resources.

- The Administration Assistant ensures the correct balances for each program is available at the time of the program.
- It is the responsibility of the facilitator to ensure they have the correct money for a program prior to the commencement of the program and to ensure that the daily balance sheet is completed each day.
- The expenditure of this money is accounted for by the production of receipts as required and the recording of each person's actual expenditure for each activity.
- The only time in which a receipt is not required, is when purchases of $5.00 or less is made, providing it is an individual purchase and not common for a receipt to be sought by the general population. In this instance an individual purchase takes priority over a receipt, unless it has been requested by a family member or manager.
- Program money is kept in a locked cupboard when it not required to be accessed by participants and staff. During the times it is required, at the commencement of a day and end of a day it is available for staff and participants to access within a general office setting.
- There are no cumulative balances in program funds. The amount is each folder cannot exceed the planned expenditure for that week. Any unspent funds are identified and deducted from the following account.
- The money is placed in pouches in denominations that enable the money to be distributed to individuals so the individual control can be maximised.
- Any Discrepancies must be reported to the Program Manager immediately by the responsible facilitator.

Respite and Recreation.

The majority of respite and recreation programs are set fee-based as costs are predictable and participants are notified at the time of booking an activity. Die to the nature of activities costs are often paid in advance by Milparinka so this is a recovery of funds for participant at the time of the activity.

Where for example there are costs that are required to be paid on the day directly to the provided by the participant, such as going out to dinner, participants will generally manage their own funds and pay bills. Where staff support is required receipts should be returned to the participants purse or wallet.

Individualised supports

Where it is practical participants will manage their own funds. Staff should confirm prior to departing for activities that the person has funds to cover the cost of the days activities. Arrangements are made with individual and families as to receipts required. Where receipts are required these must be provided on the day.

This structural process for any program should not define how each individual Participant manages their funds, some people may bring in their own money from home, carry it and not engage with this process at all, others can be given their money on a weekly basis while others may receive it daily. The least preferred option is for staff to be in control of funds and handing out money to people during outings.

Participation to the Max

Purpose and Scope

The Participation to the Max (PTM) document is a collection of information about a person's ambitions, interests, communication and strategies that will ensure that they have maximum focus and opportunity for participation and interaction within all program areas.

The PTM forms create a place for the integrating and overlapping of multiple information sources and functions as the Participants support plan which directs our interventions. This ensures that key relevant information that can contribute to the achievement of ambitions is available at all times.

- All participants will have Participation to the Max forms containing information about his/her goals, values, individual interests, communication and strategies for participation and interaction.
- Milparinka staff will use the information in each person's individual Participation to the Max forms to plan and design activities.
- The PTM forms are a dynamic document which focuses on support requirements, preferences, strengths and goals will undergo continuous development and alterations in response to each individual changing needs and capacities.

Procedures

- Every Person who attends Milparinka Day services will have a plan in the form of a Participation to the Max (PTM). The only exclusion to this is where a person says that they do not want a PTM.
- The goals on the PTM are derived from the individuals NDIS plan that the participant has directed that Milparinka to support them with. Where the participant or family consider the goals to be too broad to be effective the communication consultant will consult with relevant parties to identify more effective goals. This can only occur in consultation with the participant and their representatives.
- The Communication Consultant will ensure all Milparinka Day service participants have a Participation to the Max document that is up to date and accessible to all staff and services users in a central location. This will be extended to include all Milparinka participants in individual supports.
- Staff review each of the core individual's Participation to the Max forms on a monthly basis and at other specified times when required for updating. The personal goal component of the PTM /Plan is reviewed with the person annually. Staff do not make changes directly to the PTM. Staff provide suggestions for additions or changes to the PTM to the Communication and Participation Consultant who approves the addition and finalises the changes.
- The responsible Manager will inform the Communication Consultant of a person commencing with us so development of a PTM can be jointly commenced.
- Relevant information will be added to the PTM during the transition period

- Records of actions towards achieving goals is recorded in MYP and this section will be available for participants to access and review on an ongoing basis. At the end of the plan the achievement of goals is reviewed with participants and representatives. This process commences with the Communication consultant however can be delegated. All reviews, comments, outcome statements or achievement records, are documented in the MYP goals sections so that that are constantly available to participants and their representatives.
- For new participants the Manager Individualised Supports and Communication Consultant to include initial information in the Participation to the Max document for the new Participant and follow up with staff.
- The PTM can be accessed by any staff who are working with a participant through the documents section for each person in MYP. Instructions for accessing documents are in the staff manual which is accessible by all staff.

Building and Vehicle Security

Milparinka has a range of security systems in place to protect people we support, staff, buildings and vehicles, and to also assist in the event of an incident.

Dashcams in Vehicles

All Milparinka owned cars and buses have Dashcams installed which constantly record the external view of all journeys tak

- If staff are involved in an accident please follow the directions in the log book in the vehicle
    - If it is a minor accident and no towing is required:
        - Complete your journey and ensure you inform the Transport Coordinator or Operations Manager as soon as possible so that they can retrieve the dashcam data - this may be needed by police or our insurance provider
    - If the accident requires towing of the vehicle:
        - Prior to the vehicle being towed please remove the dashcam and drop it off to the Transport Coordinator or Operations Manager as this may be needed by police or our insurance provider.
- If staff are a witness to an accident/incident:
    - If you have witnessed an accident/incident whilst travelling please attempt to note the time it occurred. When possible, please report it to the Transport Coordinator or Operations Manager who will retrieve the dashcam and provide the footage to the relevant authorities if required.

Building Alarms

All Milparinka sites have monitored alarms installed which operate when the site is unattended.

If you are rostered on to perform a shift that will:

- commence prior to the commencement of our standard day services; and/or,
- commence after the conclusion of our standard day center services; and/or,
- end after the conclusion of our standard day center services,

please ensure you are aware of the relevant site's opening or closing procedure and how to use the alarm. Should you need any guidance, please speak to the Manager who rostered you or the Operations Manager.

Building CCTV

All Milparinka sites have CCTV installed. At our Richmond and Brunswick Day Centers, CCTV monitors the outside perimeter of the day center on a constant loop. The CCTV is primarily used in the event of a break-in or in the event of an incident occurring.

Should you become aware of a break-in or an incident at either the Brunswick or Richmond Day Centers please contact the Operations Manager so that the relevant footage can be retrieved.

At the 288 Office Site, there is a small camera on the reception desk that monitors the doors into the office. Should you become aware of a break-in or an incident at the Office please contact the Head of Finance and Business Services so that the relevant footage can be retrieved.

Personal Relationships, Sexuality and Sexual Health

Purpose and Scope

The procedures outline the rights and responsibilities of people with a disability and disability support providers in regard to personal relationships, sexuality and sexual health. As a support service we respect each participant's autonomy and right to intimacy and sexual expression.

The rights cover the spectrum of relationships from casual acquaintances, to colleagues, friends, family and partners

These rights and responsibilities are enshrined in State and Federal legislation.

Policy

The general support that we provide at Milparinka focuses on the development of social, relationship and friendship capacities.

- This is the continuous basis and is supported by a strong focus on communication which enables people to
    - Talk to each other,
    - Share stories,
    - Tell jokes,
    - Express affection and
    - Deeper and more purposeful relationships.
    - Learning

Where the issue for individuals, whether this be an individual, a couple or a group of participants becomes more exploratory of sexual and deeper relationships we seek the input of specialists who have skill sets that can guide people through this.

- We work cooperatively and at the direction of these specialists to support people.

There are some principles that we expect to see in the support that anyone offers Participants in terms of developing relationships and expressing their sexuality.

- People with a disability have the right to
    - the same legislated rights and responsibilities as other citizens
    - explore, express and act according to their own values and attitudes.
    - engage in relationships of their choice.
    - Acceptance of their choice's
    - appropriate and ongoing support to enhance social skills and develop and maintain relationships.
        - explore, express and enjoy their sexuality, to meet their
            - Needs

        - Wants
        - Ability
    - receive appropriate sexual health information and services.
    - enjoy relationships and sexuality without being abused or exploited.
    - access supports that respect emotional, physical and sexual privacy.
    - have personal information treated confidentially.
- education, information and supports that are accessible and appropriate to their
    - individual relationships,
    - sexuality needs and
    - communication requirements.
- receive support from staff who are competent, skilled and well supported to deal with relationships, sexuality and sexual health issues.

DUTY OF CARE

We do not have authority to restrict Participants engagement in lawful and consensual sexual activity.

- We do have a duty of care to ensure that any engagement is consensual
    - This does not deliberate legality in all cases
- Do not have authority to restrict engagement or monitor such behaviours
- Have a legal responsibility to report probable coercing or abuse of a Participant to authorities

Two oft cited reasons to place restrictions on sexual activity are

- Sextually Transmitted Disease
    - Education of dangers should be undertaken
    - Availability of prophylactics i.e. condoms should be made
- Pregnancy – this is not a defined risk of harm in most situations
    - Every effort must be made to educate Participants and professional counselling be sought as early as possible.
    - Access to contraception

Staff Employment

Purpose and Scope

To ensure quality supports and the safety of participants and property. No person will be employed at Milparinka without being processed through a formal employment process. All applicants are required to complete security checks to meet the statutory requirements and have a history that does not conflict with their new or current work role.

Requirements

Applicants must be interviewed by a minimum of two staff and a maximum of three

Following successful interview staff are not considered employed and cannot commence orientation until they have provided and successfully completed the following:

- 2 Reference Checks,
- A disclosure of disciplinary and conduct records,
- A resume,
- A signed notice of other employment form,
- A signed position description to confirm they understand the role.
- Completed NDIS Worker Screening check and identify number,
- Covid19 vaccination certificates are provided and recorded,
- Declaration of Driving License Status, Signed Participant Protection Policy Summary,
- NDIS Worker Orientation Module Completion Certificate,
- Personal details,
- Pre-Existing Injury or Disease Declaration Superannuation Choice Form.
- Relevant qualifications,
- Signed Code of Conduct declaration,
- Signed commitment to the NDIS code of conduct,
- Signed Participant Protection Policy,
- Signed privacy statement,
- Visa Checks, Right to Work in Australia, as required,
- Working with children check (if required),
- An Interview Summary is recorded and saved to file

All collected documents are provided returned by the Applicant or managers to the office administrator who will store in personal files and some specific items such as NDIS screening checks are also maintained in specific data bases

Procedure

Following interviews and checking of references, a conditional offer of employment can be made/ Employment is conditional on the satisfactory completion of all security clearances, proof of identity, and other items identified above as required are obtained.

Once an applicant is considered suitable for employment the following will occur:

- Two reference checks will be made and, if satisfactory, the employment process can be continued
- The Recruitment Officer will complete a written interview summary which is submitted to the HR administrator for filing
- The Recruitment Officer panel will notify the HR Administrator that they wish to proceed with the employment process for the applicant. The HR Administrator will, on confirming that a resume is available and filed, and that the interview summary and two referee checks are recorded and filed, will send an employment pack to the applicant.
- The employment pack provides the opportunity for the applicant to provide all of the documents identified in the Requirements above, in this procedure.
- Once the documents/forms of been returned to the HR Administrator by the applicant, the administrator will determine that all requirements have been met, and advise the recruitment officer that orientation can be commenced. The HR administrator is not permitted to issue this instruction if any of the required documents are not available.
- If an applicant does not sign the required forms within two weeks of them being sent, and they have not contacted us to explain why, then the employment process will cease. The HR administrator, has the authority to make this decision and will, advise the recruitment coordinator, send them an email to advise them of this.

Orientation

See orientation procedure.

NDIS Screening Check and Specific notes about offences

Staff are required to have successfully completed the NDIS Workers Screening check before being able to progress to orientation.

- Milparinka covers the cost of NDIS screening checks for volunteers. Paid staff are responsible for their own costs
- NDIS worker screening checks and WWCC require updating every 5 years.
- The WWCC must be up to date to continue working in a role with Children
- If NDIS Screening has been applied for and not verified, workers can only work in supervised areas
- If NDIS Screening is not current and new NDIS Screening has not been applied for, worker must not work in any Risk Assessed Role. This means they cannot work at Milparinka as we consider all roles Risk Assessed

Committing an offence during employment

Milparinka requires each of their employees, volunteers, students, contractors, representatives and agency employees to notify them if they are charged/convicted of a precluding offence during their current NDIS Screening and WWCC checks

If an employee, volunteer, student, contractor or agency employee has been convicted of a precluding offence they will not be allowed to continue their role until a risk assessment has been carried out by the CEO.

Self-Disclosure

Self-Disclosure of criminal charges/convictions requires that existing, employees, volunteers, representatives and students on placement, self-disclose post-employment or post placement criminal convictions and charges within five business days. This includes traffic and BAC offences where their licence has been suspended.

Disclosure is required even if the crime occurred outside of Victoria. The disclosure must be made to the CEO or Manager.

Students

Students must be supervised by a staff member who has undertaken and meets all of the stipulated security requirements.

For students aged 17 years or younger, security checks are not required, however referee checks with teachers, parents or other adults who personally know the students must be undertaken. A referee's credentials can be verified by sighting official letterhead stationery or an email containing an official signature block or sent from an organisation's server.

A student aged 17 years or younger will require a manager to have a WWCC

Security checks are required for students aged 18 years and older. These checks are administered by the relevant course coordinator in the educational institute or the student can obtain a check independently.

Any security checks should be undertaken prior to the confirmation of the first placement. The student has the responsibility to notify their educational institution and Milparinka of any change that would affect the student's status, this post the initial check or during the course of their working at Milparinka.

Labour Hire Company (Staffing Agencies)

Milparinka will only use labour hire agencies compliant with and which undertake all of the relevant transitional safety screening checks of workers as outlined in this policy as being required by the NDIS to work with a Disability Client.

These agencies take the responsibility for any staff offered to Milparinka as being fully compliant in all areas of screening protocols, namely

- Have a completed, current and verified NDIS Workers Screening Check
- Have a completed, current and verified WWCC if we were to require this (at present Milparinka has no children on its books for this be a requirement)

LIST OF SPECIFIED SERVICES AND SUPPORTS FOR THE PURPOSES OF THE NATIONAL DISABILITY INSURANCE SCHEME (PRACTICE STANDARDS – WORKER SCREENING) RULES 2018 WHICH RELATE TO MILPARINKA STAFF ROLES

- Assistance to access and maintain employment or higher education
- High intensity daily personal activities
- Assistance in coordinating or managing life stages, transitions and supports
- Assistance with daily personal activities
- Specialist positive behaviour support
- Assistance with daily life tasks in a group or shared living arrangement
- Innovative community participation
- Development of daily living and life skills
- Participation in community, social and civic activities
- Exercise physiology and personal training
- Management of funding for supports in participant plans
- Therapeutic supports
- Specialised support coordination
- Group and centre-based activities

Note: regardless of this list, **all** Milparinka staff are subject to the checks in this procedure

Referrals/Waiting List

Purpose and Scope

To maintain a record of the needs of people who require our support but that we are not able to support at the time of their request.

Procedure

- Unless there is 100 percent surety no times frame for access to support is given
- Relevant information is collected and details are kept in a Pending category in the CRM
- This is reviewed Monthly by the Head of Lifestyle services and supports
- Participants who are on this list for longer than 6 months are contacted after that time to ask if they are still wanting supports from us.

Violence, Abuse, Neglect, Exploitation Or Discrimination

Purpose and Scope

Milparinka upholds the rights of people to be treated with dignity and respect, and to be free from any form of violence, abuse, neglect, exploitation or discrimination. Milparinka focuses on both a preventative and responsive approach to any practice or conduct that results in violence, abuse, neglect, exploitation or discrimination. We do this by embedding into organisational practice a preventative, intervention and external oversight that seeks to prevent violence, abuse, neglect, exploitation and discrimination occurring as well as a capacity to respond to allegations.

If violence, abuse, neglect, exploitation and discrimination occur or is alleged, whether within, or external to, our services, we will respond and take immediate action in line with policies and procedures relevant to the circumstances.

Definitions

Violence

The use of physical force with the intention to hurt, damage or kill somebody else.

This might include: Striking (with or without a weapon), Hitting, Beating, Scratching, Biting, Choking, Suffocation, Pushing, Shoving, Shaking, Slapping, Kicking, Stomping, Pinching, Burning, Force-feeding, Inappropriate use of medicines or physical restraint, Physical punishment, Hair pulling, Pinning in place, Arm twisting.

Abuse

Abuse is a violation of rights that involves the exploitation of power. There are several types of abuse that may be experienced by participants:

Sexual Abuse, Emotional Abuse, Verbal abuse (subtle or overt), Humiliation, Threats, Extreme jealousy, Suicide threats, Stalking and harassment (in-person or through technology), Social Abuse, Systems Abuse

Neglect

Neglect is failure to fulfil the participant's basic physical or psychological needs It includes:

- Failure to provide the participant with adequate food, shelter, clothing or protection, or
- Allowing the participant to be placed at risk through unsafe environments or practices
- Withholding or failing to provide the participant with life necessities
- Wilful deprivation: Intentionally denying the participant assistance, putting them at risk of physical, mental or emotional harm
- Limiting the participant’s social, intellectual and emotional growth or wellbeing).

Exploitation (Financial Abuse)

Exploitation, also known as financial abuse or economic abuse, is the intentional misuse of a participant’s money or assets for personal gain

- Restricting the participant’s access to (or information about) their money

- Fraudulently using the participant's money
- Stealing from the participant
- Forcing the participant to surrender their money or assets through coercion or deception
- Forgery
- Taking, misusing or concealing the participant's funds, property or assets.

Discrimination

Discrimination is the mistreatment or bullying of a participant based on their personal characteristics (or presumed characteristics). These characteristics can include (but are not limited to) gender, age, sexual orientation, disability, employment, race or religious belief.

Procedure

To ensure the safety and wellbeing of all people Milparinka adopts a three tiered approach to violence, abuse, neglect, exploitation or discrimination, this includes prevention, intervention and external oversight

Prevention Processes

- Staff understanding violence, abuse, neglect, exploitation or discrimination through training, annual reviews with all staff, orientation and staff manuals
- Ensuring that all staff undergo required background checks before they start working with participants, we will continue to keep these checks updated while they're employed. Additionally, we ensure that all new staff members working with people with disabilities learn about treating everyone fairly and respecting their rights through the NDIS Orientation Module.
- Building participant capacity to have a say and report issues through supported decision making, transparency and engagement of their supports in regular reviews of support plans
- Reporting incidents and concerns to the Committee of Management for oversight and review
- Ensuring staff are aware that any acts of violence, abuse, neglect, exploitation or discrimination, or a failure to report them, is a breach of
    - This policy guideline
    - Relevant legislation
    - Milparinka and NDIS Codes of Conduct
    - NDIS Quality and Safeguards Commission reporting requirements.
- Review of any past allegations and incidents to identify improvements in practice.
- Having a structured and accessible complaints process

Intervention

MILPARINKA will investigate any complaint or incident in relation to the alleged violence, abuse, neglect, discrimination or exploitation of a client and will ensure that all reporting obligations are followed. At the time of the alleged incident:

- The first priority is to ensure the safety of alleged victims
- Incident report is completed
- the CEO, or their delegate will be notified, and
- they will nominate a senior Manager to be responsible to, managing the investigation.
- At this point all observations, conversation and decisions are recorded in writing in a confidential file maintained by the responsible manager.

Actions will be taken against any staff or other person who is violent toward, abuses, neglects, exploits or discriminates against a participant. Action will also be taken against any staff who fails to immediately report witnessed or suspected violence, abuse, neglect, exploitation or discrimination. This could include disciplinary action, dismissal and or financial penalty. Where the conduct is a potential criminal matter, it will be reported to the police. disciplinary action taken will be proportional to the circumstances and any other relevant factors, including the severity of the conduct.

External Oversight

- All reportable incidents are notified to the NDIS Quality and Safeguards Commission and police as appropriate.
- Milparinka will support the use of, and engage cooperatively with advocates that a participant may seek support from. Milparinka staff will maintain a written record of all element of the allegation and response and
- Cooperate fully with the NDIS commission and police investigating any allegations.

Actions to take in response to incidents

- Any staff member noticing any of the following, or having a concern about a participants safety must report this immediately, in person or by phone conversation (not SMS) to a manager.
- If a complaint is made by a participant or representative alleging of Violence, Abuse, Neglect, Exploitation Or Discrimination the receiver of the complaint is to notify their manager immediately in person or by phone conversation
- a participant shows a change in behaviour or mood which may indicate they are being abused
- someone is observed behaving towards a participant in a way that makes others feel uncomfortable
- a participant advises they are being abused by another person
- a person advises that they are abusing another participant
- a participant indicates fear or reluctance to be around a staff member or volunteer

- a participant or other person informs that they have observed abusive acts
- a participant advises that they feel discriminated against, e.g. language and actions
- a participant presents as unkempt and is constantly seeking food
- a person has food restrictions imposed on them as a punishment
- there is evidence of unexplained bruising or similar
- an action or inaction is witnessed that may be considered abusive
- when an individual, for any reason, suspects a participant is being abused
- The managers primary responsibility on receiving an allegation from staff, or a complaint from a participant or representative, is to ensure that the alleged victim and others are safe from any further harm.
- The Manager documents the allegation in an Incident Report which is immediately bought to the attention of the CEO or delegate. The CEO or delegate will determine who will manage the process from this point.
- Once the managers has ensured that the alleged Victim has been removed from potential harm, and is as safe as possible, they will proceed with implementing a formal response which includes relevant participant supports, contacting the police and reporting to the NDIS commission
- Confidently is maintained with a need to know rule applied.

Report and respond to incidents reportable to the police

Incidents of Abuse Reported by a Participant, Participants Family or Carer

If a Participant of or family member reports an alleged incident of violence, abuse, neglect, exploitation or discrimination you should:

- Advise the family that if it is an allegation of violence, abuse, neglect, exploitation or discrimination that you cannot keep this in confidence and will be required to bring it to the attention of the CEO.
- Ensure the participant is safe, this includes arranging separation from alleged perpetrators
- Make a note of the date, time and issues discussed
- Do not discuss the issue with any other staff members, and especially do not discuss this with the person who an allegation has been made about.
- Once you have informed the CEO or senior managers determine with them who will manage the process form this point. This will be a senior manager or CEO.
- You are required at all points of this process to maintain confidentiality and not to discuss this with others other than the person you are reporting this to.
- Milparinka will report all allegations of physical and sexual assault to the police and NDIS commission

Assault by another person

If you see an incident of violence, abuse, neglect, exploitation or discrimination towards a participant or staff,

- If safe and appropriate intervene to ensure the actions cease. If you cannot intervene you should call for assistance immediately. This includes calling 000.
- Remove the victim to a safe place
- Call management for immediate assistance
- Report the incident to your manager immediately in person or by phone
- Do not discuss the issue with any other staff members, and especially do not discuss this with the person who an allegation has been made about.
- Once you have informed the CEO or senior managers determine with them who will manage the process form this point. This will usually be the senior manager or CEO.
- You are required at all points of this process to maintain confidentiality and not to discuss this with others.
- Milparinka will report all allegations of physical and sexual assault to the police and NIDS Commission.

At the time staff become aware of the alleged abuse

- Ensure immediate safety and report to senior management
- Ongoing danger – contact police and emergency services (000)
- Medical attention required – call for an ambulance (000) or go to the nearest hospital emergency department or doctor
- If the alleged perpetrator is a staff member – ensure the staff member is removed from client contact
- If the alleged perpetrator is a person with disability – remove them from the circumstance to a safe place. If this cannot be done support other people in the environment to move to a safe place.
- Reassure the victim and gather more information, if required
- Assure the victim that allegations will be taken seriously, and ask them how they would like to be supported
- Gather only enough information to be able to make a report to Victoria Police. This may include some discussion, using open ended questions, to establish a basic understanding of what has occurred and to be able to support the person
- Do not formally interview the victim, any witnesses or alleged perpetrator about the alleged abuse – the is the role of the police.

Reporting to police

Incidents/information that must be reported to police

- The person has a cognitive impairment
- There is evidence aside from the person's statement of a crime being committed
- The person suffered serious harm
- The person's decision not to report the incident to police was made under duress
- The person or other service users are still at risk of violence and abuse
- The person is under 18 years of age
- The incident falls within the Reportable Conduct Scheme.

Gaining consent to report other incidents

- Unless the incident meets the criteria above, consent to report an allegation of abuse to police should always be sought from the victim or victim's guardian (if applicable) unless the guardian is alleged to have committed the abuse.
- For assistance in deciding whether a person with disability can decide not to report the matter to police, contact the Office of the Public Advocate Advice Service on 1300 309 337.
- How to report to police
- Urgent action: immediate danger – call '000' and request police attendance and intervention
- Less urgent matters: report to your local police by phone or in person.

Preserve evidence

- Ensure the immediate area around the scene is not touched, disturbed or cleaned. If possible, take photographs of the scene
- Note any disturbances to the area around the scene, such as if another client walks through the area
- If multiple people witnessed the alleged abuse, separate them until they have been interviewed
- In the case of an alleged sexual assault, where possible, wait for police to arrive and encourage the victim not to shower or change so that evidence is not destroyed. If the person wants to change their clothes, ask them to put the clothing they were wearing at the time of the assault in unused paper bags, one item per bag, which should be sealed, labelled and secured. If other people need to handle these items, they must wear gloves.

Support person

- Where it is indicated that the person with disability may need support and consents (or does not have the capacity to consent), provide a key support person.

Notifying next of kin

- Where the person is under 18 years old, the next of kin or guardian (parent or other legal guardian) must be contacted, unless they are an alleged perpetrator
- Where the person is over 18 years of age, it is the person's decision whether or not to inform the next of kin. Where the person is unable to make a decision about this, we will inform the primary carers unless they are the alleged perpetrator.

After a report has been made to police

- Do not make any form of public comment during the course of a criminal investigation
- Only high level reports should be provided to senior management this stage. Specific details should not be provided without advice from Victoria Police, as this may compromise the investigation
- Cease service provider investigation unless police approval has been obtained
- Take action to ensure the safety of the victim and other service users and to manage future risks.

Engage supports as appropriate.

Commence/continue service provider investigation

- An investigation of the incident should occur as soon as possible following consultation with Victoria Police.
- Input should be sought from all service users involved, disability support staff and management, guardians, families and/or other supporters and relevant professionals
- When police do not pursue a matter, finding should still be made as to whether a service user has experienced abuse. If there are lingering concerns that abuse may have occurred, other protective action should be taken
- Consider ongoing responses being incorporated into the person's support plan
- Seek feedback from the person (and their family or significant others) on the outcomes of responses to the allegations and incidents and inform them of the services of the Disability Services Commissioner and if children are involved the Commission for Children and Young People.

If the perpetrator is another person who has a disability:

Refer to the following section in the document: **Responding to allegations of abuse involving people with disabilities Guidelines for disability service providers and Victoria Police**

https://providers.dffh.vic.gov.au/responding- allegations-abuse-involving-people-disabilities

If Abuse Is Not Substantiated:

If, following a police or internal investigation, alleged abuse by a staff member is not substantiated but there are concerns that abuse may have occurred, other protective action should be taken. This may include a review of the adequacy of staff training, supervision and support, the development of specific risk management strategies, and consideration of whether there are broader service system, culture or practice issues that need to be addressed.

Summary of actions for reporting abuse to police and after a report has been made

At the time staff become aware of the alleged abuse

- Ensure immediate safety and report to senior management
- Ongoing danger – contact police and emergency services (000)
- Medical attention required – call for an ambulance (000) or go to the nearest hospital emergency department or doctor
- If the alleged perpetrator is a staff member – ensure the staff member is removed from client contact
    - If the alleged perpetrator is a person with disability – see page 26 in the Responding to allegations of abuse involving people with disabilities: Guidelines for disability service providers and Victoria Police on the department's website.

Reassure the victim and gather more information, if required

- Assure the victim that allegations will be taken seriously, and ask them how they would like to be supported
    - Gather only enough information to be able to make a report to Victoria Police. This may include some discussion, using open ended questions, to establish a basic understanding of what has occurred and to be able to support the person – see page 19 in theResponding to allegations of abuse involving people with disabilities: Guidelines for disability service providers and Victoria Police on the department's website
        - Do not formally interview the victim, any witnesses or alleged perpetrator about the alleged abuse – the is the role of the police.

Reporting to police

Incidents that must be reported to police

- The person has a cognitive impairment
- There is evidence aside from the person's statement of a crime being committed
- The person suffered serious harm
- The person's decision not to report the incident to police was made under duress
- The person or other service users are still at risk of violence and abuse
- The person is under 18 years of age
- The incident falls within the Reportable Conduct Scheme.

Gaining consent to report other incidents

- Unless the incident meets the criteria above, consent to report an allegation of abuse to police should always be sought from the victim or victim's guardian (if applicable) unless the guardian is alleged to have committed the abuse.

- For assistance in deciding whether a person with disability can decide not to report the matter to police, contact the Office of the Public Advocate Advice Service on 1300 309 337.

How to report to police

- Urgent action: immediate danger – call '000' and request police attendance and intervention
    - Less urgent matters: report to your local police station by phone or in person.

Preserve evidence

- Ensure the immediate area around the scene is not touched, disturbed or cleaned. If possible, take photographs of the scene
- Note any disturbances to the area around the scene, such as if another client walks through the area
- If multiple people witnessed the alleged abuse, separate them until they have been interviewed
- In the case of an alleged sexual assault, where possible, wait for police to arrive and encourage the victim not to shower or change so that evidence is not destroyed. If the person wants to change their clothes, ask them to put the clothing they were wearing at the time of the assault in unused paper bags, one item per bag, which should be sealed, labelled and secured. If other people need to handle these items, they must wear gloves.

In consultation with police, engaging a support person and notifying next of kin

Engaging support person

- Where it is indicated that the person with disability may need support and consents (or does not have the capacity to consent), engage a key support person.

Notifying next of kin

- Where the person is under 18 years old, the next of kin or guardian (parent or other legal guardian) must be contacted, unless they are an alleged perpetrator
    - Where the person is over 18 years of age, it is the person's decision whether or not to inform the next of kin.

After a report has been made to police

Service provider investigation to be placed on hold

- Do not make any form of public comment during the course of a criminal investigation
- Internal reporting to line or senior management should occur in accordance with the disability service provider's policy and processes. Only high level reports should be provided. Specific details should not be provided without advice from Victoria Police, as this may compromise the investigation
- Cease service provider investigation unless police approval has been obtained

- Take action to ensure the safety of the victim and other service users and to manage future risks. Engage supports as appropriate.

Commence/continue service provider investigation

- An investigation of the incident should occur as soon as possible following consultation with Victoria Police and in accordance with chapter 4 of the *Client Incident Management Guide November 2017*
- Disability service providers should refer to chapters four and five about 'Incident Investigation' and 'Incident Review' of the *Client Incident Management Guide November 2017*
- Input should be sought from all service users involved, disability support staff and management, guardians, families and/or other supporters and relevant professionals
- When police do not pursue a matter, finding should still be made as to whether a service user has experienced abuse. If there are lingering concerns that abuse may have occurred, other protective action should be taken
- Consider ongoing responses being incorporated into the person's support plan
- Seek feedback from the person (and their family or significant others) on the outcomes of responses to the allegations and incidents and inform them of the services of the Disability Services Commissioner and if children are involved the Commission for Children and Young People.

Figure 1 Summary of actions for reporting abuse to police and after a report has been made

More information

For more information read the Responding to allegations of abuse involving people with disabilities: Guidelines for disability service providers and Victoria Police on the department's website .

These guidelines have been developed to support disability service providers and Victoria Police to more effectively respond to people with disabilities who have been victims, witnesses or alleged perpetrators of abuse.

Responding to Abuse

Purpose and Scope

Milparinka has zero tolerance for any type of violence, abuse, neglect, exploitation or discrimination, whether it be verbal, physical, sexual or emotional of our services users, staff will initiate immediate action if abuse is noted to stop or prevent the abuse, support and protect the victim, report incidents and respond in the most appropriate ways to perpetrators.

To ensure the safety and wellbeing of all people associated with Milparinka and to ensure appropriate action is taken if there is evidence or allegations of violence, abuse, neglect, exploitation or discrimination we will report all allegations of physical and sexual assault to the police.

Procedure

This procedure provides an overview of key elements and key responses required by staff.

Milparinka has legal responsibilities for reporting abuse against people with disabilities and will report all incidents of all alleged criminal abuse to the police and the NDIS Quality and Safeguards Commission for investigation.

1. If an assault is reported or witnessed you are required to refer to follow the guidelines provided by D**FFH** Responding To Allegations Of Abuses Involving People With A Disability. These are included at the end of this document and provide specific information for the person responsible for coordinating our response about how to report the incident to the police and what follow up actions you should take

2. Milparinka also has compliance commitments to the NDIS Commission and has a mandatory legislated requirement to report the following. Note both confirmed incidents and allegations of the following must be reported within 24 hours (exception is the use of restrictive practice in emergency circumstance which must be reported within 5 days)

- The death of a person with disability; or
- Serious injury of a person with disability; or
- Abuse or neglect of a person with disability; or
- Unlawful sexual or physical contact with, or assault of, a person with disability; or
- Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity; or
- The use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation.

Full details of reporting requirements and obligations are found in this document: Detailed-guidance-reportable-incidents-detailed-guidance-registered NDIS Commission.pdf which must be referred to.

What To Do

Incidents of Abuse Reported by a Participant, Participants Family or Carer

If a Participant of or family member reports an alleged incident of violence, abuse, neglect, exploitation or discrimination you should:

- Advise the family that if it is an allegation of violence, abuse, neglect, exploitation or discrimination that you cannot keep this in confidence and will be required to bring it to the attention of the CEO.
- Ensure the participant is safe, this includes arranging separation from alleged perpetrators.
- Make a note of the date, time and issues discussed
- Do not discuss the issue with any other staff members, and especially do not discuss this with the person who an allegation has been made about.
- Once you have informed the CEO or senior managers determine with them who will manage the process form this point. This will be a senior manager or CEO.
- You are required at all points of this process to maintain confidentiality and not to discuss this with others other than the person you are reporting this to.
- Milparinka will report all allegations of physical and sexual assault to the police and NDIS commission

Assault by another person

If you see an incident of violence, abuse, neglect, exploitation or discrimination towards a participant or staff,

- If safe and appropriate intervene to ensure the actions cease. If you cannot intervene you should call for assistance immediately. This includes calling 000.
- Remove the victim to a safe place
- Call management for immediate assistance
- Report the incident to your manager immediately
- Do not discuss the issue with any other staff members, and especially do not discuss this with the person who an allegation has been made about.
- Once you have informed the CEO or senior managers determine with them who will manage the process form this point. This will usually be the senior manager or CEO.
- You are required at all points of this process to maintain confidentiality and not to discuss this with others
- Milparinka will report all allegations of physical and sexual assault to the police and NIDS Commission

Aversive Interventions

Aversive therapies/interventions are prohibited by law. Aversive therapy includes "any pain-inducing treatment" or "any deprivation of basic human needs.

Any use of aversive therapy will be reported to the Police, Disability Service Commissioner and NDIS Commission. If a staff members witness an event that they consider Aversive Therapy they are to report it to an available manager immediately.

Note

If you know of evidence or an allegation of violence, abuse, neglect, exploitation or discrimination and do not report it to your CEO or other senior manager your behaviours will be formally investigated to assess appropriateness and if it contributed to any harm that occurs to a Participant or others. You are not entitled as a staff member at Milparinka to know about evidence or an allegation and not report it to senior management.

A More Detailed Summary of Actions for Reporting Abuse to Police and After A Report

Refer to Responding to allegations of abuse involving people with disabilities guidelines for further detailed information.

At the time staff become aware of the alleged abuse

- Ensure immediate safety and report to senior management
- Ongoing danger – contact police and emergency services (000)
- Medical attention required – call for an ambulance (000) or go to the nearest hospital emergency department or doctor
- If the alleged perpetrator is a staff member – ensure the staff member is removed from client contact
- If the alleged perpetrator is a person with disability – remove them from the circumstance to a safe place. If this cannot be done support other people in the environment to move to a safe place.
- Reassure the victim and gather more information, if required
- Assure the victim that allegations will be taken seriously, and ask them how they would like to be supported
- Gather only enough information to be able to make a report to Victoria Police. This may include some discussion, using open ended questions, to establish a basic understanding of what has occurred and to be able to support the person
- Do not formally interview the victim, any witnesses or alleged perpetrator about the alleged abuse – the is the role of the police.

Reporting to police

Incidents/information that must be reported to police

- The person has a cognitive impairment
- There is evidence aside from the person's statement of a crime being committed
- The person suffered serious harm
- The person's decision not to report the incident to police was made under duress

- The person or other service users are still at risk of violence and abuse
- The person is under 18 years of age
- The incident falls within the Reportable Conduct Scheme.

Gaining consent to report other incidents

- Unless the incident meets the criteria above, consent to report an allegation of abuse to police should always be sought from the victim or victim's guardian (if applicable) unless the guardian is alleged to have committed the abuse.
- For assistance in deciding whether a person with disability can decide not to report the matter to police, contact the Office of the Public Advocate Advice Service on 1300 309 337.

How to report to police

- Urgent action: immediate danger – call '000' and request police attendance and intervention
- Less urgent matters: report to your local police by phone or in person.

Preserve evidence

- Ensure the immediate area around the scene is not touched, disturbed or cleaned. If possible, take photographs of the scene
- Note any disturbances to the area around the scene, such as if another client walks through the area
- If multiple people witnessed the alleged abuse, separate them until they have been interviewed
- In the case of an alleged sexual assault, where possible, wait for police to arrive and encourage the victim not to shower or change so that evidence is not destroyed. If the person wants to change their clothes, ask them to put the clothing they were wearing at the time of the assault in unused paper bags, one item per bag, which should be sealed, labelled and secured. If other people need to handle these items, they must wear gloves.

Support person

- Where it is indicated that the person with disability may need support and consents (or does not have the capacity to consent), provide a key support person.

Notifying next of kin

- Where the person is under 18 years old, the next of kin or guardian (parent or other legal guardian) must be contacted, unless they are an alleged perpetrator
- Where the person is over 18 years of age, it is the person's decision whether or not to inform the next of kin. Where the person is unable to make a decision about this, we will inform the primary carers unless they are the alleged perpetrator.

After a report has been made to police

- Do not make any form of public comment during the course of a criminal investigation

- Only high level reports should be provided to senior management this stage. Specific details should not be provided without advice from Victoria Police, as this may compromise the investigation
- Cease service provider investigation unless police approval has been obtained
- Take action to ensure the safety of the victim and other service users and to manage future risks

Engage supports as appropriate.

Commence/continue service provider investigation

- An investigation of the incident should occur as soon as possible following consultation with Victoria Police.
- Input should be sought from all service users involved, disability support staff and management, guardians, families and/or other supporters and relevant professionals
- When police do not pursue a matter, finding should still be made as to whether a service user has experienced abuse. If there are lingering concerns that abuse may have occurred, other protective action should be taken
- Consider ongoing responses being incorporated into the person's support plan
- Seek feedback from the person (and their family or significant others) on the outcomes of responses to the allegations and incidents and inform them of the services of the Disability Services Commissioner and if children are involved the Commission for Children and Young People.

If the perpetrator is another person who has a disability:

Refer to the following section in the document: **Responding to allegations of abuse involving people with disabilities Guidelines for disability service providers and Victoria Police**

https://providers.dffh.vic.gov.au/responding-allegations-abuse-involving-people-disabilities

Summary for reporting abuse to police

If Abuse Is Not Substantiated:

If, following a police or internal investigation, alleged abuse by a staff member is not substantiated but there are concerns that abuse may have occurred, other protective action should be taken. This may include a review of the adequacy of staff training, supervision and support, the development of specific risk management strategies, and consideration of whether there are broader service system, culture or practice issues that need to be addressed.

Restrictive Practices

Purpose and Scope

Milparinka will ensure that each participant is only subject to a restrictive practice that meets Victoria state Government State authorisation requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy. This includes compliance with NDIS standards and safeguard rules in relation to restrictive practice.

This procedure provides definitions of restrictive practises and emphasises Milparinka's intention to wherever possible not uses these practices. For further practice details see the Behaviour Support Procedure

Procedures

Restrictive practices are any intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm.

Regulated restrictive practices can be used, with the appropriate authorisations, and in the context of a behavioural plan developed by a Behavioural Specialist if they:

- reduce the risk of harm to the self or others
- are clearly identified in a behaviour support pla
- are authorised by the Disability Commissioner, when required• are used as a last resort
- are the least restrictive response available
- are proportionate to the potential harm to self or others
- are used for the shortest possible time
- are implemented only by registered NDIS providers.

Milparinka staff will undertake annual reviews of the use and requirements of restrictive practices. It should be noted that the majority of restrictive practices that Milparinka staff are involved in implementing are chemical in nature. No Milparinka staff can administer Chemical restraint unless that have successfully completed the require level of Medication Administration training.

Restrictive practices

Seclusion

Seclusion is 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

Chemical restraint is 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

Mechanical restraint is 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

Physical restraint is 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 as the exercise of care towards a person.

Environmental restraint

Environmental restraint restricts a person's free access to all parts of their environment, including items or activities.

Where restrictive practices are considered necessary the following will apply

- Restrictive practices are used only as a last resort, are the least restrictive option available and are in proportion to the risk posed by the behaviour.
- A behavioural intervention plan is in place and that this is developed by specialist behaviour support practitioners who have been assessed by the NDIS as suitable to deliver specialised positive behaviour support, including assessments and development of behaviour support plans.
- The Behavioural Specialist is required to comply with all the requirements of the NDIS Practice Standards and Quality Indicators
- Restrictive practices are only included in a participant's behaviour support plan in accordance with relevant Commonwealth legislation, NDIS standards and policy requirements relevant to Victoria for obtaining authorisation.
- Each participant's behaviour support plan or interim behaviour support plan includes strategies that will lead to the reduction and elimination of any restrictive practices included in the plan.
- That the Behaviour support plan is developed in consultation with the Milparinka and is provided to us for our consideration and acceptance prior to implementation.
- The implementation of the plan is supervised and monitored by the Behavioural Specialist and Milparinka is provided with support and direction in implementing a behaviour support plan, in delivering services, implementing strategies in the plan and evaluating the effectiveness of current approaches aimed at reducing and eliminating restrictive practices.

- Where the Behavioralist specialist, or Milparinka, identifies a training need for our staff in relation to implementing a plan safely, that this training is undertaken prior to the plan being implemented.
- Milparinka will work cooperatively with the specialist and others involved to identify and mitigate risks the plan may create. This includes workplace safety risks to staff. All
- Milparinka will comply with monthly online reporting requirements in relation to the use of regulated restrictive practices, as prescribed, in Behavioural plans and with the requirement to report Reportable incidents involving the uses of a restrictive practice to the NDIS commission.
- All behaviour support plans that include restrictive practices are to be reviewed by a behavioural specialist every 12 months. At the time of reviewing this procedure there is a shortage of practitioners both in relation to numbers and quality and achieving a 12 month review for many people at this point in time is not realistic. We will continue to attempt to achieve twelve-month reviews.
- Milparinka will consistently involve itself in conversations with participants families and specialists to seek improved options which do not depend on the use of restrictive practices. This includes using collected data and observations 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.

NOTE

Milparinka seeks, wherever possible, to support the identification of alternatives to restrictive practices. In events that require the use of Restrictive practice for an individual who does not have an existing Behaviour Support Plan the following is required.

- If a behaviour is present that indicates restrictive practice is required we will immediately take all reasonable steps to facilitate the development of an interim behaviour support plan for the person with disability by a specialist behaviour support provider that covers the use of the practice within 1 month after the first use of the regulated restrictive practice. Note any use of restrictive practice, including initial use in an emergency, requires reporting to the Disability and NDIS Commissions
- We will then take all reasonable steps to facilitate the development of a comprehensive behaviour support plan for the person with disability by a specialist behaviour support provider that covers the use of the practice within 6 months after the first use of the regulated restrictive practice.
- At all times any actions in relation to the application of restive practice must adhere to NDIS Practice Standards and Quality Indicators and NDIS rules

Emergency/Unauthorised Use of Restrictive Practice

While we will continue to structure our support and environments so that the need for restrictive practice is not necessary there may be unexpected events that call for the emergency use of a Restrictive practice. This is when it is unexpected and there is no existing Behavioural plan or Behavioural specialist is engaged. Following the Incident:

- The participant (where appropriate) will be immediately referred to, and assessed by a medical practitioner, following the incident.
- Collaboration will be 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 NDIS and Disability Commissioners is notified via the NDIS commission portal 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 and Victorian standards for the use of restraint and seclusion.
- Where an unauthorised restrictive practice has been used, the workers and management of providers implementing behaviour support plans will 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 may be 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 with the intention of developing a finalised plan within 6 months
- The participant, and with the participant's consent, their support network and other stakeholders as appropriate, are included in the review of incidents.

Right Relationships

Purpose and Scope

To ensure that as a human service we remain person centred and treat each person as an equal authority in that person's own life preserving maximum and normative personal autonomy. Milparinka will be in right relationships with individuals and families in which we work alongside individuals and families to develop opportunities and respond to issues by working 'with' people rather than doing 'to' and 'for' people.

Procedures

Right relationship begins with a commitment to preserve maximum and normative personal autonomy, unless there is some compelling reason to limit it.

It would be wrong as a Milparinka staff member to accept that right relationship is superficially based in the interactional qualities of human beings; it goes beyond our everyday interactions with people in which we might be seen as treating people with respect – for example, in the language we use to address people. Right relationship goes to the heart of the structure or foundation of the relationship we have with others.

There are two distinctive components to right relationship.

- One component is interactional, which might be witnessed by our superficial interactions with another person or what might be displayed on the surface of our interactions with participants.
- The other component that might be witnessed is the structure of a relationship or the foundation to the existence of that relationship.

The structural component is where we often get it wrong as service providers. This structural component might be characterised by how we place ourselves in terms of the equality of a relationship and how control or power might be dispersed between two people in a relationship. It is entirely possible, and even common, that, on an interactional level, people might treat each other respectfully or nicely but at the structural level of the relationship one would witness inequality in such things as one person having more power over the other.

For example, paid staff having power and control over people's lives yet interacting in a manner that might be seen to be respectful, or nice. If we were to look back in history, an illustration might be drawn from slavery, where the structural level of the relationship between master and slave was unequal and abhorrent, but at an interactional level many slave owners may have treated their slaves 'nicely'. The structural level forms the deeper level at which a right relationship might be lived and witnessed.

The characteristic we want to see in our staff relationships with participants and families include the following:

- Treating each person as an equal authority in that person's own life.
- In the most practical terms possible developing person centred supports or assistance with a person, not doing things to or for a person.

- All relationships begin with a commitment to preserve the person in the centre and maximum and normative personal autonomy, unless there is some compelling reason to limit it.

Other Staff and External Agencies

It is important that staff apply the principles of right relationship when working with other staff, people and agencies external to Milparinka. In particular you should be considering the following:

- That you retain a commitment to achieving the three key characteristics above for all individuals you support, in all the relationships you enter into in your working role.
- That in working with others you consider both the superficial and structural component of the relationships, giving focused attention to the inclusion of others in a partnership process which engages people in the sharing of authority, responsibility and a commitment to preserving the autonomy of all individuals.

Satisfaction of Participants and Carers

Purpose and Scope

To ensure our supports and methods remain relevant and appropriate to the lives of each individual Participant and their Family/Carers. Milparinka measures satisfaction qualitatively and directly with individual participants across different variables and time frames.

Overview

The issue of user satisfaction is such a fundamental premise to our support that extensive thought and consultation with participants and families, the primary owners of the satisfaction, has been undertaken to inform our concepts and measures.

The following has been prepared in consultation with participants families.

Milparinka's concept of satisfaction in all of our arrangements belongs primarily to the participants and is measured from their individual perspectives. Satisfaction is people feeling positive about themselves; making connections with others; having things work for them; feeling their life has been enhanced. Such satisfactions can only be measured by the perceptions of the participants.

In accepting the reality of self-directed supports, Milparinka accepts the consequent reality that measures of satisfaction will be individualised. Correlation of such does not provide a viable measure of overall satisfaction when viewed through this individual lens.

Key differences between traditional models of support and a self-directed individualised model involve a paradigmatic shift because participants/families are experiencing services no longer designed for them, but rather, with them, or, optimally, by them.

Satisfaction under traditional support models was a largely ignored concept hidden behind usually quantitative evaluations which simply compared outcomes against rigid program goals. In its self-directed model, Milparinka measures satisfaction qualitatively and directly with participants across different variables and time frames.

We have adopted this perspective of client satisfaction rejecting a linear cause–and–effect equation. Under our perspective, satisfaction is perceived as being constructed through a myriad of social, cultural, physical, and economic concepts unique to each client.

Individual client/family narratives ("local narratives" rather than the "grand organisational narratives") are the real source of determining stakeholder satisfaction and organisational success. In passing, recent studies confirm that this approach is being increasingly adopted by innovative leaders in the helping professions (Chapparo & Ranka 2005).

To illustrate how the approach works in practice we provide two real life examples. We then outline our internal processes deliberately designed to achieve the essential communication channels and right relationships which underpin this focus on client satisfaction.

1. Vanessa and her mother want to control and enact the direction of her supports and expected outcomes. They share a vision of what her future life will look like but do not want a management role in achieving this. They have authority in the relationship with Milparinka but want us to manage the process for them, they retain the overall assessment of satisfaction.

2. Ben and his family want to identify outcomes, control the direction of the supports helping him to achieve a better life. Under a financial hosting agreement with Milparinka, Ben has achieved independence in his community and his family reports high levels of satisfaction with our service

In each case, the client and their family had distinctively narrated what will provide their stakeholder satisfaction.

1. In Vanessa's case, the outcome of a better life and good process by Milparinka as an organisation will impact the level of satisfaction.

2. With Ben, he and his family are working at a more micro level of the process. For example, Ben's satisfaction is guaranteed through having written measures and agreements on employment processes, financial management and the development of safe guards.

The satisfaction of each of these participants will flow from Milparinka having listened to and being guided by the Participant expectations.

Procedures

- Constantly reviewing how people feel about what is happening.
    - Listed here are the essential processes which Milparinka incorporates to ensure the primacy of the Participant and family in achieving their expectations.
        - These internal processes are the fundamentals of our day-to-day practice however at a minimum are required to occur at a minimum each year.
            - At the conclusion of each year a summary based around local narratives is presented to the Committee of Management for review and direction.
    - 6 monthly or otherwise agreed on time term, written reviews of progress towards to achievement of NDIS and agreed goals
        - This process includes a record of participants and representative's engagement and satisfaction with this review
- Supporting small groups, family and individuals to come together to discuss issues – a successful and important tool which often identifies participants' achievements and expectations they had not thought possible.

You can use logical operations: AND, OR, NOT. Examples: football OR hockey, sports AND NOT baseball

Service Standards and Human Rights

Purpose and Scope

To ensure that Milparinka considers, and implements the requirements of the Human Service Standards, National Disability Service Standards and Victorian Charter of Human Rights when is develops policies and provides services. To contribute to a fairer, more inclusive community and service system by considering, complying with and enacting human rights and disability service standards when we develop policies and provide services

Procedures

- All staff are provided with the Rights and Standards as part of their orientation package.
- All Participant and carers are provided information about rights and standards in the initial information package when they connect with Milparinka.
- At the commencement of each Calendar Year a component of the first Program Day for staff will include a session on reviewing the Human Rights and Standards and their relationships to our policies and services.
- A formal complaints process has been established and is made known to all participants and carers. This is initially provided in the Service Manual provided at the commencement of services.
- All staff are required to report directly to Management, without delay, any known or suspected breaches of the Charter of Human Rights or Disability Standards
- Disability standards are a mandatory agenda items of the Management Quality Review and Internal Audits
- Milparinka will take part, as required in external audits of our compliance.
- The Rights and Standards as described in the Victorian Charter of Human Rights and the Disability Services Act and National Disability Service Standards are outlined below.

List of rights protected by the Victorian Charter of Human Rights

- right to be recognised and equal before the law
- right to life
- right to be protected from torture and cruel, inhuman and degrading treatment, and not to be subject to medical or scientific experimentation or treatment without consent
- right not to be held in slavery or made to perform forced work
- right to freedom of movement
- right to privacy and reputatio
- right to freedom of thought, conscience, religion and belief
- right to freedom of expression
- right of peaceful assembly and freedom of associatio

- right of families and children to protection by society and the State
- right to take part in public life
- right of a person to practice and enjoy his or her culture, religion and language
- right not to be deprived of property
- right to liberty and security of person
- right of a person deprived of liberty to be treated humanely
- right of a detained child to be segregated from detained adults
- right to a fair hearing
- right of a person charged with a criminal offence to be presumed innocent
- right not to be tried or punished more than once, an
- rights concerning retrospective criminal laws.

Human Service Standards

The Department of Health and Human Services Standards (the Standards) represent a single set of service quality standards for department funded service providers and department-managed services. The Standards comprise the department's four service delivery standards and the governance and management standards of a department endorsed independent review body

The Standards and independent review process seek to ensure that people experience the same quality of service no matter which service provider they access. The Standards aim to:

- embed and promote rights for people accessing services
- assure the community that service providers are providing services that meet participants' needs
- develop a common and systemic approach to quality review processes
- build greater transparency in quality requirements between the department, service providers, participants and the community
- enable service providers to select an independent review body from an approved panel that meets their requirements and expectations
- foster a culture of continuous quality improvement that is embedded in everyday practice and supports the meaningful participation of people in giving feedback about the services they require and the quality of services they receive
- reduce red tape to help ensure service providers have more time and resources to provide services by reducing the number of quality reviews they are required to undertake

The standards are summarised as:

- Empowerment: People's rights are promoted and upheld.

- Access and Engagement: People's right to access transparent, equitable and integrated services is promoted and upheld
- Wellbeing: People's right to wellbeing and safety is promoted and upheld.
- Participation: People's right to choose, decision making and to actively participate as a valued member of their chosen community is promoted and upheld

As a registered disability provider, we are required to be audited against the standards to ensure we are maintaining a suitable quality of service.

An Easy English version of the standards will be posted at all sites in places accessible by participants.

National Standards Disability Services

There are six National Standards that apply to disability service providers.

1. **Rights:** The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
2. **Participation and Inclusion:** The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
3. **Individual Outcomes:** Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.
4. **Feedback and Complaints:** Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
5. **Service Access:** The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
6. **Service Management:** The service has effective and accountable service management and leadership to maximise outcomes for individuals.

Forms

- Disability Service Standards Easy English Poster Format
- Participants Rights and Responsibilities
- Participants Rights and Responsibilities Easy English Version
- Standards – National Standards Disability Services
- Standards – National Standards Disability Services Easy English Verison

Students on Placement

Purpose and Scope

To provide the quality framework to ensure each students' placement objectives and outcomes are successfully achieved through the provision of co-ordinated and competency-based learning experiences within the boundary of the terms of the placement as stipulated in the Practicum Placement Agreement.

As an agency Milparinka believes that we have an obligation to seek out and support student practicum placements. Designated practicum placement support staff at Milparinka will provide practical training opportunities that will compliment the theoretical aspects of each student course.

Procedure

- Quality Student Practicum Placement is the responsibility of both the educational institution together with Milparinka and the student.
- Milparinka will enter into a partnership with the educational institution throughout the duration of placement and will abide by the Practical Placement Agreement.
- Students are entitled to appropriate information and support to enable facilitation of their learning objectives.
- Information held concerning students will be relevant for the purposes stated within the Practicum Placement Agreement and will be treated in confidence.
- The aims, content, conditions and outcome of the placement will be made explicit to all students. This will occur at the point of the pre-placement visitation which will involve the Milparinka student co-ordinator, the student and the placement Supervisor.
- Milparinka will value the contributions made by students whilst on placement.
- The student placement will be designed to enable the student/s to carry out their stated learning objectives and develop competencies
- At no time will students be considered as replacement staff or a staff member in any respect whilst on placement at Milparinka, as such they will not be required to supervise participants unless supported by a staff member
- The practicum placement will be competency based this means that the activities undertaken will affirm and build on student/s prior knowledge, learning and experiences.
- The learning environment will embrace current contemporary adult learning theories, through and open and supportive context.
- All grievances will be dealt with promptly, confidentially and sensitively, by the process as stipulated in the Grievance and Dispute Policy.

Pre-Placement Visitation

- The Student Placement Candidate will negotiate with the Academic Supervisor the requirements conditions and objectives of their practicum placement.

- Prior to commencement of the placement, the designated placement supervisor will conduct a formal induction and orientation to Milparinka and to the work-site(s) in which the student will be engaged.
- To identify the student/s pathways in which they can achieve their placement objectives
- To identify what Milparinka forums the student/s may attend. Eg Staff Meetings.

Allocated Supervisors Responsibilities

- To conduct on a weekly basis, a basis, a placement supervision cycle that is to be documented within Placement Handbook. Areas to be addressed are:
- Time management objectives.
- Feedback on attainment of objective.
- Issues regarding achievement of objectives.
- Direction and assistance strategies to achieve objectives.
- Discuss other general placement issues.
- To attend 'Assessment' meetings.
- In conjunction with the student, to complete the student evaluation.

Student Responsibilities

Under supervision the student will:

- Make arrangements to ensure that they meet with the Milparinka Student Co-coordinator prior to the commencement of placement.
- Participate fully in the activities and routine of Milparinka in order to fulfil the practicum objectives.
- Complete the prescribed activities and hours of attendance as appropriate to the placement requirement.
- If the student/s should be absent during the period of the practicum placement due to whatever reason, he/she must inform the designated Milparinka supervisor as soon as practicable of the reason(s) for and duration of the period of absence.
- Negotiate with the designated supervisor how lost time will be made up before placement is completed.
- Be punctual in arrival at Milparinka for commencement of placement objectives.
- Notify the designated placement supervisor of any circumstances likely to pose potential danger to either the student of any Milparinka participants/staff e.g. presence of infections condition, or an inability to perform a certain task as soon as apparent.
- Negotiate with designated supervisor, so as to ensure access to information required to complete placement tasks.

- Communicate with staff/supervisor any issues identified during the course of the placement that may be significant to the well-being of participants and/or effectiveness of service delivery.
- Maintain open communication with staff/Participants and other professionals.
- Demonstrate initiative in anticipating/implementing program objectives in addition to fulfilling course requirements.
- To observe mandatory legislative requirements including Duty of Care at all times.

Miscellaneous Matters

Non-Payment of Student

- It is understood by all parties that no payment shall be made for tasks performed by the student during the period of the practicum placement. Where the student and the agency enter into agreement for the student to be employed on a casual or part-time basis such agreement must operate outside the student placement and in accordance with the employment policy.

Student Identification

- At all times while on placement the student will carry her/his identity card and will produce it on demand.

Confidentiality

- The Milparinka Student Co-coordinator will make the student and the (source) academic supervisor aware of its policy regarding confidentiality with respect to information. Students will be required to sign a confidentiality agreement.

Student Dress

- Student dress should be appropriate to the task and setting. Students must not wear uniforms while on placement. It is expected that students will wear neat, clean clothing and footwear in good repair. Thongs, bare feet and open toed sandals are as a general rule, unsafe and not allowed except where appropriate (eg. at the beach on an outing, swimming/water activities).

Student Property

- Any student property brought to Milparinka work site(s) is at the student's risk. Student personal clipboards, books, etc., should not be carried around placement setting.

Support Co-ordination

Purpose and Scope

This procedure outlines the process for participants seeking support coordination from Milparinka.

Support Coordination is a service funded by the NDIS to support a participant in achieving outcomes from their plans. Support coordinators will support participants and families to understand and implement funded supports in a participant plan and link a participant to community, mainstream and other services. Support coordinators focus on building the skills of participants and families as well as connecting them to providers.

The role of the Support Coordinator includes the following:

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

Procedures

Conflict of Interest

- Service coordinators encouraging participants to use Milparinka over some other service
- Not providing participants with unbiased information on the range of service providers who could support them
- Encouraging participants to continue using Milparinka services when they might not want to continue. Milparinka might not be the best fit or Milparinka might not be adequately providing the service
- Providing Milparinka information as preferential, making it appear the best choice

Milparinka's Support Coordinators are required to support the participant and their family to consider a range of suitable of options in response to identified needs. This information is to be unbiased and not preferential to Milparinka services.

The Support Coordinator is required to be focused on participants needs and you are not there as a representative of Milparinka services. You should assure participants that you will talk to them about a range of services and if Milparinka is an appropriate service for their needs you will include Milparinka.

Where Milparinka is an option, it should not be presented as the preferred option. That is a decision for the participant and family to make. The decision to choose a provider is the participant's

choice. You may help them consider the options but your role is not to influence them toward one outcome or another. Your work should build the capacity of the client and their informal supports to make effective decisions.

All service provider responses should be presented to the participant, including any non-responses or declined responses.

Participants can change their Service Coordinator just as they can change service providers. No impediment should be placed in the way of this decision.

Support Co-ordinators at Milparinka are independent to direct service provision and are accountable to a Senior Support Coordinator who is accountable to the CEO.

Types of Support Coordination

If funding has been approved in participant plans Milparinka can provide three types of support coordination.

1. Support Connection – build a participant's ability to connect with informal, community and funded supports enabling the participant to get the most out of their plan and achieve their goals.
2. Support Coordination – this assists participant to build the skills they need to understand, implement, and use their plan. In this regard, a support coordinator's role is to work with the participant to ensure a mix of supports are used to increase a participant's capacity to manage relationships, manage service delivery tasks, live more independently and be included in their community. Early Start Australia provides Support Coordination from some of its clinics.
3. Support Coordination Housing. This is provided specifically to participants wanting to consider as a short-term goal, moving into a home of their own. This is a complicated role with a range of detailed and specific assessment and coordination requirements and Milparinka accepts that it requires specific skills. This role is not undertaken at Milparinka by general support co-ordinators.

Milparinka does not provide Specialist Support Coordination

As per the NDIS Service Agreement Procedure all service co-ordination is provided within the context of a signed service agreement unless the participant and family insist on not having an agreement.

Supporting a Participants Decision Making and Choice

Support co-ordinators will have a brief documented plan for each participant which documents goals and the strategies that may be used to achieve these.

The decision to choose a provider is the participants choice. You may help them consider the options but your role is not to influence them toward one outcome or another. Your work should build the capacity of the client and their informal supports to make effective decisions

All service provider responses should be presented to the participant, including any non-responses or declined responses. You can use decision support tools to help participants evaluate services.

The participant might want to meet with services prior to making a decision. If they do you are to facilitate these meetings. If they want to meet Milparinka service providers you are not to be a representative of Milparinka but rather invite an appropriate manager to meet with them. You can facilitate this meeting in the same manner you would for other providers.

You can support the participant to define and quantify the services they want to obtain from the provider.

Supporting a Participant to obtain quality outcomes

Support coordinators monitor outcomes and success indicators on a regular basis for the NDIS. This should be done collaboratively with the participant and you should help them document what services they have received and their level of satisfaction.

Encourage participants to have expectations and support their capacity to direct the service provider in a way that gets them the best service and outcome. Services should offer value for money and be delivered in a timely and effective manner.

With the participants permission, you can work directly with service providers to monitor and improve the service being delivered. If services do not meet the standard and satisfaction level required by the participant, you can support them to seek other providers. This includes from Milparinka supports

Support Planning

Purpose

To develop support plans for participants which ensure participants safety, well-being, and capacity to participate in a normal range of activities. Support planning involves identifying areas requiring interventions, addressing risks, and developing proactive strategies based on each individuals' requirements.

Procedure

Assessment

This usually at the commencement of our relationship with each person and involved the collection of information relating to participant's needs, abilities, preferences, and goals. This also focuses on areas requiring support and intervention, such as behaviour management, medical emergencies, participation in activities, mealtime routines, personal care, and transitions. Re assessment or more detailed assessments can be undertaken at any time and Milparinka, where needed, will engage with suitably qualified professional to undertake specific assessments, such as in the areas of behaviours or meal time assistance.

Reviews

Annual and ad hoc needs based reviews are conducted for each support plan to ensure that these remain current and focused on each person needs.

Participation

Milparinka staff are required to work closely with the participant, their family and other key staff, such as therapists to ensure that plans are current and relevant.

All plans must be documented and have the recorded approval of the participant or their representative. This includes reviews.

Key Areas

To develop support plans in key areas please refer to the following procedures:

- Behaviour Support Plan (BSP)
- Goal Reviews
- Meal Time Profiles
- Participant Medical Emergencies
- Participation to the Max
- Personal Care Plans
- Transition Plans

Review and Update

- All support plans are reviewed annually, or on an ad hoc basis in response to changes in the participant's needs or circumstances.

- reviews include participation by participants, their support network, and involved professionals to ensure plans remain effective.
- All reviewed plans are documented and communicated to key stakeholders.

Documentation

- support plans are documented and saved to the persons file and made available to all relevant staff

Training

- As required Milparinka will provide ongoing training and education for support staff on implementing support plans effectively and safely. This can include the use of external supports such as therapists and specialists in areas such as meal time support.

Compliance and Regulation:

- Ensure support planning practices adhere to relevant NDIS standards.

Supported Decision Making

Purpose and Scope

The right to make informed choices and decisions about one's own life is a fundamental right.

Sometimes people may need tailored support and other times just like anyone else people can and will make decisions for themselves. This might include making choices about the services they receive, their health, finances, relations and anything else related to creating the life that they want for themselves.

Supported decision-making is the practice which provides the least restrictive option and reflects the preference of the person as they choose for themselves what is important in their own lives. Supported decision-making enables the person to weigh options for themselves and have a say about what is done. It is our responsibility to consult with the person using a supported decision-making process to ensure that their needs and preferences are kept at the centre of planning processes.

We assume, unless evidence proves otherwise, that the person has the capacity to make their own decisions in the context of making a specific decision at a specific time. Where the person does require support, this is provided in a way that fits the person's needs to help them to make the decision.

This process safeguards the person's human rights and allows people to retain autonomy in their own life.

We should always be focused on supporting people to be involved and be the lead participant's in decisions that are related to them. The types support of supported decision making within our support can include amongst other things:

- Daily choices about circumstances that arise
- Choices about, where practicable, the staff who support them, especially with personal care
- The types of supports, do people want individual or group supports
- Who they spend time with
- Who they want us to connect to on their behalf
- Activities that they are engaged in
- Giving consent for different processes and sharing of information

There are some important things to remember in supporting people to make their decisions. It is not your decision. The person may make choices that you do not like, or which may pose an increased risk in their supports. Your work is to support the person both to make the decision and then to assit them to action their decision.

Suspension or Termination of Services to a Participant

Purpose and Scope

This procedure identifies the specific reasons and processes for the suspension or termination of a Participant from Milparinka programs under urgent, unexpected and unusual circumstances.This is not intended to represent the discontinuation of services with notice as required in a NDIS service agreementMilparinka is committed to the provision of continuous services to participants.

This includes responding positively and creatively to the needs of participants with very high needs. On occasion due to the sudden and unexpected changes in the needs of participants, or the risk that they pose to themselves or others, service termination or suspension may need to be considered. Suspension or termination of services is a last resort and will only be considered as appropriate if specific conditions exist.

Procedures

Whenever and wherever possible consultation will be undertaken with concerned parties prior to suspension or termination taking affect.

Reasons for Suspending or Terminating Services to a Participant

- The person has an infectious disease (see section on temporary exclusion due to medical condition).
- Persistent behaviour for which behavioural intervention has proven to be unsuccessful and which presents an unacceptable risk to the safety and well-being of the Participant and/or other people.
- Persistent destruction of property for which behavioural intervention has not been successful.
- The behaviours of the Participant subject to possible suspension or termination of services is documented and based on factual data that includes:
    - A description of the behaviour. This must be written in clear measurable terms.
    - A description of the impact of the behaviour on the individual, other people and the services the agency provides.
    - Details of the frequency and intensity of the behaviour.
    - A chronology of the strategies implemented and their outcome.

Milparinka reserves the right to terminate or suspend a client effective immediately when there is an immediate and continuous risk to innocent parties. Appropriate discussions in that case will take place after the event.

Temporary Exclusion Due to a Medical Condition

In certain circumstances it may be appropriate for a Participant (or Staff or volunteer) not to attend the service as their condition may present an unacceptable risk to the health and well-being of other people. If the Participant has an infectious disease where it is considered that their presence will compromise the health and wellbeing of other people and where normal infection control

procedures will have little impact they should be assessed under the Communicable disease's procedure.

The Manager should require that the participant provides a medical certificate stating that they are no longer infectious before allowing the Participant to return.

In all incidents of suspension there must be a clearly stated description of the conditions, and date where applicable, of return.

Temporary Exclusion Due to a Behavioural Issue

On some occasions agreement in Behaviour Strategies provide for a temporary exclusion following episodes of behaviour as a strategy to support a person to regain control, to allow for debriefing of other participants or to undertake repairs. This must be documented with the details, reasons and people making the decision.

All decisions in regard to suspension and termination are notified to the NDIS Commission and are subject to assessment and review.

Abuse

Where a participant's representatives continuously behave in a way that is abusive or threatening to staff and they have been consulted about this behaviour, and it has not changed, then termination of a participant's placement may be considered if this is the only way of removing this risk of abuse and threats. Every effort should be made to mitigate the behaviours and to plan to continue supports with the participant while reducing the incidence of abuse of staff.

Workplace Safety

Where a participants representative persistently directs our staff to perform duties in an unsafe manner or in a manner that would cause them to breach their commitment to Milparinka procedures. In these cases, we will discuss the issue with families, and support them to receive proper assessment and direction from specialists as required. If the participants representatives persist with the unsafe requirements following this support than the cessation of services will be considered. Examples of the sorts of things that have happened here, and have been resolved successfully, include families asking staff to use very unsafe lifting and transfer practices or asking staff to administer medications in incorrect ways.

Tablets and Mobile Phones

Purpose and Scope

To ensure that electronic tablets and mobile phones are used effectively and responsibly within the agency.

Procedure

There are three main reasons for the use of tablets, such as iPads, at Milparinka. One is for the use of managers and senior staff to increase effectiveness, and the second is as a communication aid and third, as access to social media for participants.

- Mobile phones are provided to senior staff (for more information on this please refer to the HR Procedures pertaining to Phones)
- The management of iPads for communication aids and social media is the responsibility of the Communication And Participation Consultant and all iPads used in this area must have the same username, password , and security question answers. This is recorded in the Milparinka passwords document and cannot be changed without the approval of the CEO and must be recorded if changed. Personal Ipads that belong to participants will have usernames and security options that they choose.
- All managers and senior staff who have use of a electronic tablet, such as an iPad, must provide the CEO with the username and password and security question answers for recording in our password file. Staff are not permitted to change these items without notifying the CEO and having the new information recorded in the password file.
- If a staff member resigns or retires from Milparinka they are required to return the tablet and iPhone in its original state, that is formatted back to a blank slate. If this is not able to be done then the staff member will be able to keep the tablet or phone and the cost of a new tablet or phone to Milparinka will be recovered from their last salary payment.

Therapists – Working With

Purpose and Scope

To ensure that Milparinka is in a position to work as cooperatively as possible with therapists to achieve positive outcomes for our participants.

A person who is a Milparinka participant may have therapy support that has no connection to the support that Milparinka provides, alternatively participants may have therapy support which can impact on our supports, through the provision of guidelines and instructions or through team processes which require the integration of therapy and direct services to achieve a desired outcome.

The integration of therapy and direct supports comes with complications and resource issues.

This is especially evident in Day Services where there is limited space and privacy, along with the need to maintain the integrity of each individuals' activities and opportunities. For example, if a therapist attends the site, there is often no separate location at the site for the therapy to occur privately, and the attention of multiple direct support staff is often removed from other paying participants resulting in programs not running effectively. In a number of circumstances, the disruptions cause disadvantage and harm to participants who are impacted by change or disruption that is of no relevance to them.

Basically, the provision of external therapy, in a shared environment, where there is limited space along with overlapping interests and multiple points of different needs, creates significant complexities.

Milparinka has a number of considerations when approving therapy visits.

- The integrity of the Day Service programs, and the wellbeing of all participants, not just the recipient of the therapy, is paramount.
- Whatever rules are in place there is also a place for exceptions in the case of family hardship
- Speech Pathology which strongly supports Milparinka's emphasis on communication and deals with the high-risk area of Meal time profiles are our highest areas of priority when considering therapist access.
- The predominant therapy relationship that we will support is therapists who work with Milparinka in a team approach that is designed to bring about improvements for an individual. This includes the sharing of information, clear instruction from therapist for direct staff in reference to strategy's and implementation. This is distinctly different to a therapist undertaking maintenance support which does not require our input of follow up.
- We will, where possible, support people who have urgent therapy needs and who cannot meet these in any other time or place.
- Training of direct staff by Therapists is an important component of ongoing support

Procedure

Under what conditions can therapy visits be permitted or supported.

- A speech pathologist working cooperatively with Milparinka staff on communication or, who is developing a meal time profile, is given priority over other therapy types.
- Therapists who are working cooperatively with Milparinka staff in a team approach to achieve an agreed outcome
- Exemptions are made for urgent needs or family hardships as approved by the CEO or MILS.
- Where a participant has one to one support. These participants can be supported to attend therapy sessions off site, resources permitting.
- Behavioural specialists' requests, can be in response to immediate need and significant issues. The request will be assessed by the CPC and CEO or MILS to determine.
- Staff training. Training of staff in relation to individuals is a priority and after-hours training can occur when possible. There are no limits to this other that balancing staffs work and staff availability.

Under what conditions are therapy visits not approved.

- When we have reached a level of visits per week that is determined to be at saturation point.
- Maintenance therapy which has no direct impact on our service provision.
- Therapists undertaking work which is not part of cooperative team approach with Milparinka
- As there is no separate space at all at the Brunswick site, any therapy that requires privacy or a quiet space cannot be permitted on site.
- Multiple therapists at one time, unless approved by the CEO or MILS
- Regular bookings for on site visits which extend past three months cannot be approved as this prevents access by others.
- Occupational Therapy, Physiotherapy, Exercise Physiologist and Dietician visits general not be permitted accept as follows:
- Where an exception is made by the MILS or CEO
- Where it is specific to improve or make safer day service supports
- Where participants are supported at a one ot one level and can be supported to attend external appointments

Process

- Therapy visits on site will be permitted on three days per week. Monday, Tuesday and Thursday
- Appointments are made and coordinated by the Day services Team Leader position at Brunswick and the program Coordinator at Richmond.
- Unless otherwise arranged with the appointment booker all therapy appointments are made via email. **therapistapp@milparinka.org.au**

- Participants with one to one support are able to attend appointments outside of the centre on any day with the responsible persons consent. This is dependent on the availability of vehicles.
- The arrangement of alternative venues, which require booking or locating , is the responsibility of the therapist.
- As this procedure requires that there is a cooperative relationship between the therapist and Milparinka staff to achieve a positive outcome the limit of 2 therapists per week no longer applies. One visits per day, per site will be the normal approved maximum, however depending of special circumstances this may vary.
- The integrity of Day Program Services and the safety and comfort of all impacted participants are major consideration in the number of appointments that are permitted.
- Requests for exceptions are presented to the MILS or CEO in writing.

Touch

Purpose and Scope

Touch is an important part of providing sensitive and good quality care for the people we support. Used in context, and with empathy, touch supports the development of the people we support.

In particular to Milparinka touch is a component of a planned approach; intensive interactions which emphasis's responding to individuals in a way and at a level which matches their capacity to engage with the world. This involves the use of touch and sounds which may on occasion appear unusual to people not directly involved so it is important that structures and processes are in place that ensure transparency, the appropriateness of staff's actions as well as a capacity to explain actions to others.

Staff, Managers and families often have concerns and fears about the use of touch for various reasons. This procedure sets out to clarify the reasons and conditions for touch. This procedure seeks to ensure where touch occurs between paid staff and participants that this is within a planned and approved context and intended for a specific purpose such as with Intensive interactions.

It is never appropriate for staff to touch a person's intimate body areas except as part personal or medical care which is documented in a Care Plan.

Touch that is used in restrictive practices has specific legal requirements and boundaries and if used inappropriately will result in an investigation and possible criminal charges.

Procedure

Touch is important and may be used routinely for any of the following reasons:

1. For communication: to reinforce other communication (e.g. hand on shoulder when speaking) or to function as the main form of communication in itself. In addition, to respond non-verbally or, to another person's own use of physical contact for communication and to make social connections. This is particularly likely to occur during intensive interaction* or day to day greetings (handshakes,).
2. For educational reasons: as part of the process of establishing the fundamentals of communication for people at early communication levels, and to direct people in educational tasks and essential skills.
3. As support or guidance, for example, during transitions between activities and during swimming or P.E. sessions (see specific P.E. behaviour management guidelines).
4. For therapy:(e.g. massage, sensory stimulation, physiotherapy, occupational therapy etc.) provided either by the therapist or by another member of staff carrying out a therapy program or following therapy advice
5. For emotional reasons: to communicate affection and warmth, to give reassurance and to communicate security and comfort. To enable the person to develop understanding of these positive emotions and the ability to communicate them.
6. For the purposes of care: touch is necessary in order to carry out personal care for many of the people we support.
7. To give medical and nursing care.

8. To give physical support: to people who have physical difficulties (e.g. transfers in and out of wheelchairs) and in order to guide people between places, rooms or activities (see Moving & Handling Policy).

9. To protect people from danger by physically intervening and managing challenging behaviours including the use of restraint, while following the recognized guidelines and policies

Guidelines:

- There must be clarity and transparency in issues of touch. Wherever possible, a description and rationale for physical contact and the details of it should be documented in the person's PTM following discussion with parents and other relevant people.
- Staff need to be clear and open about why they are using touch and be able to explain their practice.
- Be prepared to discuss and explain your practices
- The use of touch should be discussed openly and regularly between staff.
- People of any age can want and need physical support / touch
- While gender and cultural factors have relevance in issues of touch, the emotional and communication needs of the individual require due consideration.
- As far as possible, the person involved should consent to any touch given and staff should be sensitive to any verbal and non-verbal communication they give that might indicate that they don't want to be touched. It should always be considered by staff that for touch to provide positive experiences it should be consensual
- Staff should be sensitive to any changes in the person's behaviour (e.g. overexcitement or negative reactions) that might indicate the need to reduce or withdraw touch; particularly during play or intensive interaction. Significant changes in behaviour should be clearly recorded.
- The people we support should be given opportunities to touch each other while interacting and playing as would happen naturally for any person. Attention should always be given to ensure that both parties are happy with this. Staff must be aware of potential hazards in respect of sexual issues:
- staff must be sensitive to the danger of touch being misunderstood and triggering sexual arousal and must be alert to all feedback signals from the person they are working with
- the people we support may occasionally inadvertently touch intimate parts of a member of staff's body when there is no sexual intent or understanding. The member of staff should withdraw without giving significant negative feedback in this situation and the incident should be recorded and discussed with a manager. If you believe the inappropriate touch is deliberate you should immediately tell the person to stop, move away and report this to your manager.
- It is never appropriate for staff to touch a person's intimate body areas except as part personal or medical care which is documented in a Care Plan. There is no level of consent

that is possible between a paid staff and a Participant that would enable touching of intimate body areas outside of documented medical or personal care plan.

- If staff are in any doubt about issues concerning appropriate touch or observe any practice that causes concern they should discuss this with their manager or supervisor
- Staff should be aware that there have been many instances of abuse perpetrated in care establishments. The best method of prevention is transparency, openness and teamwork, and staff should try to monitor and assist each other in carrying out their work.
- There should be no sense of furtiveness or 'hidden curriculum'. This important technique should tangibly be a matter of open discussion and reflection. If you as a staff member notice a Participants being touched in a way that appears furtive, hidden, inappropriate, for example excessive hugging or intimate touch, or which you know is not documented then you have a mandatory obligation to report this to your manager or supervisor.

Transition To and From Centre Based Groups and Individual Supports

Purpose and Scope

To ensure that participants who are moving to, or from, Milparinka are supported to make the move in the most successful and least disruptive manner possible. The process is developed and designed with the approval of individuals and families.

- To ensure that families and carers of new and departing participants are involved and confident with the processes and that concerns are identified and responded to within the agency's capacity.
- To ensure participants, families and carers are involved with Milparinka staff in the development of a transition plan that identifies and responds to the needs of individual participants and that all transition plans are developed in response to individuals needs and issues.

No Participant will commence attending Milparinka Centre Based Groups without an individual transition plan being developed and an individualised period of transition implemented.

We seek to cover the cost of transitions from each person's NDIS plan. Where this is not possible, with the CEO's approval, the essential components of the transition plan will proceed without funding.

Individuals moving in and out of ILA and recreations programs have historically requested less formal transitions as the nature as the support is either individual or minor. The process of transition is discussed and developed with participants and families.

Procedure

- On being advised of a Participant departing to access another service discussion should be conducted with the Participant, family/carer and new provider to determine the type of information that is required to support the Participant in the move.
- Once determined appropriate consents forms for the release of information are required to be signed by the Participant or authorized representative.
- The nature and number of transition visits will be the responsibility of the new agency however Milparinka staff will provide comment on the best manner of transition for individual participants.
- Once a date is set for leaving, staff, with participants consent will advise other Milparinka participants that the person is leaving.
- For participants in centre based groups, prior to the departure, participants and staff will take up a collection to purchase a small gift. The agency will make a contribution as determined by the Chief Executive Officer.
- On the last day at Milparinka a celebratory lunch or party is to be held with gift presentation and speeches as appropriate. These are developed in accordance with each individual's needs.

- For all participants the Finance Administration is advised of exit date by writing in a Jotform
- MYP file is listed as Inactive

New participants

The level of transitions is impacted by a number of things, the type of program the person is entering, for example day centre groups has a much more significant transition because of the size of the engagement and the impact in the life of the person and others. Respite and Individualised supports historically require information collection and relationship development with individual staff. This is designed with the person and their families/representatives. In HOME supports, this is an extended planning process completed together with the person and their family and is an ongoing process of engagement rather than a transition.

All transition plans for new participants are developed in response to each individual and in conjunction with the Participant family/carer, case manager and previous service provider if appropriate.

Day Centre Groups

While each plan is individualised for each Participant there are a number of minimum requirements that are required of, or offered to, all participants

These include:

- Getting to know the person and letting them get to know us.
- On identifying Participant preferences an initial transition process is developed and discussed with them. This must be presented in writing and in a format that is understandable to them and their approval and input sought
- Provision, and completion of, the new Participant profile documents
- A series of visits by the Participant to our service to participate in activities such as lunch or specific programs, this can include the participants attending for full days, depending on the need to provide additional resources. The frequency may vary between individuals, is determined with the person and their family and occurs within existing resources.
- A series of visits to the participants school and home by Milparinka staff. This can include with consent, the videoing of participants where specific communication or other teaching strategies or equipment are used.
- Participation to the Max form is commenced
- An invitation to participants to attend any special events conducted at Milparinka during the time of the transition.
- During the transition process an existing Milparinka Participant is asked to act as the new participants mentor when they first arrive at the service. Introductions for this should occur during the transition period so that people know each other at the start of the placement.
- The completion of a communication assessment.

- Emphasis will be placed on identifying participants friendship groups and developing strategies for supporting these during and following the transition as practicable.
- Transitions will include the meeting of all staff and participants and briefing of staff who will be working with the Participant about issues relation to support and communication.
- This will include the taking of required photos and the scheduling of the services user's orientation checklist
- On the first day the Participant should be met on arrival by a staff member, who they know, and their Participant mentor.
- Jot form is sent to Admin who will record information in MYP.
- Transition periods will vary between participants. For school students this may commence early in the last year at school

Individualised Participants

Individual participants arrive and depart from a broad range of Milparinka services both in types and in hours. Milparinka offers the opportunity to all participants for us to have conversations with past or existing agencies or to provide information to the next agency. The level of engagement is determined with the participant and their family and where it comes to information that we have on hand in regards to individuals there is no freedom information requirements and all information will be provided on request. This includes copies of reports, notes, finance records, behaviour summaries and other documents. The offer to have conversations/meetings with past or new providers is offered.

Where a participant is leaving Milparinka supports, unless there are extenuating circumstances, the timeframe that is set in the service agreement should only be seen as notional. If the participant or family request funding to be released within a shorter period this should be complied with.

Forms and Mandatory Requirements:

- Service Agreement
- Acknowledgment of Service information being received. This confirms that the person has been provided with a service manual, complaints process and information about service charges.
- Participant information pack. This pack will highlight the need for further specific documents, such as Epilepsy profiles.

Processes for forms

Once you know the details for a quote or service agreement complete and submit the following Jot Form:

Service Agreement or Quote request

Save the Participants Information Pack and any other specific support information's such as Personal care plans, epilepsy profiles, mealtime profiles to the Upload to MYP folder on the server. Once uploaded ensure key documents are selected so they appear at the top of the list and staff can access these.

Values

Purpose and Scope

To support people to achieve the best life possible. All people are free to decide what best means to them. In our support of people to plan for achieving a best life possible we initially think with them, and those close to them, about what their values are.

A person's values very much determine their goals and outcomes in life. The goals people choose are the outer expression of our personal values. And decision making is similarly based upon our core values. A person's values will determine how they perceive any particular situation. Someone who values 'safety' will approach a situation checking for safety versus danger. A person who values 'excitement' will have a different perspective on the same situation and will be searching for different kinds of experiences.

In the planning process we think about each person's values as without understanding a person's values we would be working without integrity. We would not be working with an understanding of who a person is, what is important to them or what a best life for them is. Working without an understanding of values is how we would find ourselves providing people with a range. Understanding the personal values of people who we support and those close to them are central to the assistance we provide to people at Milparinka.

Procedure

In planning and thinking with people who we support, discovering their values that represent each of their highest priorities and deeply held driving forces, is essential to being able to identify how we assist each person.

Eliciting people's values in our situation may be a time-consuming process and an understanding of these values may occur over extended periods. The process may vary between each person and as you get to know people you should be identifying the most relevant way to do this: for example, with different people you may need to:

- Have discussions with them about what is truly important in their lives.
- Use communication aids
- Talk with their families and people who know them best
- Watching what they do, spending time with them
- Brain storming

There is no rule about how many values that a person can list however having over 10 makes it difficult to focus.

Values are not all equal so it is important to ask which of the values is truly the most important to the person.

Wherever possible, and as the norm, no activities should be developed in the context of a planning process until a person's values have been discovered.

While we accept that there are some universal values such as fairness and equality which are culturally defined, there are no real standard lists of values. People will have different definitions of

what best means to them. For some people Civic duty will be central value while for others it may be good health, being compassionate, friendship, or self-empowerment

It is fine for values to be recorded as one or two words which encapsulate each value as the details will be identified as you assist people to identify and prioritise goals that make sense.

Attached is a list of values that can be referred to when assisting people to think about their values.

Accomplishment	Friendship	Ritual
Accountability	Fun	Rule of Law, Legality
Act on things	Generosity	Rule of, Respect for Law
Adventure	Gratitude Grievances, right to express	Safety
Athletics/Sports, Competitive	Happiness, Pursuit of	Security
Attitude, Right	Hard Work	Self-Improvement
Authority	Harmony, Unity, Oneness	Self-Reliance
Beauty (of environment, art, people, etc.)	Health & Well-Being	Self-Respect, Self-Worth
Behaviour, Proper-	Helpfulness	Seriousness
Calm, Quietude	Honesty, Truthfulness	Service (to others, society)
Change	Honor	Simplicity
Children, Nurturing of	Hospitality	Sincerity
Civic Duty	Human Rights	Skill
Civil Rights	Independence	Solitude
Cleanliness, Orderliness	Individuality	Spirituality, Spirit
Collaboration	Informed, Being-	Stability
Commitment	Innovation	Status (individual, social, collective, nation's, etc.)
Communication	Integration of People Types	Strength (physical, psychological, power, force)
Community	Integrity	Success, Achievement. Teamwork
Compassion	Intelligence	Tolerance
Competence	Justice	Tradition
Concern for Others	Knowledge	Tranquillity

Consensus	Leadership	Trust
Consumer Rights	Learning	Truth, Seeking the underlying-
Continuity (from past)	Loyalty	Variety
Continuous Improvement	Making a difference	Wealth
Cooperation	Participation (e.g. in democracy, decisions)	Winning
Courage	Peace, Non-Violence	Wisdom
Courtesy	Personal Growth (human potential)	Women's Rights
Creativity	Pleasure	
Culture (art, etc.)	Popular Will (deferring to)	
Decisiveness	Power	
Determination	Practicality	
Diplomacy (over confrontation)	Preservation	
Direction, Purposefulness	Students on Placement	
Diversity	Progress, Improvement	
Duty	Quality (of work, service etc.)	
Empowerment of Individual	Rationality	
Entertainment	Reason	
Environmental, Concern for	Reciprocity	
Equal Opportunity	Recreation	
Equality	Regulation & Control Religious Life	
Essential Services, right to	Resourcefulness	
Excellence	Respect for Elders	
Fairness	Respect for Others (individuals, cultures, races)	
Family	Respect for the Individual	
Fitness	Responsibility, Taking-	
Flair	Responsiveness	
Flamboyance	Results-oriented	

Flexibility	Financial independence	
Friendliness		

Relevant Procedures

- Authority
- Participation to the Max
- Satisfaction of Participants and Carer

Personal Care

Purpose and Scope

To ensure that personal care requirements for individuals are met to a consistently high standard within the context of the life they want to live. Personal Care or Support is a response to people's needs that make it possible for them to participate fully in the community, contribute to society as a valued member and have great lives.

Procedure

Personal care involves assisting people in the daily tasks that they cannot carry out themselves. These tasks fall into the areas of hygiene, nutrition, grooming, mobility and dressing. The main purpose of these essential tasks at Milparinka are to maintain levels of comfort enabling everyday participation to becomes a reality

Where people are supported with personal care task this must be a documented process which details the specific supports for each person.

This document and the processes it describes:

- Must be approved by the individual or key stakeholders who represent the person.
- Must be approved for use by management – this is in regards to work cover issues.
- Be available to all staff working with the person
- Be available for staff to familiarise with prior to their first episode of supporting a person
- Cannot be altered without discussion with the person, keys stakeholders or management
- Must be recorded in the document summary list
- The personal care plans can be accessed by any staff who are working with a participant through the documents section for each person in MYP. Instructions for accessing documents are in the staff manual which is accessible by all staff.
- Personal care plans are reviewed annually and on a needs basis, for example where there was a change in needs or a therapy recommendation following an assessment

Assist Life Stage Transitions ILO

Purpose

To support people as they transition into Individualised Living Options.

What we do

Milparinka supports a number of people through a person-centred approach to think about, prepare to, and in time, move out of their family home into living arrangements that makes sense to them.

The following is the procedure that HOME at Milparinka follows to ensure that the individuals and families that we support live lives that are safe, meet their needs and are representative of how they want to live their lives. This life stage transition should be lead by individuals and families and not Milparinka staff who should aim to always be in 'Right Relationships' Right Relationships.docx with the people we support and ensure that individuals and families we work alongside, remain in control. The timeframe of each transition period is designed with each individual and will vary from person to person but should always include the below processes.

The purpose of this procedure is to ensure that this transition is guided by the individual's aspirations, preferences, and needs. The Assist Life Stage Transitions procedure includes:

1. ILO - Exploration and Design

- Getting to know people: Initial conversations
- Understanding what is possible: Sharing Stories
- Understanding what people want
- Identifying needs: Understanding support needs
- Engaging Allied Health Practitioners
- Communication g. Support needs
- Functional capacity and problem solving
- Behaviour of Concern j
- Early stage Thinking and Funding
- Identifying Risks
- Preparation for Independent living
- Eligibility Testing
- Funding pending

2. ILO - Support Model

- Finding property and Moving in
- Support team
- Housemate search process
- Housemate moves in e. Communication pathways

- Understanding the current state and continuing to move forward

The transition process to an Individualised Living Option is outlined in depth in the Customer Journey Map: See attached

Early stage conversations

Individual/Family approach Milparinka to explore housing options. Intake provided by Home and Living Consultant. Advice provided of support options available in terms of meeting NDIS criteria.

Participants without ILO, Exploration and Design funding are guided on pathway to obtain correct funding. If no support coordinator available Milparinka HOME team may assist with ILO E&D application process.

ILO - Exploration and Design: Once funded with ILO, E&D an individual will come to HOME at Milparinka to begin the Exploration and Design Process with the intention of starting a transition to an Individualised Living Option (ILO).These are the steps that we take to work alongside individuals during this period.

Getting to know people

Initial conversations It is our responsibility as a service provider to support individuals to think big about what they want and come to us to have a service (ILO) moulded around how they want to live. This process begins with getting to know people - not through a disability focused lens but person focused.

This should include initial conversations around:

- **Personal strengths and qualities:** discussion about personal strengths and qualities to base conversations around capacity rather than deficit.
- **Personal Interests:** understanding an individual's interests and how these might translate into a future living arrangement
- **Values:** Conversations and investigations into what people value and how these things will be used as a foundation to build a Home on
- **Wants:** Holistic conversations around what people want in a home and a life.

Following these conversations, families should be in a position to be able to continue having discussions away from Milparinka.

Refer to: Getting to know people

Understanding what is possible

Throughout this process Milparinka will share relevant stories with families to continue the conversation around what is possible. We know that sharing stories has the potential to remove barriers that may exist through not knowing what is already happening. Milparinka will share stories through our network of existing families. This is either through sharing examples of things that have occurred and or connecting families to one another.

If Milparinka do not have the relevant knowledge we will connect family members with external providers who are able to assist.

Identifying what people want

Milparinka will have strength-based conversations with individuals/families that focus on values, interests and what is important to the individual transitioning. The intention of this is to have families thinking about what's important to the individual's life rather than what model of support they are eligible for. Once this is done families are able to begin see what it is that they want.

Understanding support needs

Identifying an individual's support needs is a necessary step in supporting a significant life stage transition. Being aware of this enables mitigation strategies to be implemented where required. Engaging Allied Health Practitioners

Milparinka will work alongside individuals and families to engage Allied Health Practitioners to conduct assessments and implement relevant strategies to mitigate against risks, work on capacity building strategies and understand support needs of each individual.

Communication

Milparinka will gain an understanding how the individual communicates. This is required to ensure they have control over this process. Do they require supported decision making, do they have a communication dictionary? Do they have a preferred communication style? Support needs: Having a clear understanding of support needs and how these may evolve once living in an ILO is integral to any transition period. It is important that we are able to understand the level of support a person may require on a day to day basis. This includes the incidental support provided by informal supports.

Functional capacity and problem solving

Occupational Therapy assessments are required to understand a person's functional capacity and provide as part of evidence for NDIS reporting. No transition can occur without understanding a person's functional capacity. This process also sees Allied Health practitioners working closely with individuals to obtain an understanding of their problem-solving skills and put in place any recommendations moving forward.

Behaviour of Concern

During the exploration phase of any transition we will endeavour to identify (through the engagement of individual/family/professionals) any behaviours of concern and engage allied health practitioner to develop strategies around mitigating behaviours of concern.

Identifying Risks

No transition can occur without the identification of risks and implementation of any risk mitigation strategies.

We identify risks through knowing a person well and having good communication with individual and those who know them best. Allied health practitioners are engaged to identify all current and perceived risks and provide recommendations around mitigation strategies.

Preparation for Independent living

Independent living trial

In the majority of cases a significant life stage transition will benefit from having deliberate and focused trials that enable clarity around the individuals specific support needs. Independent living trials also enable the individual to get an idea of what they like and don't like about spending time away from their family.

There are multiple ways to conduct a trial:

Trial away from home

Individual spends deliberate time away from home to gain a better understanding of support needs and what person wants. In most cases this will be conducted in a serviced apartment close to where the individual wants to live. A serviced apartment enables an individual to be in a position to be supported to complete daily activity tasks (cooking, cleaning, washing etc.) in an environment that is not the family home. The idea with this is to replicate as best as possible life once the individual has moved out. This should not feel like a holiday. OT will be engaged to develop a personalised program.

*This requires individual to have access to NDIS funding.

Family going away

Family spend time away from family home so that individual can trial being away from them in a safe and familiar environment. Direct supports to be provided in the family home. This should not feel like a holiday. OT will be engaged to develop a personalised program.

Spending time on own

Does individual currently spend time on their own? What does this look like? Is it safe? Obtaining an understanding of how often an individual is currently spending time on their own and what this looks like is an important part of any. We do not want to provide unnecessary support to a person who doesn't require it. Milparinka will work with individual, family and allied health practitioners to identify capacity to spend time on own and identify any risks in doing so in future home.

Eligibility Testing

This transition requires NDIS eligibility testing.Milparinka, HOME staff have a level of competency around the relevant NDIS and ILO Operational Guidelines that ensures that all eligibility requirements will be met. Individual and family will be guided through this process so that they are aware of what is happening. Exploration and Design staff complete relevant documentation (ILO Service Proposal), collate external reports (allied health) and quotes (community supports) prior to submitting documentation to the NDIS (enquiries@ndis.gov.au).

Funding pending

This process can be lengthy and it is Milparinka's responsibility to maintain contact with the individual and family during this period to reduce as much ambiguity. Milparinka will make contact with the NDIS for updates on ILO application progress

ILO - Support Model

Finding property and Moving in

Once funding is approved Milparinka HOME staff (ILO Facilitator) will assist with the property search and application. This will be done in collaboration with the individual and family. Individual's transition into independent living will vary from person to person.

Support team

A support team is designed around the individual's specific wants and needs, this will consider the values, wants and needs of the individual. Support staff will be undertake an orientation with the individual to ensure that their roles, requirements and expectations are understood.

Housemate search process

Milparinka will collaborate with individual throughout the housemate search, including writing an ad and advertising where appropriate. HOME staff will then conduct an initial vetting process prior to introducing potential housemate/s to individual. Once a housemate has been selected by individual they will go through a vetting process to mitigate risk See: Housemate moves in Milparinka will assist the housemate to move in, support will be provided to ensure that the relationship between housemates is as natural as possible. See:

Communication pathways

Once individual has moved out Milparinka will work with individual, family and housemate to develop communication pathways that ensures all key stakeholders are kept up to date with relevant information.

Understanding the current state and continuing to move forward

Milparinka staff (ILO Facilitators) remain engaged with the individual living arrangement frequently to ensure that the person continues to live a good life, risks are being identified and mitigated and they continue to be in a position to pursue goals.

See: Table: The procedures that guide each step and how we document steps within Life Stage Transitions

Blood/Body Fluid Spills

Purpose and Scope

To ensure the safe management of Blood/Body Fluid Spills.

Cleaning Spills – Equipment

Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, should be readily available for spills management and are available on all sites.

Bloody/Body Fluid Spill Kits are available on each site, and include the following items:

- PPE: disposable rubber gloves, eye protection (disposable or reusable), disposable face mask, and disposable/plastic apron.
- A designated, sturdy scraper and pan for spills (similar to a 'pooper scooper')
- A minimum of two sachets of granular formulation (RED Z) to absorb any fluid. Each sachet should contain sufficient granules to cover a 10cm diameter spill.
- Leak-proof bags and containers for disposal of waste material
- Bottle of disinfectant

Cleaning Spills – Procedures

- Blood and body fluid spills should be dealt with as soon as possible.
- Care should be taken to thoroughly clean and dry areas where there is any possibility of bare skin contact with the surface
- PPE should be used for all cleaning procedures, and disposed of after use. Hands should be washed and dried after cleaning.
- Where a spill occurs on a carpet, shampoo as soon as possible. Do not use disinfectant. Steam cleaning may be used instead.
- Wash hands thoroughly after cleaning is completed.

Cleaning Small Spills

Spots or drops of blood or other small spills (up to 10 cm) can easily be managed by:

- Wiping the area immediately with paper towels,
- Cleaning with warm water and detergent,
- Rinsing
- A hospital-grade disinfectant can be used on the spill area after cleaning.
- Drying the area. This should be as dry as possible as wet areas attract contaminants.
- All disposable items are to be disposed of post Blood/Body Fluid Spill into the HAZARD WASTE BIN (LABELLED YELLOW BIN)
- All disposable items must be replaced after each use of the spills kit

Cleaning Large Spills

Large spills are greater than 10cm and can be managed by:

- Large spills that have occurred in a 'wet' area (such as a bathroom or toilet area) should be carefully washed off into the sewerage system using copious amounts of water and the area is to be flushed with warm water and detergent.
- Large blood spills that have occurred in 'dry' areas should be contained and aerosols should be avoided.
- A Blood/Body Fluid Spills Kit is available with the required materials for safe decontamination
    - The granular formulations with a high chlorine concentration absorb all spilled bodily fluids
- A scraper and pan should be used to remove the absorbed material.
- The area of the spill should then be cleaned with a mop, a bucket of warm water, and detergent.
- The bucket and mop should be thoroughly cleaned with hospital-grade disinfectant after use and stored dry.
- All disposable items are to be disposed of post Blood/Body Fluid Spill, into the HAZARD WASTE BIN (LABELLED YELLOW BIN) at each site.
    - Once the 'spill kit' is disposed of in the Hazard Waste Bin, including any PPE used, the company responsible for pick-up, Rentokil Initial, should be contacted for pickup and replacement of the Hazard Waste Bin
- A hospital-grade disinfectant can be used on the spill area after cleaning.
- All disposable items must be replaced after each use of the spills kit

Vehicles

- Where large blood/body fluid spills occur in a vehicle the above conditions apply, however, steam cleaning of vehicles of the carpet and cloth seats will need to occur before vehicle is fit for use again.

Locations of Blood Spills Kits

- Brunswick - Laundry Cupboard
- Richmond 138 – Ground floor Cleaners Cupboard

Community Activities

Purpose

This procedure addresses issues in relation to the provision of staff support to participants participating in community-based activities.

Participants have a right to share the same quality of life as the general community and to enjoy facilities, services and activities that meet their peers' standards. Activities shall be designed around avoiding any perpetuation of stereotypes, segregation, and exclusion. Staff participation in Participant community-based activities is a core component of their role and is an important tool in encouraging interaction and integration for Participants into the community.

Procedure

Community activities and access should be developed in response to each person's NDIS goals

- Staff working with participants in disability services are required to support participants' participation in activities/outings in the continuity.
- Staff should assist participants to choose and plan activities/outings that suit their wishes/interests. These activities and outings are to be consistent with the personal ambitions of participants
- When planning activities, Staff must be aware of keeping the group to a maximum of 4 people, including staff.

Group sizes above 4 people are only permitted when:

- You are attending a segregated environment. Such as the Salvos Music on a Wednesday.
- When it is a closed opportunity designed for skill development, such as the use of the Gym around the corner for Soccer or Tennis
- BBQ's in parks **are not** an exception.
- Where possible, staff should encourage participants to discuss any proposed activities/outings with someone other than the staff member(s) accompanying them. This is to ensure they are participating in their choice of activity/outing.
- Community activities should provide focus on community inclusion of participants encouraging participation in a range of activities and relationships and communication with people who are not part of Milparinka's programs
- Activities/outings that involve staff costs are to be planned in advance and a cost outline approved by the manager. The cost outline must include staff costs for entrance fees and travel costs, but should not include meals. The costs are charged to specific services operating budgets, preferably at the commencement of each term.
- The cost of meals will not be reimbursed or paid for by Milparinka. Staff are responsible for providing or purchasing their own meals while on duty.
- If an outing to a restaurant occurs and staff are required to eat with participants, the cost of their meal will be reimbursed. The approval of the Manager must be sought prior to the outing taking place.

- Staff and participants on outings should walk, use public transport or Milparinka vehicles whenever possible. If taxi travel is required, then the Participant's multi-purpose taxi vouchers should be used.
- If a staff member needs to use their own car in the course of official duties, the staff member must first seek permission from the manager to do so.
- The manager must check if the staff member holds a current driver's license, if the staff member's car is registered and if it is covered by an insurance policy before giving authorisation. Original registration and insurance papers must be presented to Human Resource Department before any reimbursement can occur.
- The manager must approve staff claims for reimbursement of costs before forwarding these to the finance manager. Reimbursement is in accordance with the appropriate Award
- If a staff member chooses to accompany/invite a Participant on an activity/outing when they are off-duty, the staff member must inform the Chief Executive Officer.
- If a staff member chooses to accompany/invite a Participant on an activity/outing when they are off-duty, they must pay their own costs. Staff will not be reimbursed by Milparinka for activities/outings while they are off-duty. Milparinka vehicles cannot be used on these occasions. Staff will not be covered by Work Cover when off-duty.

After Hours - On-Call Procedure

Purpose

*This procedure outlines the process for managing after-hours on-call responsibilities in accordance with the **Social, Community, Home Care and Disability Services (SCHADS) Award** in Australia. It ensures that staff are fairly compensated and that service users receive timely and appropriate support outside of standard operating hours.*

Scope

This procedure applies to all employees who are rostered for on-call duties outside of regular work hours in a disability service setting.

Definitions

- **On-Call**: A period where an employee is required to be available to respond to work-related matters outside normal working hours but is not actively working unless contacted.
- **Call-Out**: When an employee is required to physically attend a workplace or perform substantive work remotely.
- **Emergency Response**: An urgent situation requiring immediate action to ensure the safety and wellbeing of service users or staff.

On-Call Roster & Notification

- Due to the nature of work and the type of On call, for example to replace shifts the majority of on call is undertaken by regular program managers/coordinators
- Where required for less predictable on call arrangement a rotating roster will be established to allocate on-call responsibilities fairly among eligible employees.
- Where the roster is rotating employees will be notified of their on-call shifts at least **seven (7) days in advance**, unless otherwise agreed.
- On call numbers will be directed to the staffs work phone number

Compensation & Allowances

- Employees on-call will be paid the on-call allowance as per the **SCHADS Award**, which is:
    - **Monday to Friday**: $24.29 per 24-hour period or part thereof.
    - **Saturday & Sunday**: $43.52 per 24-hour period or part thereof.
    - **Public Holidays**: $62.20 per 24-hour period or part thereof.
      (These rates may be subject to updates per Fair Work Australia.)

Payment for Being Called In

If an on-call employee is required to perform work:

- They are entitled to overtime pay based on the overtime provisions in the Award.
- If they are required to physically attend the workplace, they must be paid for a minimum of 2 hours of work, even if they work less than that.

- If the work is performed remotely (e.g., by phone or email):
- They are paid for a minimum of 15 minutes for each situation and then in increments of 15 minutes.
    - When recording you on-call in a timesheets it is not 15mins for every call you make or receive.
    - It is the length of time taken to deal with a situation with a minimum of 15 minutes for each different situation.
    - For example if a staff member calls in sick and then you make 4 calls trying to fill the shift and whole process takes 30 minutes. You record 30 minutes in your timesheet and you detail the calls received and made. You do not record 5 x 15 min (75 mins) in your timesheet
- If multiple calls are received within a 1-hour period, all calls within that time are counted as one block of time for payment purposes.

Responding to Calls

- Employees must answer calls promptly and provide appropriate guidance or direction to the caller.
- If an issue requires an immediate in-person response, the on-call staff member should:
    - Assess the urgency of the situation.
    - Attend the workplace or escalate to emergency services if required.
    - Document actions taken in the organisation's incident management system.
- If a call does not require an immediate response but requires follow-up, the employee must document the issue and inform the relevant manager during business hours.

Escalation & Support

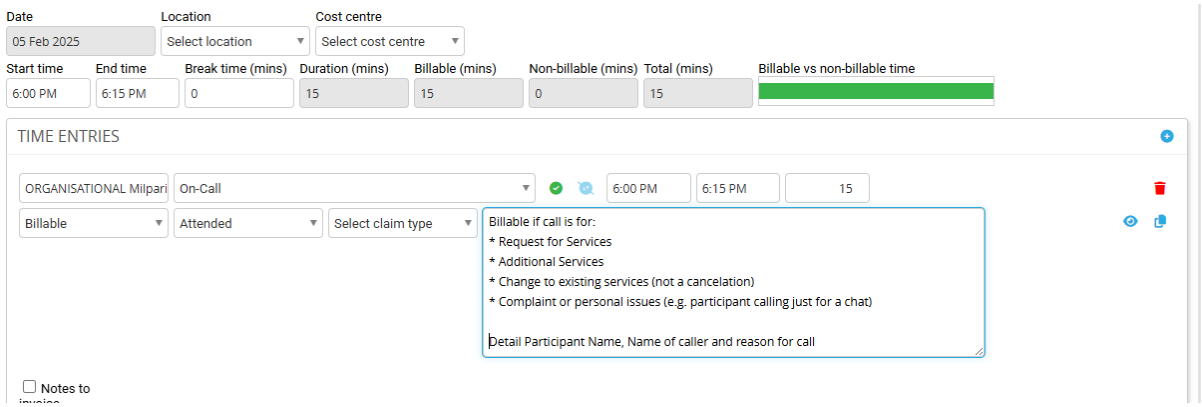
- If an on-call staff member requires additional support or guidance, they may escalate the matter to a senior manager.
- In cases of serious incidents (e.g., injury, critical incidents, missing persons), emergency services (000) should be contacted, and the organisation's **Incident Procedure** should be followed.

Record-Keeping & Handover

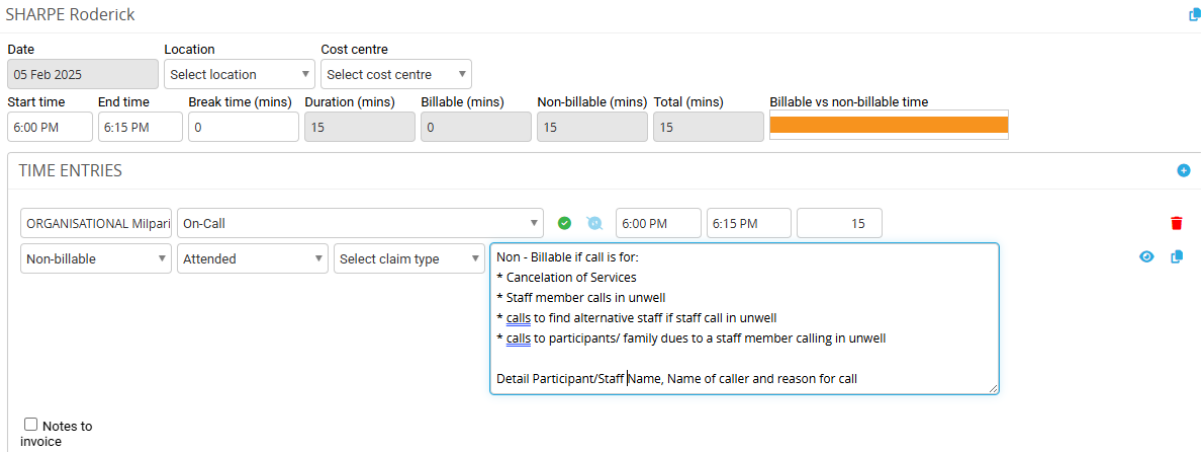
- Employees must record all on-call interactions on the day they occur, including:
    - Time and nature of the call.
    - Actions taken and advice given.
    - Any required follow-up actions.
    - Unless this is an incident that requires more detailed entry and follow up these details are recorded at the time of making an entry into Qtime.

- See below for how entries are record in qtime for both Billable and non Billable events.

Billable:



Non-billable:



Voicemail - how to check Milparinka centre messages

Process

From extension 100 (Front Desk) phone; dial 999 and listen to the voicemail prompts for instructions on how to check.

From extension 110 (Reception) phone, dial 999, when prompted for PIN dial #100, wait for PIN prompt and dial 4575 and listen to the voicemail instructions on how to check

Communication with Home - Day Service Programs

Purpose and Scope

To ensure effective and timely communication between Milparinka staff and participants family/ carers on a day to day basis as well as achieve an effective exchange of relevant information to the provision of support.

Each Participant will be provided with a method for the communication between the service provider and home at no cost. The use of a communication process is strongly encouraged, but is not mandatory if the person attending/or families/carer's does not wish to engage in this. The communication book will also include a calendar of the weeks events attached to inside the front cover. This enables family and carers as well as participants

Procedure

Communication processes between Milparinka and the family should be developed in consultation with the Participant and important people in their lives. The type of communication used should be personalised to best reflect the needs and capacities of each person. Some people may use a diary, while other may uses other communication aids. The morning group staff member should check the communication tool daily and respond to the comments contained therein. Comments are also made at the end of each day as appropriate.

- Communication books are to be kept in the Participant bags The Program Coordinator should be informed as soon as soon possible if there are issues/requests from those attending, their families or carers which require:
- an immediate response – (this shall include but not limited to complaints, lost items, medication issues, travel arrangements, fees and charges, other personal or staff issues)
- indicates an ongoing problem • indicates a complex issue which may require the provision of detailed information or referral
- an interpreter If Staff members are unsure of the issues and/or responses contained in the communication then the Manager must be consulted. In maintaining a spirit of cooperative communication and ensuring that the communication books remain a valuable communication forum the following guidelines shall apply: -
- responses must be dated, written legibly and signed • responses should include positive feedback
- responses should be non-emotive
- responses should relate to the Participant
- responses should, as far as practicable, include input from the Participant
- responses can also include the use of Boardmaker or any other means the Participant uses to communicate, such as real objects. It is the responsibility of the Communication and Participation Manager to review the Communication processes on a regular basis and make recommendations as necessary.

Communicable Illnesses

Purpose and Scope

To reduce the risk of communicable diseases being transferred between people attending Milparinka.

Milparinka will, when it is aware of people having communicable diseases take appropriate actions to prevent the spread of this disease. This will primarily occur through the implementation of infection control procedures and the appropriate exclusion of people with Diseases as listed by the Communicable Diseases Prevention and Control Unit, Victorian Government Department of Human Services. Milparinka is a disability care facility is considered the sensitive site and may have different requirements to the general public in terms of its response to Pandemic Conditions. This can be clarified with the Department of Health at the time of any changes to health orders.

Procedure

Site managers are responsible to ensure that general cleanliness is maintained to a satisfactory standard Site Managers are responsible to ensure that staff are aware of, and implement, Infection Control procedures in their work.

The following is a list of communicable diseases to which exclusions apply to Participants. Staff who has any of the disease should not attend work while sick.

Conditions	**Exclusion of cases**
Amoebiasis (Entamoeba histolytica) (Gastroenteritis)	Exclude until diarrhoea has ceased and until medical certificate of recovery is produced
Campylobacter (Gastroenteritis)	Exclude until diarrhoea has ceased
Chicken pox	Exclude until fully recovered or for at least 5 days after the eruption first appears. Note that some remaining scabs are not a reason for continued exclusion
Conjunctivitis	Exclude until discharge from eyes has ceased
COVID 19	The level of restrictions is determined by current health orders from the Minister and Department of Health.
Diarrhoea	Exclude until diarrhoea has ceased or until medical certificate of recovery is produced
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.
Haemophilus type b (Hib)	Exclude until medical certificate of recovery is received
Hand, Foot and Mouth disease	Until all blisters have dried

Conditions	Exclusion of cases
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness
Herpes ('cold sores')	Persons unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible
Human immuno-deficiency virus infection (HIV/AIDS)	Exclusion is not necessary unless the person has a secondary infection
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing
Influenza and influenza like illnesses	Exclude until well
Leprosy	Exclude until approval to return has been given by the Secretary
Measles	Exclude for at least 4 days after onset of rash
Meningitis (bacteria)	Exclude until well
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)
Poliomyelitis	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery
Ringworm, scabies, pediculosis (head lice)	Re-admit the day after appropriate treatment has commenced
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash
Salmonella, Shigella	Exclude until diarrhoea ceases
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced
Streptococcal infection (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and the person feels well
Trachoma	Re-admit the day after appropriate treatment has commenced
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the person is not considered to be infectious
Typhoid fever (including paratyphoid fever)	Exclude until receipt of a medical certificate from the treating physician stating that the person is not considered to be infectious

Conditions	Exclusion of cases
Whooping cough	Exclude the person for 5 days after starting antibiotic treatment
Worms (Intestinal)	Exclude if diarrhea present

For more specific information in relation to infectious diseases refer to the Department of Health Blue Book.

Non-Communicable Illness and Injuries

At times participants may have illnesses which are non-communicable, or injuries, that cause discomfort, requires people to have constant support and care to manage the illness or injury and are unable to participate in their normal activities. People who are unable to participate normal activities due to illness or injury should not attend the service during those times.

Facilitator Role

Purpose and Scope:

While there are specific positions descriptions for each position at Milparinka, there are some common frameworks that apply to all Milparinka Facilitators. Milparinka Facilitators exist to support individuals to have good lives and to achieve their personal ambitions and to empower people to have greater control and authority in their lives.

The role by definition is broad and will vary depending on each individual we are supporting. The facilitator's role is, while complying with industrial agreements, is a flexible and dynamic role designed to contribute positively to supporting individuals to achieve their ambitions and preferred lifestyle and its functions will vary between the individuals it supports and also with changes in each individual's life and circumstances.

Where possible, our Facilitators will reduce their roles as key people in participants' lives so that participants are more reliant on friendships and natural supports for support rather than paid specialist staff. Making the specialist staff role redundant or minimal to achieve our participants' independence and greater connection and inclusion with others is highly valued.While there are specific positions descriptions for each position at Milparinka, there are some common frameworks that apply to all Milparinka Facilitators.

Milparinka Facilitators exist to support individuals to have good lives and to achieve their personal ambitions and to empower people to have greater control and authority in their lives. The role by definition is broad and will vary depending on each individual we are supporting. The facilitator's role is, while complying with industrial agreements, is a flexible and dynamic role designed to contribute positively to supporting individuals to achieve their ambitions and preferred lifestyle and its functions will vary between the individuals it supports and also with changes in each individual's life and circumstances.

Where possible, our Facilitators will reduce their roles as key people in participants' lives so that participants are more reliant on friendships and natural supports for support rather than paid specialist staff. Making the specialist staff role redundant or minimal to achieve our participants' independence and greater connection and inclusion with others is highly valued.

Procedure

In supporting people to achieve their ambitions and to be included in their communities, the facilitator's work will involve a broad range of aspects including:

- Partnering with people and their families
- Relationship and communication facilitation
- Skill development
- Personal care
- Being based in partnership organisations to support someone's inclusion
- Increasing the capacity of community venues through training and education

In their work there will be a continued emphasis on sustaining and safeguarding of individuals' achievements and lifestyle.

New positions and position descriptions for existing staff should reflect at a minimum the following elements:

- Engaging with individuals and their families to support them to imagine better and identify their ambitions and how these can be pursued in the community. • Empowering participants to have the authority to craft, govern, oversee, steer and guide their supports.
- To support individuals and families to see themselves as a point of influence that can make things happen rather than a point of request which requires approval.
- Recognising each individual's uniqueness, their passions and who they are.
- Supporting families and individuals to implement a process of thinking, planning and personal plan documentation that is appropriate for them.
- Assisting people and their families in the establishment of Support Circles if and when appropriate. This does not require the staff member to be a member of the circle - staff membership is at the sole discretion of each family.
- Identifying people's vulnerabilities and develop strategies that safeguard lifestyles and interests.
- Supporting individuals to progress towards the achievement of their ambitions and needs on an individualised basis.
- Ensuring that the supports provided to each person makes sense in relation to their ambitions. The conceptual base for this is model coherency.
- Focusing first on people's fundamental/normative needs and then supporting their disability as needed. Strategies and connections should reflect cultural preferences.
- Working directly with community venues to increase the capacity of venues to include people with disabilities.
- Working alongside people and families in a range of roles which are relative to the person's ambitions and skill levels. These may include communication partner and facilitator, relationship builders, skills developer, mentor, advocate and role model.
- Providing opportunities for people and families to gain new insights, ideas and skills through the provision of information about alternatives to segregated models.
- Ensuring that when individuals require specific support such as personal care and social skill development that this is provided in the context of people's ambitions and makes it possible for people with different abilities to participate fully in the community and have great lives.
- Facilitating the opportunity for families and individuals to hear and experience new ideas and concepts.
- Creating and engineering opportunities.
- Increasing in the number of opportunities participants have to meet other citizens who share common interests (not just other people with disabilities).

    - Understand that participants have the right to dignity of risk when they decide which activity they wish to partake in. This does not remove the duty of care but co-exists • Being a positive role model that promotes appropriate relationships and supports.

- Being a positive role model that promotes appropriate relationships and supports.

Duty of Care/Dignity of Risk

Purpose and Scope

To ensure staff are aware of the issues and responsibilities in relation to the duty of care owed to the Participant. Milparinka and its staff will maintain their duty of care to participants by acting responsibly and with due care in responding to needs and issues

Procedures

Duty of Care

Duty of care is a difficult term to define as there isn't a legal definition of the concept (except in occupational health and safety legislation).

Duty of care comes under the legal concept of negligence, and negligence belongs to the domain of common law. Common law is also known as judge-made law as the decision about guilt is decided using legal precedence and community attitudes and expectations.

That is, there hasn't been an Act of Parliament passed defining what is legal or illegal but rather the decision is based on what is considered appropriate or not appropriate at a particular time in history.

Principles of Negligence

There are four key factors that are essential in deciding whether or not someone is negligent.They are:

1. duty of care
2. standard of care
3. breach of duty of care
4. harm or loss.

Duty of Care

This refers to the obligation to take responsible care to avoid injury to a person whom, it can be reasonably foreseen, might be injured by an act or omission. A duty of care exists when someone's actions could reasonably be expected to affect other people. If someone is relying on you to be careful, and that reliance is, in the circumstances, reasonable, then it will generally be the case that you owe them a duty of care.

You need to be clear about exactly what the nature of the care or support is that you are providing, and on which the person is relying. Failure to exercise care in that situation may lead to foreseeable injury (in other words it could have been avoided with due care taken).

Standard of Care

Standard of care refers to what is expected of any other reasonable person/worker who performs the same duties. This is not about having to be the perfect worker but about being good enough and doing your job as well as any other worker. Judges when making their decisions regarding whether or not a worker has failed to provide a reasonable standard of care looks at many factors such as:

- training that the worker has received

- laws and regulations
- practicalities relating to the situation
- needs of others in the situation
- current trends in the industry
- community values and attitudes

Breach of Duty of Care

A breach of duty of care exists when it is proven that the person who is negligent has not provided the appropriate standard of care. That is, the worker (or agency) has done something that they shouldn't have done or failed to do something they should have done.

For example:

1. Leaving a bucket of water in the middle of a corridor in a group home
2. Leaving a group of people with high support needs alone for two hours
3. Taking ten participants on an outing to the city and only having one staff member
4. Taking a group abseiling without any training
5. Leaving sharp knives around

Harm or Loss

Harm or loss has to happen if someone is going to sue a worker for negligence. A worker is only deemed legally liable if a client is injured whilst in their care, if it can be proven that the worker has been negligent. This depends on a number of factors, such as whether:

- the worker owed the client a duty of care
- the injury suffered by the client was reasonably foreseeable
- the worker failed to take reasonable care to prevent the injury from occurring
- the harm was a direct result of the breach of duty.

For example

Michael Smith is always supervised when getting on and off the centre's bus as he has poor balance and is unsteady on his feet. Staff have to be vigilant in their supervision as Michael likes his independence and has been known to try and get out of the bus by himself.

On a previous occasion Michael tried to get off the bus before a staff member was ready and it was only through the quick reflexes of the bus driver that he did not suffer an injury.

One day the worker who has taken Michael, along with the other members of the group, on an outing gets off the bus first to talk to the driver, leaving Michael and the others on the bus. Michael tries to get off the bus by himself, falls down the steps, and breaks his arm.

Duty of Care in More Detail

Duty of care can arise in all aspects of life, not just in community support services. The following scenario illustrates the application of duty of care in a broader sense. Mike runs a small business making and bottling gourmet vinegars. He bottles his vinegars in a garden work shed. One day he accidentally knocks over and breaks one of his bottles. Mike didn't realise that some of the glass from the broken bottle got into a full bottle of vinegar before it was capped.

Mike sells the vinegar to the local deli, who sells it to Susan. Susan ends up with a badly cut throat from the glass. Did Mike owe Susan a duty of care? Yes. Even if he had never met Susan, he should have been able to foresee that someone would buy and use the vinegar, and that the way it was manufactured and bottled would affect them. Because Susan bought the bottle of vinegar that Mike made, Susan became the person to whom Mike owed a duty of care.

With the introduction of legislation and standards of care in the CSI (such as the Disability Services Act and Standards) community expectations have risen in recent years about what constitutes duty of care. It is no longer acceptable for people to experience physical harm and negligence while in a care situation. The practice of suing organisations has become more acceptable as we strive to improve the level of care provided and take duty of care considerations seriously.It is generally the case that, in services, the employer is responsible for negligence of staff. This means that any costs are carried not by the individual staff member who has been negligent but by the organisation itself. Organisations have professional indemnity insurance to cover such situations.

Dignity of Risk

Associated with duty of care is the concept of dignity of risk.

Dignity of risk refers to a person's right to experience all that life has to offer, such as learning a new skill or taking part in an activity that may entail some element of risk, but has benefits that might include gaining greater self-esteem and independence.

Most people with disabilities wish to lead lives which are as close as possible to that of people who do not have a disability and this inevitably involves taking some risks. Courts and the law of negligence do not, therefore, expect disability workers to shield their participants from all possible risks. They do, however, expect workers to take reasonable care (to be sensible and cautious) in their work.

This concept arises out of the key principles of the Disability Services Act.For example, 'People with disabilities have the same rights as other members of Australian society to realise their individual capacities for physical, social, emotional and intellectual development' It can, however, pose concerns and dilemmas for staff. Value clashes between participants and workers also can play a role here as well.

Duty of Care Checklist

- Assess the likelihood and extent of the foreseeable harm.
- Assess the likelihood and extent of the foreseeable benefit.
- Look for ways to minimise the risk of harm without sacrificing the benefits of the activity.
- Balance foreseeable harm against the benefit.

Some of the questions that you can ask yourself in determining your duty of care, as a worker are:

- What rights exist here for the Participant?
- What rights are at risk of being compromised or abused through the action that I do or do not take?
- What rights would be upheld?
- Are some of these rights in conflict or competition with one another?
- Can the different rights relevant to this situation all be upheld or must I make choices between them?
- If there is a conflict or tension between these rights then am I clear about why I am choosing to emphasise one rather than the other?
- Whose values are influencing my judgement—mine or the participants?
- To what extent am I involving the Participant in balancing up these issues?

Fulfilling Duty of Care Responsibilities

Fulfilling duty of care responsibilities involves ensuring that adequate care is taken to avoid injury. To do this, keep the following things in mind.

Foreseeable Injury

Regarding assessing a certain activity or situation for foreseeable injury to a client or others, keep in mind:

- prior knowledge of the person and their capacities
- the dangers of the situation
- the person's awareness of risks
- assessments/reports regarding the person's needs and vulnerabilities.

You may have a client that wants to do something that, on quick reflection, seems dangerous (such as a person with a disability abseiling), however, when you look more closely at their capabilities and their awareness of the risk involved, with certain precautions it may be quite possible to minimise the risks with appropriate care.

Seriousness of the Injury

Regarding assessing the likelihood of a potentially serious injury to a client, keep in mind the potential seriousness of the injury, even where the likelihood of it occurring might seem quite remote.

For example, a client who has a life-threatening allergy to eating shellfish needs to have care taken at all times, even if the chances of them eating shellfish are remote (eg it is never on the menu at the group home). The service should always be mindful that, in the rare event the client did come into contact with the food, their life would be at risk and thus take all precautions (such as have adrenalin on the premises to reverse the affect of the allergy).

Values of Workers

In making an assessment of foreseeable risks and benefits of an activity for a Participant

- always be aware of how staff values can influence a service's definition of risk
- operate from the value base of the Participant
- make sure the client has access to information and support that will enable them to make decisions and to form their own values.

For example, you have a Participant with a disability who wants to visit a prostitute. A worker could come up with all sorts of risk issues if they had a personal bias against payment for sex.

Doing what is reasonable to avoid injury

In looking for ways to adjust activities or situations when necessary to minimise foreseeable harm, consider:

- placing the least restriction on client's rights
- compromising the rights of as few people as possible.

For example, if you have a Participant who is violent, you may need to curtail their access to certain areas of a building or community without supervision, but that shouldn't mean other participants should have their access restricted or their supervision increased.

Supporting people to confront risks safely

To help balance foreseeable harm with benefits of an activity or situation, aim to empower participants to take control over and responsibility for the situations, including the risks, with which they are confronted.

For example, if a client wants to move out of home and he requires support for daily living, encourage them to identify the potential risks and develop strategies to overcome them. Safeguarding others from injury Remember that in your assessment of potential harm occurring duty of care does extend to other consumers and members of the public.

For example, if you take a Participant who has challenging behaviours on an outing to the city, you must take precautions, with adequate supervision to ensure that no member of the public is harmed in any way.

What to do if unsure about duty of care responsibilities

Duty of care is a complex and grey area of responsibility in the community services area. There is very little that you can do to be able to predict with certainty whether a person will or will not be injured if they carry out a certain activity. All you can do is rely on a range of factors, such as:

- what you already know of that person's capacities to carry out similar tasks safely
- what you know of the person's awareness of what risks might be involved and of how these can be avoided
- what you know of the dangers involved in the activity and of how equipped the person is to deal with these should they arise

- what you can learn from previous relevant assessments or reports regarding the person, their vulnerabilities and their skills.

Always be mindful to involve the client and significant others in the decision-making process and to document the action you decide to take, either in case notes or in the form of a report, if appropriate. You are accountable, as a professional worker, for the decisions that you make.

Don't forget to apply the old saying 'Two heads are better than one'. Talk to your supervisor and other colleagues to help you weigh up the risks. However, it is important when making such judgements, particularly where compromises to people's rights are made in the name of duty of care, that workers do not rely heavily on what might be just unverified rumour. Try to seek objective information to make your decision

Behaviour Support Plans

Purpose and Scope

Behaviour support is about creating individualised strategies for people with disability that are responsive to the person's needs, in a way that reduces the occurrence and impact of behaviours of concern and minimises the use of restrictive practices.

At Milparinka behaviour support focuses on person-centred interventions to address the underlying causes of behaviours of concern or challenging behaviours, while safeguarding the dignity and quality of life of people with disability who require specialist behaviour support.

Milparinka dos not employ behavioural support practitioners in it staffing establishment. We resource this skill externally and ensure that both the behaviour support practitioners, and ourselves meet the requirements outlined in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

Behaviour Support Plan

What is a behaviour support plan?

A behaviour support plan is a document prepared in consultation with the person with disability, their family, carers, and other support people that addresses the needs of the person identified as having complex behaviours of concern. The behaviour support plan contains evidence-informed strategies and seeks to improve the person's quality of life.

Who can develop a behaviour support plan?

A behaviour support plan can only be developed by practitioners who are considered suitable by the Commissioner to undertake functional behaviour assessments and develop behaviour support plans. They must be registered with the NDIS to provide specialist behaviour support (Registration group 110).

Can a behaviour support plan recommend the use of a regulated restrictive practice?

The aim of positive behaviour support is to reduce and eliminate restrictive practices. There may be limited circumstances in which a regulated restrictive practice is used. The NDIS (Restrictive Practices and Behaviour Support) Rules 2018 specify that any use of restrictive practices must be:

Used only in response to a risk of harm to the person with disability or others, as a last resort.

Authorised in accordance with any state legislation and policy requirements

In proportion to the risk of harm and used only for the shortest possible time.

Use of a regulated restrictive practice must be reported to the NDIS Commission.

What if a behaviour support plan does not contain a regulated restrictive practice?

Behaviour support plans that do not contain a regulated restrictive practice do not need to be lodged with the NDIS Commission.

Note: Use of restrictive practices that are not detailed in a behaviour support plan or do not have the required authorisation and consent constitute a reportable incident under the NDIS

What needs to be reported to the NDIS Commission?

Any behaviour support plan containing a regulated restrictive practice must be lodged with the NDIS Commission. NDIS service providers must regularly report the use of a regulated restrictive practice with a NDIS participant to the NDIS Commission.

Who needs to report the use of a regulated restrictive practice to the NDIS Commission?

NDIS service providers (Milparinka) using a regulated restrictive practice in their service with participants must comply with the relevant reporting requirements.

What happens if there is a regulated restrictive practice used in Milparinka that is not part of a behaviour support plan?

This is most likely to be an unauthorised use of a restrictive practice. If so, Milparinka needs to report this as a reportable incident to the NDIS Commission within 5 days of the service provider being made aware of this occurrence. See Restrictive Practices Procedure.

What about a one-off use of a regulated restrictive practice to manage a crisis?

If it is likely to occur again, the use of the practice needs be incorporated within a behaviour support plan. Milparinka has one month to report this to the NDIS Commission and needs to take all reasonable steps to engage a behaviour support practitioner to develop an interim behaviour support plan (within 3 months).

How often do behaviour support plans need to be reviewed?

At a minimum, any behaviour support plan that contains a regulated restrictive practice needs to be reviewed every 12 months or earlier if the participant's circumstances change.

Procedure

Development

- We work with Behavioural Specialists in the development of Behavioural plans. Behavioural Specialists are required to be registered with the NDIS and work in accordance with National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

Milparinka will work in consultation with the Behavioural Specialist and provide any support required or requested to ensure

- Work is undertaken with each participant and their support network to undertake a behaviour support assessment that identifies unmet participant needs, the function and/or purpose of behaviours, and identify strategies to address behaviours of concern.
- Behaviour support plans take into account all appropriate sources of information such as the behaviour support assessment, and with the consent of the participant, the participant's support network, the providers implementing behaviour support plans, and assessments carried out by other collaborating providers and mainstream service providers.
- Behaviour support plans are consistent with evidence-informed practice, including proactive strategies.
- The interface between a reasonable and necessary supports under a participant's plan and any other supports or services under a general system of service delivery that the participant receives, are considered, and strategies and protocols are developed to integrate supports/services as practicable.
- That behaviour support plan is given to Milparinka where we are implementing them for our consideration and acceptance.

Implementation

Milparinka will work with the Behavioural Specialist to:

- Ensure all relevant requirements for obtaining authorisation and reporting the use of a restrictive practice included in a behaviour support plan, including any conditions around the use of restrictive practices are in place and implemented. This includes the reporting requirements prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and reporting to the Disability Services Commissioner Victoria
- Ensure the participant, and with the participant's consent, the participant's support network, and the providers implementing behaviour support plans, understand the rationale underpinning the behaviour support plan. Instructions and guidance are developed to support the participant, the providers implementing behaviour support plans and the participant's support network to effectively implement the behaviour support plan.
- That Milparinka is supported with coaching and mentoring in relations to the behaviour support plans, and, with each participant's consent, their support network (where applicable). It covers the strategies required to implement a participant's behaviour support plan, including positive behaviour support strategies.
- All behaviour support plans containing a regulated restrictive practice are provided to the Commissioner in the time and manner prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. *See Restrictive Practice procedure*
- To implement each participant's behaviour support plan and to align support delivery with evidence-informed practice and positive behaviour support.

- Undertake a behaviour support assessment that identifies unmet participant needs, the function and/or purpose of behaviours, and identify strategies to address behaviours of concern.
- Support workers 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 will support and will train the workers of Milparinka implementing behaviour support plans in the use and monitoring of behaviour support strategies in the behaviour support plan, including positive behaviour support. To support staffs participation they will receive regular training and mentoring in Positive behavior support.
- Ensure that the specialist behaviour support, where they recommend that workers implementing a behaviour support plan receive training on the safe use of a restrictive practice included in a plan, that they retain oversight to ensure the training addresses the strategies contained within each participant's behaviour support plan. Managers will monitor staff performance and compliance in implementing the plans.
- Ensure support and advice is offered to Milparinka by the specialist, and, with the participant's consent, their support network (where applicable), to address barriers to implementation.

Monitoring and Review

Milparinka will work with the Behavioural Specialist to:

- Evaluate the effective of the plan and its implementation through regular engagement with the participant, and by reviewing, recording and monitoring data collected by providers implementing behaviour support plans.
- Monitor the plan 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.
- Make modifications to the strategies contained in each participant's behaviour support plan in response to monitoring and assessment. These changes are made with the participant's consent and are changes are communicated and training is provided (where required) to their support network on the modified strategies.
- Pursue opportunities to reduce the use of restrictive practices.
- Review each participant's behaviour support plan at least every twelve months. Consideration is given to whether the participant's needs, situation or progress create a need for more frequent reviews, including if the participant's behaviour changes, or if a new provider is required to implement the plan.
- Notify the Commissioner of changes in each participant's behaviour support plan in the manner and timeframe prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

Interim Behavioural Support Plans

- When a participant develops an immediate need for behaviour support, the participant and the providers implementing behaviour support plans are involved in evaluating the risks posed to the participant and others by the participant's behaviour, and an interim behaviour support plan is developed that appropriately manages that risk. Milparinka staff will work cooperatively with the participant, their representatives, other stakeholders and the Behavior Specialist in the development of the plan. Staff will be active member of care teams as required.
- When appropriate Milparinka will support and undertake as directed by the Behavior Specialist collaboration 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.
- Milparinka will receive and/or seek guidance and training for staff from Behavioural Specialists Advice in implementing behaviour support plans and, with the participant's consent, their support network on the effective implementation of the interim behaviour support plan.

Reportable Incidents involving the Use of a Restrictive Practice (See Restrictive Practices Procedure)

- Any participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed.
- Each participant, and with the participant's consent, their support network, behavioural specialists and other stakeholders are included in the review of incidents.

Business Continuity Procedure

Purpose and Scope

Milparinka has developed this procedure to ensure the continuity of business, consistent support for participants, based on their needs and preferences, and to reduce the impact on our business operations and on the people we support, if disruptions occur.

We recognise our obligation to ensure the continuity of business/supports, as far as practicable, for individuals and groups during both minor and major disruptions. Disruptions may occur in the form of a staff absences, problems with building maintenance, disasters, emergencies or disruptive event. Some of these disruptions may significantly impact our ability to deliver services and supports to clients and participants.

Our Business Continuity Plan incorporates a Prevention, Preparedness, Response and Recovery framework.

1. **Prevention - Risk Management planning**

1. Incorporates the Prevention element that identifies and manages the likelihood and/or effects of risk associated with an incident. This includes both individual and global incidents.

2. **Preparedness**

1. This includes plans for both individual and global events, access to information and resources to mitigate the occurrence or impact of emergencies and can involve ongoing structures such as local management presence and relationships with staff agencies, emergency drills, and specific plans such as the Emergency and Disaster plan and Covid19 response plans.

3. **Response – Incident Response planning**

1. Response are included in the relevant plans and documentation. This include a management framework implemented during emergencies to make decisions and provide directions in unexpected events.

4. **Recovery - Recovery planning**

1. Incorporates the Recovery element that outlines actions taken to recover from an incident in order to minimise disruption and recovery times. Included in plans but will be specific to different incidents.

Procedure

Ongoing Supports

Supports are planned with each participant to align with their specific needs and preferences. This information is documented and provided to workers before commencing work, and while working with each participant, ensuring a consistent experience in line with expressed preferences. As information changes it is updated and is available to staff, in real time, on electronic devices.

A formal 6-month goal review process is undertaken with each participant to ensure the relevance of our work and provide participants and representatives with a capacity to review, redirect and restructure services.

Minor Service disruptions:

- We have arrangements in place to minimise the risk of cancellation of supports and services, no show or late changes to any scheduled support. This includes a process of replacing absent staff from within our own establishment and where this is not possible the use of external employment agencies. Service can also quickly change locations as needed, for example to a person home or to an alternative site.
- We have a commitment and capacity to, ensure day-to-day operations are managed in an effective way to avoid disruption and ensure continuity of supports. This is primarily supported by the presence of onsite managers, with a decision making capacity to immediately adjust programs and staffing
- The delivery of supports and services is planned with each participant to meet their specific needs and preferences, and specific needs are identified in case of an emergency.
- We engage the right number of staff members to have the capacity to deliver the supports and services in the event of unplanned absences/vacancies due to a disaster, emergency or any disruptive event.
- Where changes or interruptions are unavoidable, we make alternative arrangements which are explained to the participant and seek their approval.
- Predictable and possible emergencies related to specific individuals have response plans developed which are available to all staff supporting the individual

Major Emergencies and Disasters

Milparinka has disaster planning measures in place to enable the continuation of critical supports before, during and after a major disaster.

The *Emergency and Disaster Management Plan* provides a framework for the activation, allocation and deployment of business resources in response to an emergency or disaster event and its impact on our ability to continue providing services. The Plan focuses on strategies to protect the health and safety of staff and participants, as well as ensuring supports continue to be provided to participants wherever possible.

This *Emergency and Disaster Management Plan* complements Milparinka's existing risk management and assessment and hazard identification processes.

Our organisation plans to ensure the business can:

- manage crises effectively (within our control)
- provide service and business continuity to participants
- provide reassurance to participants, staff and families during times of uncertainty
- provide alternative supports and return supports back to normal .
- Where possible emergency procedures, which are able to be practiced by drills, are conducted twice per year.

Key Related Documents

- Emergency and Disaster Procedure

- Covid 19 plan
- Risk Management Strategy
- Emergency Folders located at all sites and vehicles

Interpreters

Purpose and Scope

Milparinka recognizes that the persons attending, their families and carers come from a diverse background and that English is not always the first language.

Milparinka respects the right of person attending, families and carers to have information provided to them in languages other than English.

Milparinka will endeavour to provide information which are in languages and dialects other than English.

Procedures

Milparinka will identify at the time of service entry participants and carers who require the support of interpreters. If an interpreter is required the Manager shall, as far as practicable, make arrangements to ensure that an interpreter is present or the Telephone Interpreter Service is used.

Standardized forms will also be translated into languages other than English where practicable.

Plan Managers will cover the cost of Interpreters for meetings / appoitments arranged on the Participants behalf.

Wherever possible family members will not be used as interpreters, professional interpreters should be used.

Milparinka has access to interpreting and translating services through Language Loop. To utilise this service, you should call the services on:

Mode of Interpreter	**Phone Number (03)**
Onsite Interpreting	9280 1900
Telephone Interpreting	9280 1941
Quote Milparinka's Username/Pin number 36463 Quote Milparinka organisational ID number 828	

The interpreter service will provide you with instructions from this point.

Risk Management

Purpose and Scope

The purpose of this policy is to ensure that Milparinka has prepared a Risk Management strategy to identify potential risk, outcomes and to set up plans and processes to eliminate risk, or to mitigate the effect should a risk outcome arise.

The Service places a high priority on minimising the risk to employees, participants, financial and material resources with respect to:

- Financial Management Risks
- Contract Management Risks
- Compliance Risks
- Legal Risks
- Industrial Relations Risks
- Natural & Man-made Disaster and Major Trauma Risks
- Information Management Risks
- Occupational Health and Safety Risks

Milparinka identifies and documents organisational risks through its Risk Management Assessment and Mitigation Strategy, which is reviewed annually. To support ongoing oversight, the Operations Team undertakes a rolling quarterly review of organisational risk categories. Three risk categories are reviewed at each quarterly meeting, ensuring all categories are reviewed over a twelve-month period. These reviews focus on high-rated and emerging risks and the effectiveness of mitigation strategies. Outcomes of quarterly risk reviews are recorded and monitored through operational meeting records and continuous improvement processes.

The adoption of a structured approach to risk management encourages:

- A high standard of accountability at all levels of the organisation:
- A high standard of Participant focussed service;
- Creativity and innovation in management practice;
- Flexibility in meeting objectives;
- Improved capacity to manage in the face of competing obligations;
- Improved organisational morale;
- More effective management and Participant care decisions;
- The efficient and effective allocation and use of resources;
- The efficient and effective delivery of health services; and
- Transparent decision making.

Definitions

Term	Definition
Risk	The chance of something happening that will have an impact upon objectives. It is measured in terms of consequence and likelihood. (AS/NZS 4360:1999)
Risk Management	The culture, process and structures that are directed towards the effective management of potential opportunities and adverse effects. (AS/NZS 4360:1999)
Risk Management Process	The systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying, analysing, evaluating, treating, monitoring, and communicating risk. (AS/NZS 4360:1999)
Financial Management Risks	Risk of financial loss through a theft, fraud, breakdown in internal control procedures or inappropriate investment.
Contract Management Risks	Risk of financial or resource loss due to inappropriate contract management practices.
Compliance Risk	Risk of sanctions through non-compliance with legislation and government regulations.
Legal Risks	Risk of litigation either through negligence or public liability etc
Industrial Relations Risks	Risk of interruption to Services through Industrial disputations and proceedings in Industrial Relation Commission or Equal Opportunity Commission.
Disaster Risk	Risk of interruption to Services or financial loss as a result of natural, man-made disaster and major trauma.
Information Management Risk	Risk of interruption to Service through loss of information including electronic records, Participant & financial databases and hard copy records.
Occupational Health & Safety Risk	Risk of injury or illness to staff, participants, community members and contractor as a result of a breakdown in Occupational Health & Safety procedures.

Implementation Process

When is there a need to manage risk, risk should be managed continuously. Risk is inherent in every decision that is made at all levels of an organisation including at a corporate level, organisational and program level, team or project level and on an individual level.

Rick Management Process

A formal step-by step process involving establishing the context, identification, analysis, evaluation, treatment, monitoring and review can be applied to decision making in all levels of the organisation. Refer flowchart below.

Establish the Context

Establishing the Strategic Context

Decisions about managing risk need to be consistent with the Service's internal and external environments. This context includes financial, operational, competitive, political, social, Participant, cultural and legal aspects of the Service's functioning.

Establishing the Organisational Context

Before undertaking a risk study, it is necessary to understand the Service and its capabilities, as well as its strategic goals and objectives.

Establishing the Risk Management Context

Before undertaking a risk study, it is necessary to understand the Service and its capabilities, as well as its strategic goals and objectives. Full consideration of the need to balance costs, benefits and opportunities should be undertaken.

Develop a Risk Evaluation Criteria

Decide on the criteria against which risk is to be evaluated. Decisions concerning risk acceptability and risk treatment may be based on operational, technical, financial, legal, social or other criteria often found in internal policy, goals and objectives.

Identification of Risk

This step seeks to identify the risks to be managed. Comprehensive identification using a well-structured systematic approach is critical. All risks should be identified whether or not they are under the control of the Service Generic methods of identifying risk include audits and inspections, brainstorming, examining of local and overseas experience, flowcharting system design, history or failure analysis, interviews or focus groups, judgemental, modelling, personal experience, SWOT analysis, surveys and questionnaires.

Identified risks are to be documented in Column 2 of the Service's *Risk Management Assessment and Mitigation Strategy*.

Analysis of Risk

The objective of Analysis

The objectives of analysis are to separate the minor acceptable risks from the major risks and to provide data to assist in the evaluation and treatment of risks. Risk Analysis involves consideration of the sources of risk, their consequences and the likelihood that these consequences may occur

Determining Existing Controls

Identify existing management controls, technical systems and procedures to control or mitigate risk.

Control and Mitigation Strategies are to be documented in Column 7 of the Service's Risk Management Assessment and Mitigation Strategy

Determining the Likelihood

Determine the likelihood of an event occurring using the following criteria:

Descriptor	Description
Almost Certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Might occur at some time
Unlike	Not expected to occur
Rare	May occur in exceptional circumstances

Determining the Impact to Service

List the potential consequences at Column 6 of the Service's Risk Management Assessment and Mitigation Strategy, then determine the consequence or impact to the Service of an event occurring using the following criteria:

Descriptor	Description
Extreme	Catastrophic consequences that threaten the survival of the organisation, causing major problems for participants and administration of the service. Revenue loss greater than 50 per cent that would have extreme consequences financially and politically.
Very High	Major consequence that would threaten the survival or continued effective functioning of a program or would require top level management intervention. Revenue loss less than 20 per cent that would have high consequences financially and politically. Negative impact on staff morale.
Medium	Moderate consequences that would not threaten the survival of a program but would mean that the administration of a program could be subject to significant review or change in operating. Revenue loss less than 10 per cent that would have medium consequences financially and politically.
Low	Minor consequences that would threaten the efficiency and effectiveness of some aspects of the program, but would be dealt with internally. A loss of revenue below tolerance level of 5 per cent (audit materiality) applied to participants would be of low consequence.
Negligible	Insignificant consequences dealt with by routine operations. A loss of revenue below the program tolerance level of 2 per cent (less than audit materiality) applied to participants would be of negligible consequence.

Likelihood is documented in Column 4 of the Service's Risk Management Assessment and Mitigation Strategy.

Evaluation of Risks

Likelihood and Consequence are combined produce the level of risk as detailed in the matrix below:

Likehood	Consequences				
	Negligible	Low	Medium	Very High	Extreme
A (almost certain)	H	H	E	E	E
B (likely)	M	H	H	E	E
C (possible)	L	M	H	E	E
D (unlikely)	L	L	M	H	E
E (rare)	L	L	M	H	H

Legends

E: extreme risk
H: high risk;
M: medium risk;
L: low risk,

Risk Assessment is documented in Column 5 of the Service's Risk Management Assessment and Mitigation Strategy.

Treatment of Risks

Risk Level	**Description**
Extreme	Detailed research, planning and management required at senior level. Immediate action required.
High	Urgent senior management attention is required and management responsibilities specified
Medium	Managed by specific monitoring or response procedures.
Low	Manage by routine procedures, unlikely to need specific application of resources.

Monitoring & Review of Risks

It is necessary to monitor risks, the effectiveness of the risk treatment plan, strategies and the management systems which is set up to control implementation. Risks and the effectiveness of control measures need to be monitored to ensure changing circumstances do no alter risk priorities. Few risks remain static. (AS/NZS 4360:1999)

An annual review of the Service's Risk Management and Mitigation Strategy will occur and be submitted to Committee of Management in June of each year, or more frequently if specifically required.

Forms

Risk Management Assessment and Mitigation Strategy.

Logbook - Vehicles

Purpose and Scope

To ensure the appropriate use of Milparinka vehicles. A logbook provides detailed information about the use of the vehicle as a resource for the program/service resource and is to be completed on each trip.

Procedure

A logbook is located in each vehicle and should remain in the vehicle until full. Logbooks will be filed by the Administration Officer after completion as a record in the event of any claims against the vehicle or driver.

The logbook is to be completed in full by the designated driver on each occasion the vehicle is used.

The logbook should include:

- The date of the journey
- The purpose of the journey
- The destination of the journey (provide detail)
- The name of the driver
- The kilometres at the end of the journey

If the logbook is completed it is the responsibility of the last driver to bring it to the attention of the Transport Manager who will then ensure that a replacement is made available.

If a staff member has any concerns about the use of the logbook, the Transport Manager should be informed as soon as possible.

Food Preparation

Purpose and scope

To ensure that all food that is cooked as part of Milparinka programs is prepared and understanding of safe food preparation and storage practices.

Procedure

Precaution

Do not prepare or cook food if you are ill with diarrhoea and/or vomiting or feel unwell in other ways.

Preparing food

Before preparing food, make sure that hands, clothes, equipment and kitchen surfaces are clean. They will also need to be kept clean throughout food preparation.

If you are preparing food cook outdoors with limited facilities, prepare the food in a kitchen and then transport it to the event. This does not mean that you need to cook food before you take it to the event but, for example, you should slice the raw meat ready for cooking. Food that is freshly cooked at the event and served straight away, such as occurs with barbecues, has less chance of becoming unsafe than food that is pre-cooked and then taken to the event. Therefore, wherever possible, try to cook food at the event rather than pre-cooking it.

Mealtime Profiles

Where a participant has a mealtime profile food must be perfect in compliance with that profile. This requires that a staff member that has completed mealtime profile training with a speech pathologist that has included food modification must review or supervise the food being prepared. If a staff member with these qualifications is not available then the meal should be sourced from home. This is not a significant issue as meal preparation in that day centre is a planned event and staff will usually be able to be arranged.

Preventing food from becoming contaminated during preparation

- The most important step to remember before preparing food is to wash and dry your hands thoroughly.
- Use tongs and other utensils when preparing food that will not be cooked before it is eaten, such as salads and sandwiches. You may prefer to wear gloves, but remember that they should be used for one task only (for example, breaking up a cooked chicken for sandwiches). When you start the next task, wear new gloves.
- You should always wear gloves if you have any lesions or open sores.
- Never use the same utensils for raw meats and foods that are ready to eat, such as cooked meats, unless they have been thoroughly cleaned, sanitised and dried.
- Cooked food and other food that is ready to eat, such as salads, should always be placed on clean and dry serving dishes.

Cleaning and sanitising utensils

There are three steps needed to effectively clean and sanitise utensils:

- washing
- sanitising
- drying.

Utensils such as cutting boards, bowls and knives need to be thoroughly washed in warm soapy water. After washing, the utensils should look clean and there should be no food or anything else visible on them. Effective cleaning will remove most of the dangerous bacteria present. Sanitising will then kill any that might remain.

A dishwasher is very effective at sanitising if it has a hot wash and drying cycle and this is available at Milparinka sites and must be used where available.

All utensils must then be thoroughly dried before they are re-used. Air-drying is best but tea towels can be used if they are clean.

If you are washing up at an event being held outdoors, make sure you have access to plenty of hot water. If hot water is not available, disposable eating and drinking utensils should be used and enough cooking utensils provided to last the duration of the event so that washing up is not necessary.

Cooking

- Always cook food thoroughly. Do not partially cook food and then warm it up later.
- Cook chicken, sausages and hamburgers until juices run clear - beef steaks can be cooked to preference.
- Cooking will reduce dangerous bacteria to safe levels if it is done properly.
- Remember that some food-poisoning bacteria can protect themselves from cooking and while they will not be present in enough numbers to make someone sick just after the food is cooked, they can start growing again if the cooked food is left at temperatures between 5°C and 60°C for too long. This is why cooling cooked food quickly is so important.
- Wherever possible, try to cook food as close to the time that you will be serving. For example, if you can, take the food to the event and cook it there. This reduces the chance of the food becoming contaminated after it has been cooked. It also means that there won' t be enough time for food-poisoning bacteria to grow to dangerous levels on the cooked food before it is eaten.
- If it isn't practical to cook food at the event, you will need to pre-cook the food and transport it hot, or alternatively cook it, cool it and then transport it cold. See transporting food.

Cooling food

If you decide you want to pre-cook food and then cool it, you will need to ensure that the food is cooled rapidly to 5°C. If a large container of cooked food, for example a beef curry, is placed in a refrigerator for cooling, it can take as long as 24 hours to cool to 5°C. This is very dangerous as the centre of the food will remain warm and allow food-poisoning bacteria to grow to dangerous levels. At Milparinka this will not happen a we do not permit the storing of pre cooked food overnight. All

cooked meals at Milparinka are prepared and eaten on the same day. There is no storage of leftovers permitted.

The Food Safety Standards require cooked food to be cooled to 5°C within six hours. The food must be cooled from 60°C to 21°C within 2 hours and from 21°C to 5°C within a further four hours. Safe cooling can be achieved by:

removing the food from the stove top, oven or other heat source after it has cooked

allowing the food to initially cool outside the refrigerator - but make sure it is placed in the refrigerator as soon as any part of it drops to a temperature of 60°C

placing the food in shallow containers.

Reheating food

Cold food (which is to be served hot, such as a lunch bought in form home) will need to be quickly and thoroughly heated at the event until it is steaming hot and then kept hot until it is served.

Keeping food hot

Hot food will need to be kept hot (60°C or above). This could be achieved by using gas or electric appliances.

Making sandwiches

Making these usually involves a lot of handling, which makes personal hygiene very important.

Sandwiches are often filled with potentially hazardous food and should be handled and stored like any other high-risk food. They should be made fresh as close to the time of eating as possible. If this is not practical, they should kept in a refrigerator. Make sure that you have enough refrigerator space to store them safely as they may take up a lot of room.

Because sandwiches require a lot of handling, the contact time with the person making them is increased. Because of this, it is very important that people who are ill do not make sandwiches.

Potentially Hazardous Food Items

The poster under document one is laminated and posted on the door of all Milparinka Fridges us for participant food storage.

Photographs

Purpose and Scope

To ensure participants rights in regards to their image are maintained.

Participants are not to have their image used without their, or an authorized persons consent.

Procedures

- Participants or authorized person signs a consent form after being informed of the specific uses of the photo
- A consent form is made available to the disability and their representatives to sign at the completion of the annual or biannual NDIS service agreement
- As the consent form is specific to different uses it must be checked by staff prior to each different proposed use. Where the use of a photograph, even when there is pre-signed consent, is for a new or unpredictable circumstances that are family or person may not have been reasonably able to consider prior verbal consent must be sought.
- Participants are able to withdraw their consent at any time.
- The consent form can be found in the current copy of the person's service agreement in MYP.
- Many participants or representatives either do not wish to have a service agreement or only want to fill out the most basic details as they are worn down by bureaucratic processes. This may mean that consent to take photos form is not signed for the life of the current service agreement. In this case is not acceptable to use past signed consent forms as indication of content. If there is not a current consent form then consent has not been given and needs to be sought for every event where it is required.
- There is no such thing as implied consent. If there is no consent form you will accept that no consent is available.
- Consent may be obtained verbally and must be recorded with the details of the date, what the consent is specifically for and who gave the consent. If it is a staff member below the level of coordinator who is in contact with a participant or family to seek consent, or they have been advised by the family of consent, they must discuss this with their coordinator prior to taking any actions that have been approved by the consent.

Partnerships

Purpose and Scope

The three key drivers of our partnership models are first, to maintain our focus on supporting one person at a time, second, to bring together key elements, diversity of skills and resources to expand our capacity, and the resources available to support individual participants to achieve their ambitions. Third to reinforce the focus and capacity of Milparinka to become, not a place to be, but rather a network of connections that brings about opportunities for people.

These points of focus direct the majority of our resources in partnerships to focus in two areas, partnerships with individuals and their families and partnerships with community members, places and natural supports that can support participants to move forward in achieving their ambitions and living a lifestyle of their choosing.

Milparinka will as a first priority enter into partnerships that have a capacity to continually focus, and have positive impacts, on the lives and ambitions of individual people who we support. This is primarily with participants and their families and specific community and natural supports in relation to individuals.

At a second level of priority Milparinka will engage with partnerships with a broader, non-specific, or sector wide intended outcomes. In this grouping preference is given to local community partnerships ahead of partnerships with specialist disability agencies. Engagement in this secondary level requires CEO approval.

Note: Milparinka takes the view that two specialist agencies talking together have less impact on creating a more inclusive community than talking directly to the local community.

Procedure

There are a number of categories in which we consider partnerships. These include:

- Partnerships with individuals and families
- Partnerships with individuals and community places that support the achievement of a person's ambitions
- Partnerships with specialists to increase individuals' skills bases and to respond to specific disability related issues.
- Generic partnerships with larger community organisations
- Disability specific agencies (Networks) focused on broader sector issues.

Priority is given to partnerships that bring about the opportunities for individuals to achieve their ambitions and create opportunities for them to access a lifestyle of their choosing.

There is not a prescriptive process for the structure and roles in partnerships as responding to the specific requirements of partnerships and relationships, whether it is a person with a disability, family or local community members or agency, will vary depending on the context and intent of the partnerships.

Partnerships Priorities

Our first priority, and most common partnership, is partnerships with individuals and families and with the community places or members that they connect to.

It is very difficult to achieve ideal partnerships however the clearer we are about the kind of partnerships and relationships that will best serve our participants the better we will become at this. We are conscious that relationships are not good simply because they exist; they are good because how they operate and because of what comes from them is good.

To achieve this, we need to be intentionally seeking the characteristics such as those listed below. Milparinka staff are expected to consider and apply these when they are in partnerships with individuals, families and others connected to them.

- ***Respect for the person(s) involved in the partnership:*** people thrive when they are treated in a valuing way and respectful conduct such as not keeping people waiting for responses, keeping people informed, keeping promises and seeking opinions is required.
- ***There should be trustworthy conduct between partners***: you should do what you say and not try to colour issues or misrepresenting issues as being other than they are.
- ***There should be mutually empowering conduct between partners:*** You are sharing responsibilities and authority with others. Representative of bureaucracies can be so obsessed with their own agendas that it restricts their ability to operate in such a way that would result in them sharing authority and decision-making and working to integrate the priorities of others into how they operate. This is often the case in a consultative process involving, participants, families and citizens that are entirely reflective of the aims and agenda of organisations and paid staff. This should be avoided.
- ***We seek unity of values and vision of partners:*** The possibilities for partnerships that are going to work particularly well are greater when those involved are committed to similar values and vision. This does not mean that partnerships cannot exist in the instance of parties that "agree to disagree", but rather that such divided partnerships are burdened by a tendency to pull in different directions and this exacerbates the frictions that come with different outlooks. A key issue in relation to partnerships, would be whether the parties share the same degree of concern with participants and families and the critical issues that they face in their lives.
- ***Be coherent and have integrity in partnerships:*** Your role should make sense to others and you should behave in ways that are dependable and predictable.
- ***Communicate in ways that make sense to other partners, not in ways that simply represent bureaucratic rituals.*** Good communication helps build mutual understanding and paves the way for joint thinking and action, both of which are essential for effective partnerships.
- ***Shared Priorities and agendas in practice:*** Sharing common values is not enough. Values must take form in practice in order to have anything beyond abstract meaning. Values need to be transformed into actual behaviour to achieve the promise of becoming "lived" values because they are applied to practical circumstances.
- ***Whose interests are served:*** partnerships should be beneficial to participants. A way of considering this is by seeing whose interests the partnership ultimately most serves. If the

interests of participants and families are constantly ignored and subordinated to more powerful interests and agendas of the bureaucracy, then there would most certainly be a cause for worry and review.

- ***The partnership should be transparent:*** People should not be excluded from access and insights into the working of a partnership.
- ***The relevant partnership is in constant relationship and genuine dialogue with participants and families:*** a relationship only exists and benefits people when it is actively pursued. When the users of our service systems, particularly those with the traditionally lowest status and least opportunity to express themselves are brought into that partnering relationship and when their voices are subsequently upheld, you can reasonably conclude that this is a relationship that honours and recognises participants. In contrast, when we see participants taken for granted and excluded from meaningful ongoing engagement in the partnership, we are seeing a very different kind of partnership i.e. one that will perpetuate their essential unimportance to the system. This should not occur in partnerships you are engaged in.
- ***The partnership authentically shares authority and influence with participants and families:*** It is essential that authority and influence is shared rather than exclusively held in the hands of those that are a paid member of the organisational system.
- ***Avoid entanglements with people and parties whose integrity and priorities are dubious:*** You should be careful and deliberate in avoiding alliances with people and parties who are likely to be hostile, or non-productive to fundamental interests of participants and families,

Involvement in Broader Sector Partnerships

Milparinka is committed to ongoing participation in appropriate networks/partnerships and will continue to assess the effectiveness of our involvement. Given limited resources we are conscious that our capacity for involvement is limited and to gain the most benefit our approach to participation in Networks needs to be strategic and planned.

We will continue to be participants in Networks at two levels. First, as associate members where we are registered and do not attend, but receive information that adds to our knowledge and improves our understanding about how we provide services for participants. Second, through our direct involvement in the Networks.

Decisions to be involved in Networks will be made on the following priorities, first on the basis of the direct benefit to our participants and second our capacity to contribute to the broader improvement of services for people with disabilities. We will target participation in networks that are outcome based through theme or have project emphasis.

When there is competing interest for our time to attend network partnerships, priority will be given to generic partnerships. If further analysis is required prior to our involvement the Productive Partnerships Assessment for Effective Partnerships will be used.

Disabled Parking

Purpose and Scope

To ensure appropriate access to parking entitlements. Milparinka vehicles used to transport people with disabilities will have disabled parking permits available

Procedures

A disabled parking sticker issued through the relevant Local Government Authority is available to Milparinka vehicles. The issuing council is:

- Merri-Bek City Council

Vic Roads have scheduled automatic reminders which are sent to the Operations Manager 6 weeks prior to the expiry date.

The Operations Manager is responsible for applying for the permits within one week of receiving reminders and ensuring that valid permits are available.

The Transport Manager is responsible to see each of the shared Milparinka Vehicles have the correct permit for each vehicle and attaching them appropriately to the correct portion of the windscreen securely. As well they will ensure the assigned Milparinka Vehicles i.e. CEO's car, have the correct Permit.

The designated driver of a shared Milparinka vehicle is responsible for ensuring that the disabled permit is appropriately displayed during their use of the vehicle.

Drivers of the assigned Milparinka Vehicle is responsible for ensuring that the disabled permit is appropriately displayed during their use of the vehicle.

The permit is to be used in accordance with the instruction of issuing council which are on the back of the disabled permit.

If there is no disabled parking permit in the vehicle it cannot be parked in a disabled parking spot regardless of the passengers on board.

Failure to comply through the non-display of a proper parking permit may result in a fine which is the responsibility of the driver to pay.

Core Group

Purpose and Scope

To ensure that participants have an opportunity each day to plan and raise issues that are relevant to them. All participants will have the opportunity to attend core group meetings each day.

Procedure

Each core group staff is to conduct a core group meeting in the designated area with their allocated persons as per timetable.

The purpose of the core group meeting is to meet the following requirements:

- To facilitate the communication skills of all those in the group. (Staff to use communication aids and follow communication guidelines).
- To give those in the group the forum to express issues of concern, specifically related to programs, group dynamics, staff/personal issues and other centre related issues.
- To gather communication aids for those in the group who require communication assistance in contributing/expressing issues of concern and other centre related issues. (e.g. Board Maker, remnant books, communication books, photos, signs etc.,)
- To share news
- To promote positive and constructive contributions by all those in the group.
- To build and promote self-esteem and socialization skills for verbal and non-verbal persons.
- To work through issues that an individual may wish to air in a positive and constructive manner.
- To alleviate concerns many Participants have as to who is here and who is not here today

Through the core group meeting, people attending may still require further action in resolving aired grievances, if so the following procedure will apply:

- Personal grievances/complaints may include staff, others attending, programs or an unresolved centre issue

Coherency

Purpose and Scope

To maintain the coherency between what participants value, need and want and how and what the agency provides. In assisting people achieve the best life possible we seek sense, consistency and harmony between the values, needs and wants of each person we support and the how, who and what we provide in each individual's service arrangement. In reflecting on this process, we will consider elements of model coherency to assess our position and determine actions.

Procedure

Determining whether service response makes sense is an individualised process for each person and is significantly developed in the context of a person's planning and ongoing discussions about their life. This procedure provides broader areas of focus that should be considered in developing a service response to people plans.

The common elements include:

- Not making assumptions that a model or method of support is known before understanding people's values, needs and wants.
- There are relationships which support a continuous effort to work with one person at a time. Not just during periods of planning.
- There are more conversations at all levels of the organisation being held with individuals, families and the community rather than with DHS and other service providers
- There are different models of support which interchange paid staff with non-paid people
- Ensuring that the planning and thinking processes we have undertaken with the person are intentional, deep and relevant to the person being able to draw a direct link between a person's values and what we are supporting them with
- There is an increase in the amount of people who are supported to plan and connect to activities which start from where they live and not always from the ATSS sites.
- There is a conscious attempt to see and respond to universal needs rather than just specific disability related needs.
- There should be a coherent fit between what the individual needs, what the service provides, and how those services are delivered.
    - These include:
        - An understanding of what would meet a need
        - An understanding of the best way to meet the needs
        - An understanding of who could meet the needs
        - A clear model and framework of support

Incident Reports

Purpose and Scope

To support the safety and wellbeing of all participants.

At Milparinka all incidents, require mandatory internal reporting.

In addition, external reporting is required if a participant has been affected, as listed below, during an incident. External reporting must be made to NDIA Commission.

Procedure

Incidents involving Violence, Abuse, Neglect, Exploitation Or Discrimination

Refer to Violence, Abuse, Neglect, Exploitation Or Discrimination Procedure

All Other Incidents:

- When an incident occurs the reporting staff member contacts their coordinator ASAP to advise of the incident. If after hours or on a weekend and not urgent the staff will complete the form and submit prior to contacting the coordinator.
- If incident requires urgent medical attention, this must be attended immediately and if required, 000 called before contacting coordinator.
- If 000 has not been called, the coordinator makes an assessment to determine immediate actions required and how to implement these.
- The reporting staff member completes and submits a written incident report. Accessed by MYP or Staff Manual.
- The coordinator/manager receives the report and completes the Office Use Only section and submits.
- The report is automatically sent for review by a senior manager once the coordinator has recorded actions
- The Administrative Assistant automatically receives a copy of the form and records in the incident data base and save the record to individual files.

Definition of internal incident

Any incident that does not require external reporting to the NDIS commission however identifies minor harm or a potential risk of harm to a participant, family member staff, community member or property.

When recorded in the database internal incidents are recorded as Internal

This category includes:

- An unusual or near miss event which indicates a future risk of harm or disruption
- Minor trauma, to others but no physical injuries have occurred. Such as yelling or verbal abuse
- Unexpected events of challenging behaviour that disrupt normal activities

- Accidents
- Minor injuries requiring first aid or non-urgent medical attention

Definition of an external incident

"An event or circumstance that occurred during service delivery and resulted in harm, or an allegation of harm, to a participant"

This excludes incidents that affect staff or members of the public if no impact on a participant has occurred. Such incidents should be reported through other appropriate channels, including Worksafe and Victoria Police.

External reporting through NDIS Commission

Registered NDIS providers will **identify** any incident and **monitor** responses taken by workers, including the immediate activities undertaken to ensure the safety and wellbeing of people with disability and workers.

Registered NDIS providers are required to appropriately assess and/or investigate all incidents having regard to whether a person with disability is impacted by an incident.

If an incident is deemed to be a **reportable incident**, it must be notified to the NDIS Commission by the relevant personnel using the reportable incidents portal, **within 24 hours.**

An exception to this rule is notifying the NDIS Commission of the use of a restrictive practice that is unauthorised or not in accordance with a behaviour support plan. In these instances, the provider must notify the NDIS Commission within five business days of being made aware of the incident. If however, the incident has resulted in harm to a person with disability, it must be reported within 24 hours.

Reportable incidents to the NDIS Commission include:

Death of a person with a disability

- All deaths of a participant that occurs in connection with provision of NDIS supports or services
- Serious injury of a person with a disability
    - In determining if an injury is 'serious' consider the level of harm caused
    - Examples include; fractures, burns, deep cuts, extensive bruising, head or brain injuries, any other injury requiring hospitalisation

Abuse of a person with a disability

By a worker, another person with a disability, or any other person)

Includes:

- Physical abuse that is intended to cause hurt or harm
- Psychological or emotional abuse that cause distress, anguish, pain, i.e. verbal taunts, threats, harassment, humiliation and intimidation

- Financial abuse
- Systemic abuse

Neglect of a person with a disability

An action or failure to act by a person who has care or support responsibilities towards a person with a disability

Includes:

- Grossly inadequate care by depriving a person with a disability of basic necessities of life
- Failure to access medical care
- Supervisory neglect
- A reckless act or failure to act
- Failure to protect from abuse

Sexual misconduct

Allegation or incident that occurred against, or in the presence of a person with a disability

Includes:

- Unlawful sexual conduct
- Grooming for sexual activity
- Sexually explicit comments or overtly sexual behaviour
- Crossing professional boundaries in a manner that has sexual implications or connotations

Unlawful physical contact with, or assault of, a person with a disability

Reportable when the contact with, and/or impact on, the person with a disability is deemed to not be negligible

- Includes: pushing, shoving, spitting, throwing objects or making threats of physical harm

Unlawful sexual contact with a person with a disability

- Includes sexual assault and indecent assault of a person with a disability

Use of unauthorised restrictive practice (URP)

- Using or allegations of practices that have the effect of restricting the rights or freedoms of movement of a person with a disability, that is not in accordance with an authorisation of a state or territory
- Includes: seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint

If an incident is deemed not to be a reportable incident, registered NDIS providers are required to refer to their **internal incident management** systems in order to manage the incident.

If an incident is deemed reportable the registered NDIS provider needs to carry out the relevant **investigation** about the reportable incident or take any action deemed appropriate by the NDIS Commission.

Providers may be required to **give information** to the NDIS Commission in connection with any internal or external investigation or assessment that has been undertaken.

The registered NDIS provider will need to respond to any **regulatory measures** requested by the NDIS Commission following a reportable incident.

The Immediate Notification Form must be completed by registered NDIS providers within 24 hours of becoming aware of any reportable incident or allegation occurring, except for an unauthorised use of a restrictive practice or the use of a restrictive practice which is in accordance with an authorisation of a State or Territory

The notification must include the following information to the NDIS Commission:

- The name and contact details of the registered NDIS Provider, the person making the notification and the persons involved in the reportable incident, including the person with disability affected by the reportable incident, and any subject/s of an allegation
- A description of the reportable incident, including (if known) the time, date and place the Incident occurred
- A description of the impact on, or harm caused to, the person with disability (Note: where the reportable incident is a death, this information does not need to be provided)
- The immediate actions taken in response to the reportable incident, including any actions relating to the health, safety and wellbeing of the person with disability affected by the incident, including medical treatment provided, and whether the incident has been reported to the police or any other body

Process

1. An incident has occurred
2. Immediate response is provided to ensure Health and safety is met.
3. The health, safety, wellbeing and impact, both immediate and long term of participant's is established.
4. Immediate reporting to your direct supervisor
5. Internal incident summary is mandatory, in all incidents and is written and recorded in the individual participants notes.
6. Through your direct supervisor's login to the NDIA commission, the incident report notification form is completed and submitted to the NDIA Commission. This is done through the NDIS commission portal www.ndiscommission.gov.au/providers/ndis-commission-portal and clicking on the "My Reportable Incidents" link and then the "Notify" link.
7. The NDIS Commission will acknowledge receipt of the notification within 24 hours.

The Notification will be reviewed and further information may be requested by the commission.

Where appropriate, the NDIS Commission may require a provider to take remedial measures. The NDIS Commission may work with the provider to implement these measures, and monitor progress. Remedial measures may include, but are not limited to, additional staff training and development or improved services to support NDIS participants and updating policies and procedures.

- Milparinka will maintain an incident report database
- All incidents that are reported to the NDIS are reported to the next Committee of Management meeting
- There will be a quarterly review of incident reports, inlcuding a review of causes and related trends, at the Operations team meetings.

Note:
This procedure references the NDIS Incident Management and Reporting Rules, including related record-keeping requirements of seven (7) years. Further information and guidance can be accessed via the NDIS Quality and Safeguards Commission website:

https://www.ndiscommission.gov.au/rules-and-standards/reportable-incidents-and-incident-management/incident-management

Authority

Purpose and Scope

To ensure that each participant accesses supports through Milparinka that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.

To ensure that participants and the key people in their lives have the delegated authority to craft, govern, oversee, steer and guide their resultant supports and are in a position to negotiate with us and others – this includes an ability to refuse and counter propose in their relationship with us.

To be in right relationship with people requires Milparinka to treat a person as an equal authority in that person's own life. In practical terms this ethic that is embodied in 'right' relationship would mean developing supports or assistance with a person; not doing things to or for a person.

Right relationship should begin with a commitment to preserve maximum and normative personal autonomy, unless there is some compelling reason to limit it.

It is not assumed that simply because the NDIS is in people's lives and it claims to give families and individuals authority and control in the design of service that families adoption of this authority is automatic. It takes a deeper level of understanding by families to be able to engage effectively and many families will need equally our support and commitment to develop this capacity.

Procedure

Ensuring that people have the authority to direct and guide their own supports and lifestyles is a process that is individual to each person and involves a range of processes fundamentally built around getting to know a person well and assisting them to imagine better.

What we mean by authority is being sure that people are in a position to negotiate with us and others – this includes first, an ability to refuse and counter propose: - in part this means our agency needs to be open to examination, flexible, fluid, responsive and not fixed and menu driven. Second it is about ensuring that people with disabilities and key people in their lives can govern and oversee what is happening, that is, guiding and steering their services: - having authority in what happens to them.

It is important to note that some people who seek assistance from Milparinka may have very limited abilities or people who are close to them to support them with decision making. In these cases, it is incumbent on Milparinka staff to work with individuals to safeguard this vulnerability. It is not assumed that in these circumstances Milparinka will or can decide for people.

Milparinka in its practices will:

- Have continued discussion and reflection with participants and people important about their support and ambitions
- Ensure that each participant's legal and human rights are understood and incorporated into everyday practice
- Communicate with each participant in a way that ensures the provision of supports is responsive to their needs and is provided in the language, mode of communication and terms that they are most likely to understand

- Support participant to engage with their family, friends and chosen community as directed by the participant
- Have individual agreements with the person which clarifies what the person is seeking from Milparinka and gives them authority to direct and negotiate this.
- Identify areas where staff and managers may continue to have a monopoly on decision-making and service design and substitute these with opportunities to place the person in a role of joint or lead decision-makers.
- Support individuals with skills training and opportunities that develop their capacities to make informed choices.
- Recognise each persons entitlement to approve, change or modify the level or types of support they receive from Milparinka. This includes both in all groups programs as well as individual supports and relates to both shirt and long term supports.
- Bring organisational decision-making as close to possible to the Participant
- Ensure that the person is a point of influence in their relationship with us.

There are questions staff are required to consider as we move through the process of working with individuals

- Is the person who is using the services actually able to make a significant difference, through his or her own actions, in regard to their own life and the character of the services/supports he/she is receiving?
- How many key decisions about the design and operation of their service are made by the person who is using the service, and how many are made by others on behalf of the Participant?
- Milparinka has a duty of care in how we care and deal with Participants but they the Participant also have the absolute right of 'Dignity of Risk' in their lives.

We utilise the Kendrick scale for measuring the degree of consumer directions control and self-direction within a given system when assessing the influence and authorities of our participants and families. Participants being higher up on this scale of authorities is one of our key performance indicators.

Level One: At this level, participants make no substantive decisions about their service.

Level Two: At this level, participants make *no substantive decisions about their service, but they are routinely informed about the decision's* others will be making on their behalf.

Level Three: At this level, participants *are routinely consulted* about their service preferences *by the actual decision-makers*.

Level Four: At this level, participants routinely make a *significant minority of the substantive decisions about their personal services*. (A significant minority, in statistical terms, might range from 25% to 45% of key decisions.)

Level Five: At this level, participants routinely make a *significant majority of the substantive decisions* about their personal services. (A significant majority, in statistical terms, might range from 55% to 90% of key decisions.)

Level Six: At this level, participants so routinely make the *vast majority of key decisions* that they consider themselves to be *fully in control of the services and supports* they receive.

BT

Body Fluid Spills Procedure

Purpose and Scope

To ensure effective reponses to Body and Bloods Skills

Procedure

Cleaning spills – equipment

Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, should be readily available for spills management and are available on all sites.

Body spill Kits are available on each site, and include the following items the following items:

- leak-proof bags and containers for disposal of waste material
- a designated, sturdy scraper and pan for spills (similar to a 'pooper scooper')
- about two sachets of a granular formulation containing 10,000 ppm available chlorine or equivalent (each sachet should contain sufficient granules to cover a 10-cm diameter spill)
- disposable rubber gloves suitable for cleaning (vinyl gloves are not recommended for handling blood)
- eye protection (disposable or reusable)
- a plastic apron
- Face masks
- Single-use items in the spills kit should be replaced after each use of the spills kit.

With all spill's management protocols, it is essential that the affected area is left clean and dry.

Cleaning spills – procedures

- blood and body fluid/substance spills should be dealt with as soon as possible.

- Care should be taken to thoroughly clean and dry areas where there is any possibility of bare skin contact with the surface
- PPE should be used for all cleaning procedures, and disposed of after use. Hands should be washed and dried after cleaning.
- Where a spill occurs on a carpet, shampoo as soon as possible. Do not use disinfectant. Steam cleaning may be used instead.
- Wash hands thoroughly after cleaning is completed.

Cleaning spots or small spills

Spots or drops of blood or other small spills (up to 10 cm) can easily be managed by

- Wiping the area immediately with paper towels,
- Cleaning with warm water and detergent,
- Rinsing
- A hospital-grade disinfectant can be used on the spill area after cleaning.
- Drying the area. This should be as dry as possible as wet areas attract contaminants.

Cleaning large spills

Where large spills (more than 10 cm) have occurred in a 'wet' area, such as a bathroom or toilet area, the spill should be carefully washed off into the sewerage system using copious amounts of water and the area flushed with warm water and detergent.

- Large blood spills that have occurred in 'dry' areas should be contained and aerosols should be avoided.
- A Body Spills Kit is available with the required materials for safe decontamination
    - The granular formulations with a high chlorine concentration absorb all spilled bodily fluids
- A scraper and pan should be used to remove the absorbed material.
- The area of the spill should then be cleaned with a mop, and bucket of warm water and detergent.
- The bucket and mop should be thoroughly cleaned with hospital-grade disinfectant after use and stored dry.
- All disposable items are to be disposed of post Body Spill, into the HAZARD WASTE BIN (LABELLED YELLOW BIN) at each site.
    - Locations of Hazard Waste Bin
        - Brunswick – Bin is Located in Cupboard in Rm 3
        - Richmond – Ground Floor Cleaners Room
        - 160 Lord Street- TBA

- Once the ‘spill kit’ is disposed of in the Hazard Waste Bin, including any PPE used, the company responsible for pick-up, Rentokil Initial, should be contacted for pickup and replacement of the Hazard Waste Bin
- A hospital-grade disinfectant can be used on the spill area after cleaning.

Vehicles

Where large body fluid spills occur in a vehicle the above conditions apply however, steam cleaning of vehicles of the carpet and cloth seats will need to occur before vehicle is fit for use again.

STANDING INSTRUCTIONS

Booking Vehicles

Please see instructions attached

Documents

Document One

File Naming and Saving Protocol

Process

<table>
<tr><td>File Naming protocol</td><td colspan="2">There is only one naming protocol for all non automatically named files uploaded to MYP
This Is... "Persons Name" - "Content description" - "Date"
For example:
Fred Smith House Meeting Minutes 12-12-21
J Jones email re change of service type 12-11-21</td></tr>
<tr><td rowspan="2">Where to Save Document so they can be uploaded</td><td>For Participants</td><td>On Sharepoint: MYP Uploads/ Participant Uploads</td></tr>
<tr><td>For Staff</td><td>On Sharepoint: MYP Uploads/ Staff Uploads</td></tr>
</table>

Additional Supports - Confirming Funding for Additional, Non-Scheduled Supports Processes

On receipt of a service request for supports which are additional to those identified in service agreements:

1. The Manager of the requested service type will confirm with the referrer that the person has adequate funds. If the response is in the negative, say thanks and ask them to return when funding is available. If the answer is in the affirmative advise them that you will need to submit a request for this to be processed/formalised to the CRM, who will be in contact with them.
2. The Manager advises the referrer that once the CRM has confirmed funding then service will be able to commence.
3. Service Manager Completes a **Quote/Service Agreement Request from Milparinka Jotform**and submits to the Client Relationship Manager
4. The Client Relationship Manager will send to the family/support person a quote. The family/support person responds to the CRM confirming by email (or not) available funds. If a person confirms by phone, the CRM will write an email to confirm the directions provided. A copy of this email is saved the person's file.
5. If the response is in the negative the CRM advises the Recreation Manager via email and records this in the participants file.
6. If the response confirms the availability of funding, and a willingness to proceed, the CRM will:

1. Make a record in the participants file
2. Make required Changes to the Schedule of Supports
3. Advise the Service Manager via email that funding is available and they can proceed with service provision

Advertising for Staff - Login Details

Login Details

Please confirm with the Head of Lifestyles Supports or CEO prior to issuing an add

Ethical Jobs

Username	bookings@milparinka.org.au
Password	Milpar1234#

Seek

Username	hannah.crupi@milparinka.org.au
Password	Milpar12345

Indeed

(Indeed will send a code when you log in, sent to the bookings email)

Username	bookings@milparinka.org.au
Password	Milpar1234

E

Guardian and Administration

Process

Current Participant Change in Status Form (jotform.com)

Managers and Coordinators	Note that the only acceptable notification of a Guardianship or Administration Order is in writing from the appropriate authority (VCAT). If you do not have this, do not proceed with this notification 1. You are notified of changes and provided with documents 2. Documents are saved to MYP 3. Complete and submit 4. Jot form - Change in Status form as above
Administrator	On receipt of Jot form

	1. Enter Relevant details into MYP - as contact 2. Complete a Journal Note in MYP to record the change
Finance Manager	On Receipt of Jot Form 1. Enter new details into MYOB as required

Replacing Staff Absences - Day Centres

Purpose

When there is a need to replace a staff member in a Day Centre due to a Staff Member being on leave, staff can be replaced on the following basis:

- Richmond Day Centre: ALL Staff absences to be replaced where possible. This is due to the relatively low number of staff on site
- Brunswick Day Centre:
    - If a staff absences will result in services to participants being impacted then replacement of the absence is required.
    - If, due to participant absences, a staff absence will not impact on participant supports then the absence is not to be replaced

For ALL Staff absence replacements it is preferred that the replacing staff be sourced from the current Milparinka staff pool, the use of Agency (HireUp) staff is only to be used when there is no alternative.

Participant Birthday Allocations

Applies to:

- Centre Based Clients
- Housing Clients

Major Birthdays *are for 18, 21, 30, 40, 50, 60, 70, 80 etc.*

Gifts	**Amount Allocated ($)**
Standard Birthday	20
Major Birthday	50 - 80 (depending on the Participant)

Cake and Food Allocation	**Room/ House Based ($)**	**Centre Based/ Large Party ($)**
Stanard Birthday	20	50
Major Birthday	40	100

Any **exception** to the above must be approved by one of the following:

- CEO
- Head of Lifestyle Supports and Services
- Head of Finance and Business Services

Bulletin Board - What is in Each Tab

Description

Bulletin Board

- Bulletin Board Items shared with staff

Plans

- Indivdual Agency plans for different areas

Support Coordination

- Support Coordination Allocation list

Milparinka Documents Library

- Documents, information and tools to use (principles, values, ideas)

MYP Knowledge Base

- Documents linkted to staff manual and Instruction Process's

COVID19 - Vaccination Certificates

Managers, Coordinators and Admin

October 2024:

Please note: Historic vaccination certificates remain on file however as the health orders have changed, provision of certificates is no longer mandatory

- In each participants file in MYP, there is a section called Covid 19 Data.
- This is where records of vaccination status, certificates provided, details of isolation and the outcome of any required testing is recorded
- Information about Covid vaccinations and certificates is recorded by HR. If you have vaccination dates for a person or a copy of a certificate, send this to HR: HR@milparinka.org.au
- Both of the above two records and other relevant information are recorded in each individuals file in a section called Covid 19 Data. This section is for specific information as outlined above and not for general commentary.

For Participant Alerts

- HR will enter into the "Additional Information" section under the Participants Personal Information Tab: either Covid Vaccinations Certificate Received or No Vaccination Certificate Received.
- All staff will be able to see this in the ALERTS section on the front page of each person's MYP file.

Community Supported Access

We no longer provide transport to and from the centre in our buses.

What we provide is community supported access to those people who are unable to use public or private transport, such as buses, trains, taxis or Ubers, safely on their own to be able to attend community or centre based activities.

Another way to think of this is that for these people the activity starts from, and ends at home, we simply charge less for the times on the bus because it is shared with more people.

We do not employ drivers, the staff who drive the buses are facilitators, they are paid and employed as this, and that is what they should be referred to externally. Even if we use the local term drivers internally.

It is easy for people to confuse this with transport to and from activities which it isn't so we please be sure you understand the difference.

What we provide is Community Supported Access or the commencement of program support from home for people who cannot travel safely or use alternative transports.

People who uses taxis to come to and from the centre are using transport.

Dash Cams

Purpose

MIlparinka Vehicles have Dash Cams facing both the front and rear of the vehicle.

The is not information sent out to staff about the cameras due to the fact the cameras turn themselves on and off with the car ignition and are essentially set and forget. They do not film inside of the car. In normal circumstances the only time staff will need to pay attention to Dash Cams is in the event of an accident or near miss incident that requires further investigation.Please refer for the Vehicle Accident Procedures if you need specifics about responses to accident.

See the following section to understand what happens with dash cams in the event of an accident.

In the event of an accident

Minor Accident - No Injuries or Minor injuries:

- Not to touch or move the camera
- Return the vehicle to the service and advise the Operations Manager
- The **Operation Manager** will check the camera as required

More serious of Major Accident involving un-driveable vehicle or personal Injury (if staff are capable)

- Provide the camera to the police if requested
- If the vehicle is being towed to a car yard and the police haven't taken the camera, remove the camera and return it to the centre and hand it to a manager.
- Managers should contact the **Operations Manager** for further instructions

Day Service Staff Normal Hours

Permanent staff working in Day Services (unless there is a specific agreement with an individual staff member) are as follows:

Monday	8:30 am to 4:15 pm
Tuesday (Staff Meeting Day)	8:30 am to 4:30 pm
Wednesday	8:30 am to 4:15 pm
Thursday	8:30 am to 4:15 pm
Friday	8:30 am to 3:15 pm

Debit Card Access and Use

Before Using the Debit Card

Understanding the Rules - (a once off form)

Prior to being able to use the debit card to make purchases, you are required to complete the **Use of Milparinka Debit Card jotform**. This form ensure that you are aware fo the conditions that apply when you uses this card.

Completion of the form will be confirmed prior to card access beng provided. The form is accessed through the following link:

Use of Milparinka Debit Card Jotform

Administration Operations Officer *- This position will recieve the completed Use of Debit Card form and will save these to each staff members staff file*.

Using the Debit Card to Make a Purchase

Prior to being given a business debit card to make a purchase staff are required to submit a jot form which records the items, purpose and amount of the proposed expenditure. This form is a record for tracking of purchases and does not provide automatic approval. Please note:

- If you need to make a purchase using a debit card you can request access to a card from the CEO or HF&BS
- To be able to use the card you will need to complete a Jotform in which you will record details of the intended purchase. This form a record of the proposed transaction and you will not receive a written response when you submit this. This form is required to help to avoid lengthy searches for receipts, which have not been submitted, and to keep a clearer record for auditors.

Request for Debit Card Purchase Jotform

- Approval to use the card is still obtained verbally, or by email, through a direct request to the card owner. They may review your Jotform at that time when making a decision

After you have processed your purchase you must:

1. Send a copy of the receipt to Debitcard@milparinka.org.au
2. This email should include the name of the item purchased, who or what the purchase was made for and if known, the funding bucket that this is funded from.

CEO and HF&BS

Will assess each request in context.

No make Debit cards available for use if the prescribed form has not been completed.

What Cant Be Done with A Debit Card

When a purchase is made using a web based credit card system staff are not permitted to select any option that records the details of the card for future use, on any site.

Staff are not permitted to :

- Make unauthorised purchaces
- Record the details of a Milparinka's debit card for future use.
- Hand over a debit card, or card details, to another staff member without specific instructions from the Cards owner
- Link the card on personal accounts sucha s Pay Pal and Ebay
- Use the card to make purchases other than those for which approval has been given
- If staff are provided with a pin number, the PIN number must be kept separate to the card

Shadow Shifts

Shadow Shift Form Location

Shadow Shifts Jotform

Shadow Shift process

- Based on the capacity of the participant time should be allowed at the start of the first shift for the participant and new staff to learn about each other.
- Opportunity should also be made as required for introductions to the family Emphasis should be placed on the new staff and participant developing a relationship and being comfortable with each other.
- The new staff will observe the existing relationship and methods of communication used between the participant and experienced staff

Documents and Tools

- If the participant has communication aids emphasis must be placed on the new staff being able to access and use these.
- The new staff will have been Linked to the participant in MYP and will have access to key information about the person prior to their first shift.
- The staff is expected to read the information either before the shadow shifts or early enough in the shift to be able to discuss the details with the experienced staff or participant as appropriate.
- The new staff member will make notes about any issues that they require to seek clarity on.
- Time should be made available for the experienced staff to go through key support documents with the new staff. Emphasis is placed on the person's goals, which give purpose to the activity. At this point the new staff can discuss any previously noted questions.
- The new staff is to be shown processes for recording journal notes, incident reports, goal information, sequencing etc.
- New staff is shown any requirements such as time requirements, accessing money, transport, venues etc.

Work Skills

- In the early part of the of the shadow shifts the experienced staff member should model the work role.
- The new staff is observing for established processes and communication methods
- Throughout the shifts, the aim is for the new staff to gradually get to the point of taking the lead in supporting the participant during the activity. The more experienced staff guide this. The timing of this occurring will vary between different people.
- Because this is essentially a learning and teaching experience there is a risk that some conversations could happen about the participant in front of them. This should be avoided.

Where possible include participants in a three-way conversation or discuss issues away from the participant.

Process

- Once shadows shifts are organised provide new staff with a documented copy of the above
- You can find this documentation at Shadow Shift Form (at the top)
- Provide access to the form to both the experienced and new staff - with explanation. It is only the new staff who needs to complete and submit the form
- Shadows shifts are completed and the new staff, following as required a discussion with the coordinator, submits a signed copy to confirm that have completed a shadow shift and undertook all of the required elements.

NO SHADOW SHIFT

Not all participants need or want to use shadow shifts. Where this is the case the orientation to the person is undertaken by a delegated coordinator. The Coordinator is to ensure that the staff member has at a minimum the following orientation to the participant.

- The new staff will be verbally informed about the participants key characteristic, needs and goals and how the best ways of supporting the person. Emphasis is placed on the person's goals, which give purpose to the activity.
- The staff is linked to the participant in MYP and will have access to key information about the person prior to their first shift. This includes NDIS goals.
- The staff is expected to read the information before their first shift with the participant and
- make notes about any issues that they require to seek clarity on.
- The staff is to be shown processes for recording journal notes, incident reports, goal information, sequencing etc.
- New staff is shown any requirements such as time requirements, accessing money, transport, venues etc.
- Introduction to the participant is designed specific to the needs and preferences of the participant and their family

Work Skills

- In the early part of the of the shadow shifts the experienced staff member should model the work role.
- The new staff is observing for established processes and communication methods
- Throughout the shifts, the aim is for the new staff to gradually get to the point of taking the lead in supporting the participant during the activity. The more experienced staff guide this. The timing of this occurring will vary between different people.
- Because this is essentially a learning and teaching experience there is a risk that some conversations could happen about the participant in front of them. This should be avoided.

Where possible include participants in a three-way conversation or discuss issues away from the participant.

Key Safe Codes - Brunswick

Codes

A	6521
B	5913
C	1321
D	9387
E	1956

There are 5 Vehicle key safes available

4 on the wall next to reception are identified with letters. The fifth one is in the fire hydrant and has the letter E written on it and is used for Bus keys only.

Each has an individual code

Only one vehicle key is permitted to be in one key safe at a time with each key safe is allocated to a specific car.

Vehicle	**Key Box**
Red Corolla	A
White Yaris	B
Blue Corolla	C
Spare Building Key	D
Bus	**E***

***** This key box does not store the actual bus key. It stores the key that opens the lock box at the bottom left of the fire hydrant where bus keys are left.

"If a staff member requires a key for a vehicle and they need to pick up after hours a key can be left in a key safe for them.

Note: this instruction is not about booking a vehicle. It is specific to leaving a key for staff to access outside of normal office hours. Bookings must be undertaken as normal.

There is an afterhours return shute for keys under the Reception window. Keys are returned to the shute by staff - NOT TO THE KEY BOX

Once keys are dropped in the shute they cannot be retrieved from outside of the building.

Email Aliases

Overview

Email aliases are used in places like forms or links where an email address can be selected to submit or forward the document. In these cases we use an alias which has the position of the staff and not their name.

This means that if someone's email is on multiple forms and they change positons or leave we simply have to change the central Alias link rather than change multiple forms.

Email Aliases

Adrian Hill	Brunswick.coordinator@milparinka.org.au
Catherine Floranda	Roster.admin@milparinka.org.au
Claudia Veneris	Head_of_Lifestyle_Supports@milparinka.org.au
Court Walters	HOME@milparinka.org.au
Sarah Forbes	CEO@milparinka.org.au
Hannah Crupi	payroll@milparinka.org.au
Dean Dunkly	Respite.Coordinator@milparinka.org.au
Nat Traycevska	ILA.Staff.Coordinator@Milparinka.org.au
Rod Sharpe	Head_of_Business_Services@milparinka.org.au
Sam Moulton	operations@milparinka.org.au
Dalton Courtney	Richmond.coordinator@milparinka.org.au
Brunswick	Brunswick@milparinka.org.au Password:M331b138
Pooja Pratap	supportcoordination@milparinka.org.au
Redirection of Emails	Intake@milparinka.org.au **is redirected to** Claudia.Veneris@milparinka.org.au
Redirection of Emails	Info@milparinka.org.au is redirected to a shared mail box - Info

Staff Resignation

What to do

Who	Action
Person who receives resignation notification	If you are not the staff members direct Coordinator - within the same working day or on the next available working day, inform the appropriate coordinator in writing by email.
The resigning staff members co-ordinator	Complete the Staff- Changes in Conditons of Employment - Include the persons name, dates of resignations, final date of work, reason for resignations and any correspondence received from the staff
Administration	Make the required changes in MYP/MYPSC/Brevity and MYOB. Remove the staffs access to MYP Arrange for Termination of network access and if email needs to be forwarded to another perosn or the old mailbox needs to be accessibale by someone else.

Employing Facilitators

All Management/ Coordination Staff

If you receive an email or a request from a person who wants to be considered for work as a facilitator at Milparinka you should collect the following details from them:

- Name
- Phone number
- Email address

If you have been contacted by email, that will be adequate information to collect

1. Send or forward an email to the employment coordinator at employment@milparinka.org.au advising of the persons interest and providing the details above.
2. If you have approval to undertake the employment process yourself please proceed as if you are in the role of Employment Coordinator

Employment Coordinator (Recruiter)

Make contact with the applicant and email them a copy of the Milparinka Application Form for completion and submission.

- On receipt of completed application, review the application to assess whether the applicant is able to meet key section criteria. In the STAFF email inbox all application jot forms are to be saved in the JOT FORMS PROCCESSED folder. No applications are to be deleted. (if you have been approved to undertake interviews contact the Operations Manager to obtain access to the Employment email box.
- Applications that are being followed up for interviews are to be marked with a green tick. If the application is unsuccessful at interview or does not proceed for any reason, mark the email with a RED FLAG
- If the applicant is considered unsuitable send them an email advising of this and mark the email with a RED FLAG. Applicants who are not available for at least 20 hours per week, or who do not have a license are not suitable for work. Any exceptions are through the CEO.
- Arrange and conduct interview - with a minimum of two interviewers
- Make an interview summary including the names of the interviewers and a comment about the persons qualities that you noted during the interview. Send the completed summary to the Human Resources administrator for filing.
- If the applicant is considered unsuitable send them an email advising of this.
- If the applicant is considered a suitable applicant proceed to confirm past performance with referees.
- No discussions around confirming employment can occur prior to satisfactory reference checks being obtained.

- No Employment forms should be provided to a person prior to reference checks being conducted.
- Referee checks can be completed by email, using the prescribed link or by phone.
- When Reference checks are returned - if they are unsatisfactory terminate the process, if satisfactory continue. Reference checks are automatically sent to the HR administrator. The Employment Coordinator is responsible for assessing the checks. On receipt of the reference checks the HR Administrator will save these and will access Jotforms and save submitted applications/resumes.
- If successful reference checks are conducted you can inform the person they will be employed subject to satisfactory NDIS Screening Check and WWC checks, if appropriate, and the completion of the requirements clarified in the Staff Employment Pack
- Once we have received a successful NDIS workers Screening Check the person is sent a link to the on line orientation by the HR Administrator.
- Ensure that all of the revelevent sections in the Staff Processing by Coordinator file in OFFICE USE ONLY have been completed
- Send the Proforma email with details to the Administration HR staff so an employment pack can be sent. Attach to this email interview notes, resume and references. If these are not attached the HR Administrator will be unable to continue.

HR Administrator

- Once you receive advice from the recruitment staff confirm that you have 2 reference checks, interview notes and on line application/resume. The person should have an initial profile added to MYP and these documents loaded to MYP. In not all three documents are present you cannot proceed with sending out employment forms. Advise the recruiter of what is required.
- On receipt of the appropriate forms send the applicant an employment pack. Record the date in the Staff Processing by Administration File. Advice the administration assistant to log the staff member on the Etrainu.
- The HR Administration Assistant with add the staff member to the system and send the staff a link to complete the required training, prior to the face to face orientation.
- Forms are returned to the Administrator HR by the applicant, The confirmation of the worker screening check if received by the HR Administrator. No forms are returned directly to the recruiter.
- As forms are received they are recorded in the Staff Processing by Administration File
- If all forms are present and correct upload them into MYP and enter required details into MYP and MYOB.
- Generate and complete a letter of employment and position description and send this to the proposed staff member and ask them to return this to the Administrator.

- Once returned signed and witnessed save to MYP and send Proforma email to the recruiter Coordinator to advise that the staff member can commence work. **NO STAFF CAN COMMENCE WORK UNTIL THIS EMAIL HAS BEEN SENT.**

Employment Co-ordinator

- Once you receive the email from Administration clearing the person to start employment you can complete a staff orientation
- Forward the staff member a link to the on line orientation: https://form.jotform.com/Milpar/milparinka-staff-orientation
- If there are points that need clarification identify these for clarification at the face to face orientation. The online orientation needs to happen prior to the face to face orientation
- Complete on site orientation. Staff are paid an allowance to the equivalent of 2 hours employment for attending the face to face orientations. There is no payment for the online orientation. This orientations includes input from the Staff coordinator, Communication and Participation Consultant, Staff Coach and coordinator of Day Centre supports as appropriate.
- On the completion of the face to face orientation Send a copy to the HR Administrator for filing.
- The coordinator at the end of face to face orientation will send a proforma email including the Link to Staff On Line Manual
- Complete and submit a New Staff Available Form within 24 hours if appropriate

HR Administrator and Administration

Etrainu - Once a staff member has been confirmed by the HR administrator as ready to start they will send an email to the Administrative Assistant with an instruction to add the new staff member onto the Etrainu System.

The HR Administration Assistant will add the staff member to the system.

Employment Levels for Direct Support Staff

Work type and experience	Starting point and conditions
Centre Based Groups with no experience	**Level 1 Pay Point 1** Normally at this level 1976 hours of work are required prior to moving to the next Pay Point. In our case for this level only 6 months of suitable performance, at a minimum of 20 hours per week (or 960 hours), will result in an increase in PP level. Up to L1 PP3
Centre based Groups with relevant experience and no qualifications	With experiences of less than 20 hours a week, in consistent work roles, • Less than one year - L1 PP1 • Up to 1.5 years' experience L1 PP 2 • Between 1.5 and 2 years of less than 20hrs per week experience L1 PP3 An applicant with experience of consistently 20 hours a week or more as follows: • Less than one year experience L1 PP2 • Up to 1.5 years' experience L1 PP 3 • Over 1.5 years of minimum 20hrs per week experience L2 PP1 If the applicant has extensive experience, you can discuss a negotiated Pay Point level based on previous experience and work hours in a similar role with the CEO or HR manager
Individual supports with no relevant experience	**Level 2 Pay Point 1**
Individual Supports with relevant experience but no qualifications	With less than 1976 hours experience **Level 2 Pay Point 1** If the applicant has extensive experience, you can discuss a negotiated Pay Point level based on previous experience and work hours in a similar role with the CEO or HR manager
Individual Supports with qualifications there work is to be undertaken related to that certificate or diploma	**Level 2 Pay Point 2** If the applicant has extensive experience, you can discuss a negotiated Pay Point level based on previous experience and work hours in a similar role with the CEO or HR manager
Level 3 and above	Employed in consultation with HR manager of CEO

Encrypted Jotforms

To protect the details of a jot form from being available to others, the jot form needs to be encrypted.

The passwords are available by contacting a senior executive

The below Jotforms ahve been encrypted

- ALL Staff Performance Reviews
- ALL Incident Reports
- Goal Review Report
- Home - New Participant Information Pack
- Milparinka Grant Application's

Excursions

What is an Excursion

An excursion is different to a STA as it is effectively going away for a holiday or break.

The support is not provided in the person's home or in a structured residential unit. There are some significant differences in how an excursion is charged.

When the trip away is classified an excursion, the following conditions apply. (You can presume that if someone is leaving their home to stay somewhere else overnight as part of an outing, and is not a known respite facility, that it is an excursion. If you are unsure please check with the CEO).

Some of the excursions that we are doing, or have had, including overnight trip to Bendigo, four days away with a staff member staying in different accommodation, a trip to Sydney.

Must knows before confirmation

- What times the participant goes to bed and the staff will stop working
- What time the participant gets up in the morning and the staff will start work

Pay Conditions for Excursions

It is important that prior to staff committing to supporting people in the excursion that they are aware of the conditions. These conditions include:

- NO sleepover allowance is payable on excursions
- The range of staff paid hours for the days away include:
    - Span of 10 hours normal pays, between the hours of 8 AM and 6 PM. This can be shorter than 10 hours on the first and last day as the shift may start at a later time than 8am or finish before 6pm. Please note that regardless of starting time any hours worked before 8am or after 6 pm are TIL or overtime.
    - Time in lieu is the initial intention of the balance of hours for the day, however this is not always feasible, especially if casuals are being used, so the balance of the day is usually paid as overtime. Do not make TIL agreements with casuals.
    - From 6 PM to the end of the day, the end of the day might vary because of the person who they are supporting, it is two hours at the equivalent Saturday rate and any hours after this are at the equivalent Sunday rate.
- The following day the span of hours follows the exact pattern as above. Normal hours commence again at 8 AM in the morning. If the staff member needs to start before 8am this is overtime.
- There is a maximum limit of 10 days that one staff member can work in an excursion. This figure can be negotiated afterwards if needed.
- Kilometres are charged as accrued

Goal Review - 6 Months

A formal goal review is completed every 6 months in relation to current NDIS goals. This is not linked to plan dates - It is an assessment of current goals.

Receptionist

Until we have established an alerts process in MYP, the Receptionist will maintain a centralised spreadsheet that includes the review month for each participants NDIS goals.

The Receptionist will maintain an online calender entry for start of each month showing a need to inform managers of reviews.

The receptionist will distribute a monthly reminder for the goal reviews required in each month to the relevant coordinators. This will be forwarded at the start of the previous month to enable time for the planning of the tasks. This means managers have a minimum of one weeks notice.

The Client Relationship Manager will notify the Receptionist of the starting dates and details of new participants so they can be added to the receptionists records.

Coordinator/ Manager

The responsible coordinator/manager is required to ensure that staff continue to focus on individuals goals in their work.

The expectation is that at a minimum there will be an entry against each goal indicating actions of progress in the past fortnight, every two weeks. Entries can be made more frequently if progress and change, or new activities are present.

- On the receipt of notification that a goal review is required the responsible Coordinator/Manager will contact responsible parties and ask how they would like to conduct the review. For example some may want to write it themselves, have discussions in person, via the phone or email, or, in some case may not want to engage in the process or will nominate a representative, such as a support Coordinator to undertake the process for them.
- Once this contact has been made and agreed you should make a note in GOMS to confirm the responsible person has been contacted and the agreed process or engagement or non engagement.

Coordinators and staff are required, as normal, to have continuous conversations with families and participants in regards their participation, achievement of goals and objectives, incidents and any other issues that arise, in a timely and ongoing manner. Notes of these conversations are recorded in MYP. These conversations do not take the place of more formal 6 month reviews.

- Each responsible coordinator/manager will coordinate the completion of the 6 monthly reviews of goals.
- Each responsible coordinator will use the goals working document - Milparinka Goal Review Report, to record the agreed goals and objectives and a 5 monthly summary of progress towards these.

This form is located in Jotforms: Milparinka Goal Review Report

This process will include the involvement or consultation or representatives to the extent that have nominated.

Once the above process has been completed the following will be recorded in the participants notes; topic, who participated in the process, or refused to participate, dates of completion, and confirmation that the end summary agreed to by all participants.

The Coordinator/Manager will on completion of the above now complete the Goal Review Jot Form and submit this.

Receptionist

When the form is completed by the Manager it goes to:

The Jotform shared Mail Box
A rules shifts it to a folder named **6 Month Goal Reviews**.

The Goal review Jot Form is received by the Receptionist who will:

- Add a line to the document using a PDF editior which says ' Summary sent to "Name" on "Date by "method".
- Save the pdf file for upload the participants file
- Email or mail, as is appropriate, a copy of the Jot Form to the participant and representatives
- Make the following note in the the persons GOM notes:

Completed summary of 6 month goal review completed in ""Month"" AND provided to participant and representatives by "method" on "date".

- Update the Goal Review Data Base

6 Monthly Goal Review Report

Coordinators/ Managers

The coordinator/manager, following the review, is responsible for implementation, and recording, of any changes in processes or strategies or directions that have come about through the review.

Health and Fitness Referrals

Health and Fitness Referrals Jotform

Referral of Existing Milparinka Clients

- Usually starts with a phone conversation with Dean or Dom to gather information. (Dom is able to have conversations about how the program works, past models and examples, he is not able to discuss with you service agreements, availability, or a person's finances. These types of issues must be discussed with the Manager)
- Submit a referral Jotform. Health and Fitness Referral Form (jotform.com)
- The referral will be assessed by fitness team to determine suitability to the program.
- If it is not an appropriate referral, or we do not have capacity, the referrer will be notified in writing.
- If the referral is appropriate and we have capacity, the Service agreement Jot Form is completed, by the Escapades Manager, and sent to the Client Relationship Manager(CRM).
- The Client Relationship Manager will follow up with the participant to get approval for use of funds from within the current allocation or arrange for a new service agreement.
- Once approval has been given to use existing funding or Service Agreement has been returned:
- CRM advises the Escapades Manager via email , if this is approval to spend exiting funds, or Jot Form notifications that a service agreement has been completed
- Escapades manager provides approval for Dom to contact participant to commence supports.

Referrals for External Clients

- Can start with a phone conversation with Dean or Dom
- Referral form is either completed by our staff with the referrer, or a link is sent to them to complete
- Jotform will be assessed by fitness team to determine suitability to program
- If not an appropriate referral, or there is no capacity, the referrer will be notified in writing
- If the referral is appropriate and we have capacity the following will occur:
    1. Meet, greet and getting to know you conversations
    2. Participant information pack completed and submitted
    3. Service agreement Jot Form is completed and sent to the Client Relationship Manager
    4. The Client Relationship Manager will follow up with the participant to arrange for a service agreement.

5. Service Agreement returned
6. Escapades Manager notified of signed Service Agreement by the CRM by submitting the appropriate JotForm
7. Escapades manager provides approval for Dom to contact participant to commence supports

For Other Queries, Contact Dean

- Availability of support
- Organise Costing/quotes
- Organise or update Service Agreements
- Bookings
- Intake process

ILO - Individualised Living Options Funding

How does the funding work

This funding is allocated by the NDIS on the basis of a quote that we submit to cover the costs.

There are usually four components that are included in the quote:

- Primary supports - direct staff costs
- Primary Supports Administration - to cover the costs of the agency managing the cotenancy relationship
- Design and Facilitation - allocated hours to support the relationships and connections in the house
- Subsidy payment which contributes to rent and other costs

If one agency is managing all the funds this money is allocated to the portal by the NDIS in weekly amounts and it becomes the responsibility of the agency to separate and allocate the money to each of these areas. Milparinka currently has two ILO services where we manage all the funds and the finance department has allocated funds for the year across each area. This allocation is made on a monthly basis as we charge that ways. The formula is:

52 x weekly amount / 12 - with the people we are supporting and plan managing for the withdrawals from the portal to cover fees can be done in any ammount and at different times. While it is allocated on a weekly basis we can take larger of smaller amounts and different components as required.

It is not fixed per month.

When Milparinka is not managing the complete funding, for example where we are just doing the design and facilitation, we will need to charge our fees to the appropriate plan manager.

Milparinka Plan Managing ILO

When Milparinka is responsible for providing, from its staff establishment, both direct staffing supports and design facilitation we can be the plan managers. This will include the responsibility for paying the subsidies to the tenants.

If Milparinka's role is limited to that of Design and Facilitation, and direct staff are being provided from elsewhere or self managed, we will not take on the role of Plan Manager. In this case we will send an account for the Design and Facilitation work to the plan manager.

The main reason for this is that the potential number of monthly accounts generated by staffing costs will be much higher than can be managed within the plan management income. We can discuss exemptions to this, where we may take on the plan management role however this will only be approved if there is the capacity to charge an additional fee for this work. This requires the approval of the CEO and Head or Finance and Business Services.

Subsidy Payments

Our responsibility with subsidy payments is to pay the subsidy in a timely manner to ensure it is available for tenants to either pay or be reimbursed for rent. It is not our responsibility to pay rent.

Subsidy payments can be paid into a nominated bank account which is in the participant's name or in the name of a legal financial administrator.

The bank accounts do not need to be for a specific purpose.

Rostering/ Charging of Staff

When we are providing the direct staff supporting the participants in the house there is a possibility that as well as providing support that is funded by the ILO that we are also providing supports under a social and civic category which is a different funding stream.

This means that the staff may be rostered on shifts that are chargeable to 2 different funding streams and we need to be careful that we are not seen to double-dip on these occasions. Staff need to be directed as a basic rule that anything up to 9 o'clock in the morning is ILO support and anything after 3 PM is ILO support. Any support in between is what we would classify weekday or weekend support one-to-one or one to two in the timesheets.

This means that for example if a staff member is rostered from 7 AM to 2:30 PM on the timesheet they would need to have two lines for that shift.

- One line would be under the ILO category and would run from 7 to 9 AM and
- A second line would run from 9 AM to 14.30pm under a weekday 1:2 or 1 to 1 category, whichever is appropriate.

If a staff member was working 12 PM to 7.00 PM this would result in two lines for the shift

- One line would be under the weekday support category from 12 PM to 15.00 PM
- One line will be under the ILO category from 15.00 PM to 19.00 PM

Support Log Records

When we are providing the supporting for ILO arrangements each person will have two pages in the support log.

The first worksheet will be for social and civic and other support. No ILO supports are recorded on this page.

The second worksheet will be for any ILO related supports including staff and Facilitation and Design.

The finance department will have arranged for a regular payment for subsidies if we are responsible for these and will make an automatic bulk booking to charge for this.

Finance will, if it is not us, pay the Primary Support agency for the support of cotenants in response to invoices and will organise have an automatic booking to charge for this

For staff and the facilitation design role finance department will organise an automatic booking to charge for this.

Incident Reports

Until we can get incident reports integrated into MYP we will will use Jot Forms to record incidents. This is a change from recording incidents in MYP Notes

Jotforms

Link to Incident Report on Jotform

All incident reports are completed via this form.

The form allows for differentation between programs

Staff Member

Identifies an incident that requires reporting

- Contacts their coordinator immediately/ASAP to seek direction
- If it is after hours or on a weekend on the issue is not urgent staff member will proceed to complete the incident report jotform and submit it.
- The incident reports form for general services are included in the MYP links at the top of opening page in MYP and in the panel on the right hand side of MYP
- Staff can be sent the link as required

Coordinator

Provides advice/direction as required and directs staff to complete the incident report.

Manager/ Senior Coordinator

When first submitted all incident reports will go directly to the manager/senior coordinator of the program areas for oversight. Unless the report requires their immediate intervention there is no action for them to take other than for them to be aware of the incident, and to forward it to the relevant coordinator for finalisation.

Coordinator

On receipt of the incident report the coordinator assesses the report and determines what action requires to be taken and initiates action.

- To record their response on the form they select 'edit this form' link at the bottom of the jotform, this will open the form, comments can be documented and then the form submitted.
- The coordnator should contact the staff who submitted the report to update them of any actions to be taken.

Manager/ Senior Coordinator

The form at this stage will return to the manager who reviews it to assess that they are satisfied with the actions taken. If so no further action is required on their part. If not satisfied they should initiate appropriate action.

Administrative Assistant

The administrative assistant will receive the incident report at two points. First when it is initially submitted and second when it is re-submitted by the coordinator.

- On the first incidence of receiving the report the administrative assistant should, within 24 hours, record the details on the incident report database.
- Do not save the form at this stage
- On the second incidence of receiving the submitted form with the coordinator's comments completed, you should complete the database entries by including whether this was a report that needed submission to the NDIS commission or the police.
- Save a PDF copy of the incident report to the MYP uploads for the participants. The filename should be: participants name - incident report - date of the incident.

Injury To Staff

If a staff member suffers an injury, the first priority is their safety,care and the provison of first aid and medical treatment.

Responsible Manager

Provide medical care

Actions that are required:

1. Register of Injury Form to be completed for all injuries (can be found in staff manual)
2. If a doctors visit is required or any out of pocket medical expenses are required we will be reimburse up to $750.
3. If a Doctors/Hospital visit is required the staff member must inform the health care professional that it is a Workplace Injury
4. Staff member is required to ask the health care professional for a Certificate of Capacity Form (please note that a standard doctors certificate is not acceptable for work related injuries)
5. Staff Member must also complete the attached Worksafe Worker Injury Form.
6. On receipt of Certificate of Capacity and Worksafe Worker Injury Form please ensure that forms are signed by the staff member in the relevant spaces
7. Please then send the forms to Head of Business and Finance for processing

Intake - Completing Intake Forms

Jotforms related to Intake

Intake Jotform

Self - Referral Jotform

Person who accepts the First Query

If you take a call and the person is wanting to make an application to be considered for services with Milparinka please note:

- The preference is that you open up the intake form which can be found on jot forms, at the time of the initial contact, and complete the form with the person at the time. Then submit the form.
- The intake form is designed for any of you to be able to work through with the family or other carer to complete.
- Advise them that they should be contacted within a week to discuss this further
- The completed intake form is automatically sent to the Head of Lifestyle Services who will initiate our response

If the applicant does not want to complete the form over the phone or simply wants to complete a form themselves they can be sent the self referral form which is designed for them to complete.

- Advise them that they will be contacted within a week of submitting the form to discuss this further.
- Send them the Self Referral form Link - Do not send them the intake form which is designed to be completed by internal staff.

All Staff

When people contact us with an intake inquiry they should speak to a maximum of two people, including the person who answers the phone.

Do not pass people around to multiple staff trying to find the right person to complete a form. If for some reason the first staff who picks up the call cannot complete or send the form the second person must complete this or stop the process and tell the person that someone will get back to them and then arrange for this to happen.

Finding Journal Notes and Behavior Management Plans Previously Recorded in ProSims

Managers and Coordinators

Please see Operations Manager

To obtain a log in and password for this please contact the Operations Manager

- You may at times want to access journal notes that had previously been written and recorded into ProSims. This includes using the journal note database website to search for PBSPs. Just search for " Client Positive Strategies"
- At this stage you should not be going to ProSims to find these
- All journal notes that had been recorded in ProSIMS are now on a password protected website
- To access these please go to the website at this link
- You will need a password to access and will need to contact the Operations Manager to get this
- Do not share your login details or password with anyone else
- Once in the site you can search by the persons name and then search by different criteria such as note type or Date

For behavior management strategies, choose the persons name, Select Note Type from the drop down list, and then type in Client Positve Strategies.

Key Codes and allocation

Jotform

Key Allocation Jotform

Key Code List

M	Master Key	Access all Areas
CO	Coordinator Key	Accesss all ares except key office areas
BS	Brunswick Staff	Opens all doors at Brunswick but not individual offices
RS	Richmond Staff	Opens all doors at Richmond
P	Participant Key	Opens internal doors at Brunswick - Not external doors or individual offices
G	SEEDS Garden Key	Opens garden gates

Issuing Keys - Managers

If allocating a new key to a staff member, the keys are kept in a locked key safe.

Once the key is allocated please complet and submit the Key Allocation Jotform.

The Adinistration Operations Officer will record the details in the staffs MYP file

AD

Key System - Richmond

Richmond (138) Key Cabinets

Richmond Main Site has 4 Key cabinets

Restricted Key Cabinet (similar to the key Cabinet in the finance Office at Brunswick)

- Restricted to Management only and selected senior staff
- Stores all backup keys to everything from cars to pedestals and staff lockers
- Also used to store unallocated office keys
- Split into two section
    - Front Section has 1 key from all commonly used keys
    - Back section stores further copies of keys if held and all unallocated building keys, all staff locker keys (spare keys for
    - Those that have been issued and all unallocated keys)

- Always kept locked

General Access Key Cabinet

- At the start of day we get the key from the Restricted Cabinet and leave it in the lock till end of day when it goes back
- Accessible by all staff who need it
- Includes things like car keys, No5 key, PRN/Routine keys
- One key for all the day to day operational items like paper towel dispensers, soap dispensers etc
- Operates on an honesty system where staff who get the key are required to put the key back, may issue a Key Usage Register at some point similar to that for car keys at Brunswick

PRN Medications

- Always kept locked
- Key can be found in General Key Cabinet
- Routine Medications
- Always kept locked
- Key can be found in General Key Cabinet

Routine Medications

- Always kept locked
- Key can be found in General Key Cabinet"

Richmond House

- General Access Key Cabinet

Location of Key Cabinets

- Richmond Main Site
    - As you walk in the door to the office the Restricted Key Cabinet is on your left behind the door, more out of site, all the others are on the right and in open view
- Richmond house
    - TBC

Key Cabinet Keys

Key Locations

Restricted Key Cabinet

- Wendy Osland
- Jay Osland
- Rod Sharpe
- Brunswick Key Cabinet (will send over two when I get them cut)
- Spares held in Restricted Key Cabinet

General Key Cabinet

- 1 key Front Section of Restricted, if required this key can also be placed in the Management Office Combination Lock Key Safe, for any staff who book use of the building at weekends and require the key
- Spare keys in Back Section

PRN Medications

- 1 key in General Key Cabinet
- 1 key Front Section of Restricted
- Spare keys in Back Section

Routine Medications

- 1 key in General Key Cabinet
- 1 key Front Section of Restricted
- Spare keys in Back Section of Restricted

Car Keys

- 1 key in General Key Cabinet
- 1 key Front Section of Restricted
- Key ID Tags in Back Section of Restricted

Location/Distribution of Keys

Key cabinets come with 4 keys

Getting additional keys for the Restricted and General Key Cabinets has been a little difficult turns out the supplier of the cabinets uses a unique key and lock system, which is great for security but a right royal pain when you need spares. Their website states you can order additional keys at a cost of $24 a key, so I had a chat to someone at the suppliers and managed to get 16 Key Blanks for free, so we can get them cut as and when we need them. I believe these key blanks may match the Key Cabinet in the Finance Office at Brunswick.

Restricted Key Cabinet

- Coordinator
- Jay Osland

- Rod Sharpe
- Brunswick Key Cabinet
- Spares held in Restricted Key Cabinet

General Key Cabinet

- 1 key Front Section of Restricted, if required this key can also be placed in the Management Office Combination Lock Key Safe, for any staff who book use of the building at weekends and require the key
- 3 spare keys in Back Section

PRN Medications

- 1 key in General Key Cabinet
- 1 key Front Section of Restricted
- Spare keys in Back Section
- Routine Medications
- 1 key in General Key Cabinet
- 1 key Front Section of Restricted
- Spare keys in Back Section of Restricted

Car Keys

- 1 key in General Key Cabinet
- 1 key Front Section of Restricted
- Key ID Tags in Back Section of Restricted

Combination Lock Key Safes

1 x Management Office

- Used to store any relevant keys for outside office hours access
- Used only on a as needed basis
- Code is the standard code

2 x exterior wall of building up near the rubbish bins

- One used for the LDV key
- Stores LDV Key overnight so that Driver doesn't need access to the building
- Uses a unique code and does not use the standard code

One is used for storing Car keys

- Stores one car key on an as needed basis only
- If a key is needed after hours or a weekend staff must request that the key be put in the key safe (Key from General Key Cabinet is used)
- Key must be returned to key safe at end of use by staff member
- Key then removed and returned to General key Cabinet
- Code is the standard code

160 Lord ST

Exterior Key safe near front door

- Key will be placed in this when a staff is comng over from Brunswick who does not have a key> this is done on the day of use

Code: 1965

Building Keys

Building Access Keys

- Use the Organisational Master Key System, maintained by Sam
- Unallocated keys held in Restricted Key Cabinet
- Wendy is responsible for issuing these for Richmond

Internal Building Storage Keys

- Those on the Organisational Master Key System (can be accessed by CO and M keys only)
- Cleaners Cupboard
- Central Supplies Cupboards (located in the Hallway of HOME and Coordination Office)
- Stationery, Electrical and Secure Programs (located in Room 3 – Upstairs)
- Register of Lock Locations included in the Organisational Master Key System

Those on the Hafele System

- 0005 General Staff Access, allocated to all staff
- 0008 Sports and Rec (so that items that need trained supervisors for can be held secure)
- 0009 Restricted Staff Access (namely hot water service, spare clothing, spare towels etc) allocated to Senior Staff
- 0036 Corporate Kitchen
- Hafele Master Key
- Unallocated keys held in Restricted Key Cabinet
- Register of Lock Locations currently being developed

- Coordinator is responsible for issuing these for Richmond

Meal Time Plans In Day Supports

This instruction is in relation to the updating and filing of MTP's. All other requirements relation to MTP's also apply.

Program Coordinators

It is the responsibility of the Program Coordinator at each site to:

- Record in the participants notes that a new or changed MTP has been received
- Bring to the attention of the CEO the new or changed MTP so they can approve its use
- Once approved, ensure that approved hard copies (laminated) of current MTP's are available in all rooms that the participant has a meal
- Ensure that a soft copy of the current MTP is in the participants MYP file and available to staff by placing a copy of the new MTP in the MYP Document upload folder
- Ensure that all required staff are aware of new and updated MTPs when they are introduced
- Ensure that any changes in dates or people who have plans are advised to the Administration Operations Officer who will update central lists This is called a dietary requirement list kept in Kitchens This should be all central list. Including document summary lists and audit list/spreadsheets
- Ensure that at least a month prior to a MTP –reaching its review date that the persons family or support are notified and that a record of this notification is recorded in MYP notes
- Enter a calendar entry with a reminder, both for 4 weeks prior to the review date and on the review date
- Follow up with the participants family support until a review is completed. Follows ups are to be at intervals of no more than a 4 week periods, and are to documented in the participants notes
- Ensure that if they have concerns in regards to MTP's for a participant that these are raised with the HLSS immediately and without delay

MYP Document Upload for Participant files

Documents that need to be uploaded to participant files are completed on Monday's by the administration staff. There is a folder in sharepoint: MYP UploadsParticipant Uploads for staff to save any documents that require uploading to the participants file.

Documents are uploaded weekly on a Monday. If you require a document to be uploaded for immediate staff use, please send this document to the Administration Operations Officer and they will upload that document asap.

Documents saved in the upload folder are to labelled as follows:

First name, Last name – Document title – Date
Eg: John Smith – Friday Sequencing for Café – 30.05.24

There are certain documents that will be pinned to the top of the list and the outdated copies will be archived. This will not remove them from the participants file, simply place them in an archive status ensuring the most current document is used.The only documents that should be pinned are those that provide staff with directions and information relevent to the support and safety of participants. Documents such as Service Agreements or large behavior reports should not be pinned.

Pinned Documents include:

- **Participation to the Max (PTM)**
- **Personal Care Plan (PCP)**
- **Personal Communication Dictionary (PCD)**
- **Behaviour Support Plans that have specifc insturctions as to how to repond to behaviors - Broad ranging reports are not included (BSP)**
- **Meal Time Profiles (MTP)**
- **Emergency Procedures**
- **Current Timetable**

If at any stage an archived document needs to be viewed, this can be achieved by emailing the Administraion Operation Officer or changing the search parameters in the document search to include Archived Documents.

Support Coordinators are reponsible for uploading documents direct into their own version of MYP

Assessment of 1:1 Needs in Group Supports

Support Needs for One-to-One Services

Scope and Purpose

Since the introduction of the NDIS there has been a significant increase in the number of participants who are receiving one to one support. The need for this support varies from people who simply want to live their own lives and not be connected to disability services, others may need a higher level of support to access and engage in different activities.

In addition there are people who require one-to-one support to be able to pursue identified ambitions such as taking on volunteer or work roles.

In groups there is also been an increase in the level of one-to-one supports as people's needs are more specifically focused on. There are many reasons why people need this support, some people need significant support with personal skills and others need higher levels of support to be able to engage with others or manage their behaviour and sensory responses to the environment.

While this can be a good thing it is a significant cost, ironically having many people with one to one supports often reduces the number of people we can support because of the extra space and resources taken up by additional people and, it costs a lot of money. While there is no doubt that one to one supports can bring significant benefit to people, we have a responsibility to ensure that our supports and the levels of these are appropriate and not excessive.

Excessive and inappropriate supports can result in limitations for the participants and a waste of resources. Milparinka is introducing a system which helps us to identify the need for one to one support and it also identifies the specific reasons for one to one support in group supports so that we are able to implement focused interventions and methods of support.

Client Relationship Manager

From the start of 2025 the Client Relationship Manager will no longer be permitted to finalise a service agreement for a participant who is requesting one to one supports in day services or recreation and respite, without a 1 to 1 assessment being completed.

On receipt of an application for a service agreement for a Participant who is seeking group supports, either in day services or recreation and respite and the request includes a requirement for one-to-one supports, for all or part of the day, a one to one assessment needs to be completed.

One to one (jotform.com)

The client relationship manager can, if the assessment is not already included:

- Provide the person submitting the application for the service agreement with the link to the Jotform so that they can complete it and submit this
- Support the person to complete the form, where it is clear that they will struggle to do this on their own

Milpar Staff Appliant

You should complete the one to one assessment prior to making a submission for a Service Agreement. At this stage this requirement relates to people you are supporting who will be attending Day service groups or recreation and respite programs.

Scoring

It is not permissible for the person who has completed the one-to-one assessment to be the person who identifies the level of associated risk and the need for one to one supports.

At present the forms will be received and scored by either the Client Relationship Manager or the NDIS Consultant who will complete the risk analysis.

The results are saved for upload to each participants file and are forwarded to the client relationship manager on completion.

Head of Lifestyle Supports

Where the outcome of the assessment indicates a different level of support required than the original request, the Client relationship Manager will refer the applicant to the Head Of Lifestyle Supports for advice.

Overtime Entitlements

As the equalisation payments have now caught up between the Disability Award and the SCHADS award we will now be paying staff in accordance with the conditions of the SCHADS.

Please note that the way that longer shifts and overtime are paid has changed with the shift over to SCHADS

Be aware of the following when rostering.

- Any shifts that goes over 10 hours in length automatically attracts overtime rates and a meal allowance
- Shifts during the week of over 10 hours length for staff that exceed 10 hours are NOT preferred and should be avoided
- Please note that there is no level of funding in the NDIS price range that allows for overtime (we cannot charge the NDIS more for overtime), this means that we cannot claims for the actual level of expenditure on staff and this will cause a financial loss.
- As above there is no level of funding in the NDIS price range that makes the amounts paid by the NDIS for casual overtime on a weekday affordable and which will not cause a financial loss.
- Shifts of more than normal rostered ordinary hours on a day for full time staff which is not taken as Time in Lieu and is taken as overtime is to be avoided. No staff can choose to work overtime without the approval of a more senior line manager
- Overtime worked on weekends is fine as it mirrors the existing penalty rates for all categories of staff

Non Facilitator Staff

- For ALL Non-Facilitator Staff any overtime MUST be approved by your Line Manager prior to being performed.
- Any approved overtime performed can either be paid out as per the SCHADS Award or can be banked as Time in Lieu
- If you elect for it to be banked as Time in Lieu it is accrued at a rate of 1 hour worked, 1 hour banked.
- Any Time in Lieu banked MUST be used as part of the your next annual leave application prior to using your Annual Leave entitlements. Applying to take TIL is done by applying for leave in 94Six.

Casual Normal Shifts Over 10 Hours

If a casual works a normal shift on any one day which is longer than 10 hours in length

	First 10 hours	After 10 hours
Monday - Saturday	Normal Rates for that day	1.75% x Base Rate for first 2 hours 2.25% x Base Rate after the first 2 hours (i.e. for any hours over 12 hours).
Sunday	All Hours at 2.25 x Base Rate	
Public Holiday	All Hours at 2.75 x Base Rate	

Note: Base rate in this case in the standard rate of pay **without** penalties added

Part-Time Staff Over 10 Hours

If a Part time staff works a normal shift on any one day which is longer than 10 hours in length

	First 10 hours	After 10 hours
Monday - Saturday	Normal Rates for that day	1.5% x Base Rate for first 2 hours 2% x Base Rate after the first 2 hours (i.e. for any hours over 12 hours).
Sunday	All Hours at 2 x Base Rate	
Public Holiday	All Hours at 2.5 x Base Rate	

Casual and Part Time Staff - Overtime hours

If a casual or part time staff works more than 76 hours in a fortnight this is overtime. Length of hours on any one day is not overtime - see over 10 hour shifts above.

	After 10 hours
Monday - Saturday	1.75% x Base Rate for first 2 hours 2.25% x Base Rate after the first 2 hours (i.e. for any hours over 12 hours).
Sunday	All Hours at 2.25 x Base Rate

	After 10 hours
Public Holiday	All Hours at 2.75 x Base Rate + 25% (total 2.75%)

Full-time - Overtime Hours

***Overtime is assessed on a daily basis*.**

	Overtime Rates
Monday - Saturday	1.5% x Base Rate for first 2 hours 2% x Base Rate after the first 2 hours (i.e. for any hours over 12 hours).
Sunday	All Hours at 2 x Base Rate
Public Holiday	All Hours at 2.5 x Base Rate

Orientation - Contractor and Therapist

Jotforms

Therapist Orientation/Agreement Jotform

Contractor Orientation/Agreement Jotform

Disclaimer

All Contractors and Therapists visiting Milparinka are required to view the orientation agreement and sign it before attending a Milparinka premises. The agreement needs to be signed by all personnel who attend Milparinka sites, not once per company.

There is a QR code link to the relevant forms at the entrance of each site

Booking Manager

Identifies whether a therapist has signed the orientation agreement or not

- Will provide link for Therapist Orientation Agreement which must be signed before a therapist can attend a Milparinka site

Jotform: Therapist Orientation/Agreement Jotform

- If a therapist does not want to sign the agreement, the booking manager will inform the that they will; not be able to attend our sites

Jotform: Contractor Orientation/Agreement Jotform

Admin/ Reception/ Program Manager/ Organising manager

Identifies whether a contractor has signed the orientation agreement or not

- Will provide link for Contractor Orientation Agreement which must be signed before a contractor can attend a Milparinka site
- If a contractor does not want to sign the agreement, the contractor/company will be informed the that they will not be able to attend our sites

Permissions In MYP

Jotform

MYP Staff Permission Request

Purpose

Note: To ensure participants privacy Staff members cannot be allocated permission to view participant files and information until you are planning to roster them to work with an individual or group.

When a staff member is first employed they are allocated in permissions to Admin - Recruitment until they are rostered. This is a holding space until formal permissions are allocated. At this point the staff cannot see any participants information, be rostered or seen by you in MYP.

Once a staff member is allocated to a program or participant it is the managers/ coordinator, who is rostering the staff member, responsibility to arrange for permissions by following the steps below.

Once a staff member has been allocated permissions they will be able to see all of the relevant documents and information. Once a staff member stops working with a person then permission should be removed, they will no longer be able to see peoples details.

You should submit the relevant form as soon as you are aware of the change and preferably give at least two days notice.

Co-Ordinators

When a staff member is rostered to work with a participant they must be given permission to access the participants important support documents and contact information. To you this you should ASAP:

To ADD permissions:

- complete and submit the Staff Permission Jotform to **add** the permission. Click here to access the form: MYP Staff Permission Request

To Remove permissions:
When a staff member stops working with a participants they should no longer have permission to see that persons details or documents. To stop this access you should ASAP

- complete and submit the Staff Permission Jotform to **remove** the permissions

When you submit this form it will be sent to the Administration Operations Officerr (AOO) who will complete this as soon as possible.

If the AOO is not available, or the allocations of permission you require is urgent and cannot wait, you can contact the Operations Manager or CEO (and the AOO) to have the permission adjusted at short notice.

Recording Information in Relation to Service agreement and Bookings

CRM, Finance and CEO

Are able to make entries into the Service Agreement and Service Booking Information section in each participants profile.

This section is used to record specific finance details only.

For example explaining the allocation of funds between Plan Managed and Agency Managed if required.

Basically information that the finance teams will need to understand or clarify.

CRM and Others

All process issues with Service agreements, such as preplanning issues, agreements sent, plans not returned, changes etc. will be recorded in GOMS under the NDIS label

9 Month Support Co-ordinator - Request for information from S/C

Receiver of the Request

1. If you are approached to provide information for a Support Corodinators report and you are not the appropriate person redirect them to the right person
2. If you are the right person, inform the requestor that you can assist by providing information about the activities and goals that we are involved with
3. Advise them that it will take up to 2 weeks to complete this task if they require it in writing. If they are happy to collect information over the phone this can only be done if the conversation will take less than 20 minutes.
4. Note, if they say they have limited time their urgency is not ours. Any exemptions are via the CEO. We will of course try and assist where we can however it needs to be balanaced against existing workloads.
5. Provide the information in the Proforma Document ; '9 Month Report Request For Info From Support Coordinator
6. On occasions the support co-ordination may provide you with their own template, As long as the information requested is within your purview, and is not excessive, you are able to use their document instead of ours.

Creating Quotes

Instructions

Images are on the attached document

1. Open the Schedule of Supports (SOS)
2. Create a copy of the SOS (or create a new one if one does not exist)
3. For each line item add the units and frequency in the areas provided. The Units are the number of hours per week and the frequency is the number of weeks.
4. In the section under each line item write more specific details, for example: 30 units is 6 hours per day and anything else you want to indicate, eg: Afterhours Support.
5. Where there are more items in the SOS than you want to quote for, for example, plan management, therapy or other lines you do not want to use then delete these from this panel.
6. Click the circle next to 'Include in Quote ' at the top of the schedule. DO NOT CLICK the green Tick to finalise this. If you do this it will affect rostering.
7. Go to the bottom of page and SAVE
8. Open the Service Agreement Tab
9. Select the email Icon
10. Select: - quote template, -Send to Self and Yes under the Send as Quote title. Press Send
11. You will receive an email with a PDF quote attached. Open this and convert it to an excel document
12. Once opened in Excel, delete rows 8 and 9
13. In the new Row 8 delete the word Fee and Replace with the word Total and the amount of the full quote- found at the bottom of the page.
14. Delete Columns J and K
15. Go to the bottom of the table and delete all colour lines form Subtotal down. The last line should be a line item , not a sub total or Total.
16. The quote is final
17. Print as PDF and save etc

Documents

Document One

Hireup - Using the Agency to Replace Staff

If we are in a position of not being able to provide staff, it is better to employ someone from Hireup rather than letting someone miss out on their supports. This is, of course, only if the person and family agree in employing an unknown person.

The use of Hireup is for emergencies or occasional.

Coordinators/ Managers

Image in attached document.

If you believe that you need to employ someone through Hireup then you should ask the Head of Lifestyle supports or the CEO for approval
Once Approved:

1. Go to: https://app.hireup.com.au/login
2. Log in. User name is Bookings@milparinka.org.au and the password is **Milpar123456!**
3. Click on the Post a Job Tab
4. A panel will come up for you to complete details in. Always click the box to Hide my job post from other Hireup clients
5. Click on Post Job
6. To see the posted job and responses, click on the Job Board in the top panel

Documents

Document One

Jotform Links

Jotform	Link
Reference Request for New Employees	https://form.jotform.com/221962040466857
Change of STAFF Personal Details	https://form.jotform.com/201800397042043
Changes in Conditons of Employment	https://form.jotform.co/82518313193859
Current Participant Change in Details Form	https://form.jotform.co/Milpar/current-participant-change-in-statu
Education Support Application Form	https://form.jotform.com/Milpar/education-support-application-form
Expense Claim Form - MILPARINKA	https://form.jotform.co/Milpar/milparinka-expense-claim-form
Facilitator Application Form	https://form.jotform.co/Milpar/facilitators-application
Grant Application	https://form.jotform.co/Milpar/milparinka-grant-application
Health and Fitness Referral	https://form.jotform.com/232601145119042
Expense Claim Form - HOME	https://form.jotform.com/Milpar/home-expense-claim-form
Housing Support Co-ordination Service Agreement / Quote	https://form.jotform.com/202088616915863
Improvement Form	https://form.jotform.com/Milpar/milparinka-improvement-form
Milparinka Incident & Nearmiss Report	https://form.jotform.com/213287877777073
Milparinka Internal Service Request	https://form.jotform.com/231570972468869
Key Allocation	https://form.jotform.com/241190315708048
MYP Staff Permissions Request	https://form.jotform.com/242968521985068
New Participant information for ILO Design and Housing Support Coordination	https://form.jotform.com/221752864578064

Jotform	Link
New Service Agreement Completed For Participant	https://form.jotform.com/221838061046048
Nights Away (Doing Respite Differently)	https://form.jotform.com/240096865999074
New Staff Member Available	https://form.jotform.com/Milpar/new-staff-member-available
One to One Assessment	https://form.jotform.com/232081616064854
Online Orientation	https://form.jotform.com/Milpar/milparinka-staff-orientation
Online Staff Manual	https://form.jotform.com/220921849265158
Orientation - Contractors	https://form.jotform.com/231911115890048
Orientation - Therapists	https://form.jotform.com/232001060736845
Reference Request	https://form.jotform.com/221962040466857
Request to access Card Purchases - CEO	https://form.jotform.com/231649165768065
Request for Quote or Service Agreement	https://form.jotform.com/230517751885867
Roster And Time Sheet Errors	https://form.jotform.com/221228263221040
Self Referral to Milparinka Form	https://form.jotform.co/Milpar/self-referral-to-milparinka-form
Venue Booking Request	https://form.jotform.com/231080423007037
Study Leave Application	https://form.jotform.com/210911497403048
Support Coordination Request	https://form.jotform.com/221348509085862
Therapy Appointments on site	https://form.jotform.com/231718402279053

Adding New Staff for Emails and Logins

Staff are no longer entered through the Office365 system. They are entered via athe server and Synced

Instructions

Images are on the attached document.

1. Login to the DC1 server and create the new user as normal. **(Do not set password to change at next login as it is better for user to reset their password themselves due to the ADSync timing.)**
2. Once Created double click the User account and open the attribute editor tab.
3. Locate the proxy addresses Attribute. Double Click and add SMTP:firstname.lastname@milparinka.org.au once done clieck ADD.
4. Add user to groups as needed.
5. Sync should run every 30mins to sync user to the 365 portal. To force the sync on the desktop is a file called Delta Sync, right click and select Run with PowerShell.
6. Login to 365 and you should see your user account in the list.
7. Add licenses as needed to the account.

DELETING A USER

N.B. Deleting a user from Active Directory on the server will delete this user in 365 as well as any mail associated.

Documents

Document One

Important Roster Tips and Processes That Can Go Wrong

Roster Developers

When you are entering the specific details in the NDIS Items for Each Shift section please be careful when you see warnings in the Invoice Type column.

If there is a warning, as there is in the picture in the next column, then you should take corrective action by selecting the alternative option. In this case the NDIA option should have been turned off and the client/plan manager option turned on.

Why is this important?

The items that you complete in this NDIS Items in Shift Page are what makes up the invoice that is sent to the people responsible for paying the bills. In the Invoice Type column when you click the NDIA button it sends the account to the NDIA directly and when you press the client/plan manager button it sends the account to the Plan Manager.

If the wrong button is pressed or it defaults to the wrong button and you do not correct it directs the invoice to the wrong place. The correction process can vary in its complexity but it is realistic to say that if you do not choose the right one, which in this case is very simple because there is a warning, then you are causing someone else up to an hours work to correct what this error creates.

Booking Vehicles in the Roster

There are two ways to book a vehicle. Through the roster and directly into the booking sheet.

CARS

- The best way to book a car is through the Roster Development process as this contains the information in one place for you and it is where you can enter ongoing bookings automatically as you set the roster.
- When you book a car in a roster it automatically books the vehicle for the entire roster period and it automatically populates the booking sheet in MYP.

BUSES

- Buses will not normally be booked through the roster system. This is because when the vehicle is booked through the roster system it books it for the entire shift which in the case of Day services will be from 8:30 AM to about 4:15 PM. The problem with this is that buses are often shared between programs during the day. This means that buses should be booked directly into the asset booking system in MYP so they can be booked in different programs throughout the day.
- For specific direction on how to book a vehicle see Booking Vehicles and Other Assets in MYP in the Index in this workbook.

More Specific Information

When there are a lot of lines in a persons Schedule of Support it can make it difficult to identify the right line to charge against when completing the NDIS Items in Shift Page during roster development. It makes this page look cluttered and confusing.

This task can be made easier by in the Description column, adding a better descriptor for items that you regularly use. When you do this it provides a more specific reference and you can sort by this column to find things easier.

The picture in the next column shows you how this is done with people attending group supports. It is not as simple for some people who do not attend groups but if you can see a way to use this column to make it easier then spend to Digiv or in her absence the CEO.

Please note that you cannot make these change yourself and will need to let Digvi or the CEO know what you want so it is easier to manage.

Images are in the attached document

Documents

Document One

Reporting Forms

Requesting equipment and repairs

In all rooms there is a QR link for staff to report the following types of issues.

Any staff member can submit a form

The form is received by the operations manager and the Maintainence staff who will intiate reponses.

Reporting forms are used for reporting:

- Broken Equipment (Document One)
- Equipment Requests
- Hazard Reports (Document Two)
- I.T Faults (Document Three)
- Maintenance Request (Document Five)
- Program Supplies (Document Four)

The documents listed above, are included in this advice, see bleow for the links. All Documents Section. These show the follow up priocess for each type of request.

Documents

Document One

Document Two

Document Three

Document Four

Document Five

Covid Vaccination Certificates - What to do

Receiving Covid 19 Vac Status

PLEASE NOTE: Oct 2024

THERE ARE NO LONGER LIMITS ASSOCIATED WITH HAVING OR NOT HAVING A COVID VACCINATION CERTIFICATE.

THE FOLLOWING DETAILS IN THIS INSTRUCTION NO LONGER APPLY AND NO ONE SHOULD BE EXLUDED FROM, OR LIMITED IN ACTIVITIES OR ENTRANCE TO PLACES ON THE BASIS OF NOT HAVING A VACCINATION CERTIFICATE.

The Admainistrative Assistant ,AA will record the information in the participants personal file in MYP on the day she receives the information. This will be recorded in two places:

1. In the Covid19 Data section in the persons personal information
2. In the alert section that shows on the front page of ARM for each person

The Alert will tell readers:

1. If the person is vaccinated
2. If the person has provided a vaccination certificate or not
3. If there is no alert about Covid the presumption is that the person is not vaccinated

Note that you can send AA information received verbally that advises that a person is vaccinated and she will record this as a yes. You cannot advise her that a person has a certificate without the certificate being physically available in some form.

Where are the physical copies

1. If the participant has a mobile phone they should be encouraged to have their certificate on the phone. If the family hasn't done this a staff member, with approval from the family or the participant if capable, can support them to add the certificate so that it's accessible.
2. If the participant has a wallet and is able to manage that themselves then we can create a wallet sized version of the certificate that they can put in their wallet. They can also have a folded copy of a larger certificate if they choose.
3. If the participant cannot manage the certificate themselves they will have an A5 size version of the certificate and a wallet size version in their money pouches. The AA will make these for the participants at Brunswick and Program Co at Richmond will make these for the certificates at Richmond.
4. Copies of the certificates are also uploaded, by AA, into MYP.

Accessing Community

Staff should check the section on MYP of the people they are supporting to access the community. If that does not tell them that the person has a certificate then they can accept that they do not have one and that the person cannot be supported to access places that require a certificate.

Unless it is obvious that a person cannot manage a certificate themselves staff member should be checking with the person to confirm if they have a certificate on the phone or wallet or purse.

If they cannot manage or do not have a copy of the certificate then the staff member can use one of the laminated copies from the money pouch.

Accessing Certificate by Staff

This is only relevant if the participant has provided us with a copy of their certificate.

- In the ARM section of MYP the staff should search for the participant's name
- The staff member should then select the documents icon
- In the list of documents that appear a certificate of Covid vaccination will be pinned.
- The staff member can then click on the download arrow next to the certificate title and the certificate will display on their phone

Air Conditioner Manual Control

Instructions for manual AC control - 331 Albert St Brunswick

The system at Brunswick has 4 seperate AC units in the ceiling, with external motors and controls.

Following major repairs to the system the controls are now in two places.

- The orignial controls still work for three of the units. These control are in the external air conditioning cage and require a technician, or someone familier with the controls, to manipulate these.
- The 4th section, Bank 1, which has been replaced, could not be connected to the old system and has its own control panel. This panel covers areas of Finance, HOLS, CEO office and Room 2
- Bank 1 has a controller located on the wall of the Finance Office that has been put on an automatic schedule between 7:30 AM to 5:00 PM Monday to Friday. Outside of these hours you will need to manually turn the system on and off by using the power button.

The new controller is setup like most standard AC controllers with functionality to change from Auto, Heat, Cool and Dry settings as well as controlling the fan speed. If there is a green light on the power button it indicates the system is on. If there is no light on the power button, the sytem is off

Please see below pictures for futher information. In the below pictures you can see the unit is on due to the green light on the power button.

Control Panel

Change Mode – Cool, Heat, Dry or Auto

Change Fan Speed

Back Button

Service Agreements for new and extended plans/ quotes/changes to service and/or ratios

Service Agreements

There are three layers of service agreement development:

1. For a participant accesing Day services, ILA, Recreation, Housing Support (including Housing Support Coordination*)
2. For Plan Management
3. For Support Cordination

Note*: when Support Coordination is being split between HOME and support Coordniation teaams, the submission for a service agreement is made by the Support Coordination Team

To arrange for the development of Service Agreements:

For a participant accesing Day services, ILA, Recreation, Housing Support (including Housing Support Coordination*): complete and submit the following jotform: Quote/Service Agreement/ Changes to Current Supports Request from Milparinka

For Plan Management - Contact CRM team directly by phone or email. The CRM team initiates discussion with the Plan Management Team

For Support Coordination - Complete and Submit the document: SC process for notifying the CRM Team (This is a word document, managed by the SC team)

Quotes

For a quote for a new or existing services complete and submit the jotfom: Quote/Service Agreement/ Changes to Current Supports Request from Milparinka

Changes to Services and /or Ratios

Notifiying of changes to existing services and agreed ratio complete and submit the jotfom: Quote/Service Agreement/ Changes to Current Supports Request from Milparinka

Approving Timesheets

Who	Action
All Approvers	**When you can approve rosters** • You can approve rosters for a pay period from the First Thursday of the pay period you are in. • Under no circumstance should you approve rosters on the actual days worked when those days are the first two, Tuesday and Wednesday, of a current pay period.
	Where to Put Kilometres • Kilometres are entered in the Allowance section • In the Shift Expenses sections - Do not enter Kilometres into , the newly named, **Do Not Use This Cell Panel**, Kilometres and supporting details are in the panel below this starting with the panel called ITEM • Be sure that Milparinka Vehicle use is being ticked where appropriate. This has been missed often • A way to check if the Kilometres are being put in the wrong place is in the Time Sheet Approval Page. There should be nothing in the Km's column. If their is you need to make a correction before proceeding. • Staff should not be recording Ks used in the Notes panel. This is not seen or picked up by payroll. If a staff member has written their K's in the notes panel you will need to make a correction and notify the staff member of proper processes.
	Odd Hourly Figures • Do Not approve odd decimal amounts unless the additional minutes have been preapproved by a coordinator. For example 6.83 hours worked is clearly an error as we have no shifts of that length. • In the vast majority of case this will simply be staff logging on or off a few minutes on either side of the shift times. • To Correct this you need to in the Pocket Watch Edit or Create Time Sheet Page selection the **Check In and Check out** Time option in the Cost allocation section

Notification of Change in Participants' Personal Details

Link to Jotform

Current Participants Change in Details Form

Managers and Coordinators

1. Participant notifies you of a change in personal details
2. A Jotform to inform Adminsitraion should be filled out

Administrator

On receipt for the Jot form:

1. Enter new details into MYP
2. Enter new details into MYOB if required
3. Change any relevant list, e.g., email, transport lists"

Short Term Accommodation - Overnight stays

Procedure

To obtain a costing for a STA all coordinators /managers need to be aware of and implement the following

- There is one pathway for the confirming of STAs. This starts with a costing. The costing is both to assess the cost for the participant and the viability for Milpartinka in providing this support. All requests for STA costing initially go to the Manager Escapades. In the Managers abscense requests will go to the CEO
- Do not email requests, all requests must be submitted via the Nights Away (Doing Respite Differently) Jotform. In the abscense of the Nights Away (Doing Respite Differently) form, the Manager will not respond to emailed requests for STA's.
- Be aware that responses are not able to be immediate so you should plan this in advance

1. Collected the information that you require, this includes knowing preferred destinations. Note the destination where staff can be change over during the stay are preferred.
2. Submit the form
3. The Manager Escapades will respond in an email with a costing within 5 working days
4. You, the referrer, will respond to the Manager, by email rejecting the costing, or confirming that each person has adequate funds and wants to proceed.

NOT ENOUGH FUNDS

If a participant that you have referred does not have adequate funds allocated in their plan and available, it is your responsibility to discuss this with them and confirm adequate funding. You are required to submit the Recreation Additional STA Support. The final confirmation of adequate funding is done through the Client Relationship Manager who confirms agreement with the participant, and notifies the Manager of Escapades via email. "

Activity Planners

If you are planning these you are required to be aware of the level staff are employed at and the length of shifts and any associated overtime may be accrued during the activity.

See the overtime tab in the standing instructions. Both the level of staff and the length of shift will affect the cost of the overnight stay.

Note that a small variance in the hours or length of shift costs during a weekday STA will easily convert to a loss.

You are not able to approve or reject a STA that is going to cause a loss to the agency without the approval of the CEO.

STA rules indicate that all costs, including staff accommodation and food accompanying the cost of the STA.

The entry costs to activities will remain the responsibility of the participant and can be charged them.

Given that we are often taking people away to places that they choose and which are far away we will negotiate the cost of kilometres.

We will allow for 20 km to be covered by the cost of the STA that would seem a reasonable and normal number of kilometres used to attend activities. Any kilometres over 20 will be charged to the persons NDIS plan.

Someone being supported one-to-one, 1 to 2 or 1 to 3, doesn't really make a difference in terms of the viability of the outing. The level of support of course remains determined by the level of need of the participants.

Site Bookings by External Groups

Booking Form Location

Venue Booking Request Jotform

Overview

On occasions individuals or organisations ask to book one of our sites for meetings or events, such as in the SEEDS garden. There is an application process that you are able to refer people to.

Please do not confirm or indicate to any applicants that they will definitely get access to use the site. There are a number of factors that need to be considered.

Bookings are uusally only accepted for Community events, not private functions.

Process

If you receive a request from a groups wanting to use one of our sites:

- Send the applicant the Venue Booking Request jotform at the top.
- Their response will be returned to the CEO
- On Receipt of the application the CEO will meet and discuss this with the person responsible for the site to decide of the application.

There are some things that will automatically lead to a rejection of the application:

- Applications from a person or places whose values are not aligned with Milparinka's
- Events that permit attendees to bring their own alcohol
- Events attracting over 150 people
- Birthday parties and other private events

Sleepover Disturbances

Occasionally staff who are undertaking a sleepover will need to wake up during the night to provide care. When this occurs staff are required to record this in their time sheet as a sleep disturbance. Below is the approval process for this.

Please note that there are specific conditions related to this conditions and disturbances need the final approval of a senior manager. Please see below for directions as to how to process these in a time sheet. Instructions for direcet staff are found in the Staff Manual

For timesheet authorisers

1. When approving timesheets in the Pocketwatch timesheet section. Please look for a red sleep disturbance icon that will be in line with the timesheet approval tick
2. If you see the sleep disturbance icon you are NOT to authorise the shift. You need to email Head_of_Business_Services@milparinka.org.au. They will review the Sleep Disturbance, make any necessary adjustment to paid hours to staff and if necessary, make any participant billing changes. Once reviewed they will approve the shift.

Sleepover Disturbances (Rosters)

Pocketwatch – How to record sleep disturbances

For direct support staff

1. When checked into your shift you will see an orange “Disturb” button.
2. If you have a sleep disturbance between your shifts set “sleep hours” you need to push the sleep disturb button twice.

1. Once to turn it red, and then another time so it turns back to orange.

1. You do not need to push the disturb button when you are disturbed, but you must push it before you check out. This will notify your manager that you have had a sleep disturbance.

(You can also push the disturb button at the start of the sleep disturbance and then at the end of the disturbance if you want)

1. Before the end of your shift. You must record details of the sleep disturbance in the General Notes” section so that your supervisor knows that you need to have your timesheet adjusted accordingly. The details you must record are:
    1. Disturbance start time / stop time
    2. Reason for disturbance
    3. Any actions you took

E.G. JB woke disturbed at 3am, took JB to the toilet and we sat and had a drink and chatted, managed to get JB back to sleep at 3:45am

1. Check out of your shift as normal

For timesheet authorisers

1. When approving timesheets in the Pocketwatch timesheet section. Please look for a red sleep disturbance icon that will be in line with the timesheet approval tick
2. If you see the sleep disturbance icon you are NOT to authorise the shift. You need to emailHead_of_Business_Services@milparinka.org.au

They will review the Sleep Disturbance, make any necessary adjustment to paid hours to staff and if necessary, make any participant billing changes. Once reviewed they will approve the shift.

Staff Locations

Overview

With lots of non-direct support staff located in different and varying settings it is becoming harder and harder for reception to keep track of when and where people are working, for example, off site, on site or if they are away for personal leave, training or holidays. It means that they can be put into a position of struggling to be accurate in their response to callers.

To address this issue, we have introduced the Staff Location Calendar. You should be able to go into your own calendars in Outlook, and find the staff location calendar in the left-hand column. You can select the tick to turn it on and off as you need it. If you don't have access let Frank or Sam Moulton know and they can get you added to the staff loaction calendar group.

What Should You Include?

The calendar is a broad location calendar only, it is not for you to record your daily appointments or other data into. It is so reception knows if you are at work or not and where they should look for you if you are needed.

- All that is recorded into this calendar is:
    - Your regular location. For some of you this will be five days a week in the one place, and for others it may be some days at an office and some days at home or at different locations.
    - If you work part time you need to add entries for both the days you work and the days you don't work. Off Duty Days are labelled 'Off Duty'
    - If you are going to be away for full days for events such as training, or you are taking unpaid leave on a normal day that you would be at work, or you're going on holidays and so on, you will need to bring this calendar up-to-date.
    - If you are a manager and a staff member is sick for a day or a period of time you can either change the calendar directly, or email Reception and let them know, and they will adjust the calendar.
    - When making your initial entries into this calendar, if it is taking you more than a couple of minutes then you are probably doing something the long way around and you should ask Reception for help. Entering into this calendar using the recurring events button means that if you are working on the one place all week, then you are entering one day and then putting a recurring schedule in for an ongoing basis. It may take a little bit longer if you are entering a few different locations in the week, but it is still only minutes.

It is important that you make an adjustment if you have a whole day change. If you have appointments during the day and they take you in and out of the office, you do not need to make those adjustments in the staff location calendar, you just need to make an adjustment if you are not available at all during the full day, due to being somewhere else.

As a member of this calendar, you will also get to see the locations of the other staff who uses this.

We want the language to be as consistent as possible

So please apply the following for locations, where they are used will be pretty straight forward.

Remember if this is taking you more than a few minutes to set up, call Reception and if she isn't around, call Frank and we will help you through it.

Locations

- Brunwick
- 288 Albert
- Richmond
- Home - Working
- Holidays
- Off Duty (when not a normal work day)
- Training
- Personal Leave
- Other Leave - Such as TIL, approved LWOP

See attached document for an example of house to use the Staff Locations Calendar.

Documents

Document One

Staff Viewing Participant Documents in MYP

All Staff

- All staff should be able to see documents relevant to the support of individuals
- They can see the documents in the ARM section of MYP
- When they search and open a participants name they will have access to that persons personal and contact details in panels that appear
- When they have opened a participant in ARM they will see, in the Client Details Panel, a circle titled Documents. This is at the bottom of the panel
- Click on the Documents circle and the documents that the staff have permission to see with be at the bottom of the screen. On a phone you will need to scroll down
- Next to each document you will see a Blue Pin. Select this Pin for key documents only and these will stay at the top of the list. The Pin will turn Green
- The document Permission are set elsewhere and if a staff member can see a document that is not relevant to them then they should advise their coordinator.
- The coordinator will inform the Administration Assistant who will change the permissions as requested
- To view the document that staff member need to click on the download tab. This is the first icon in the list next to the document title and it says Download when hovered over.

If a staff member cannot see the documents for a peson that they are uspporting , it is because they do not have adequate permissions allocated. Speak to the Operations Manager about this.

Word vs PDF

Word documents don't open on a web page and need to be downloaded onto a phone. PDF's open on the phones easily.

This means that all key documents that direct staff need to open on a portable tablet or phone should be saved as PDFS, not word , in MYP.

Step 3

- Once you complete step 2 this panel will

The NDIS Workers Screening Check

General Information

The NDIS Worker Screening Check is governed by the *National Disability Insurance Scheme (Worker Screening) Rules 2018*, which set out the mandatory national requirements for screening workers in NDIS risk-assessed roles.

The NDIS Worker Screening Check is required by law; Victoria is a 'no check, no start' NDIS jurisdiction. If staff choose not to complete a check by the required time then we cannot continue to employ them.

It is valid for 5 years. After five years they will need to do the check again.

The check is required and is valid Australia wide, once staff have completed it for one agency, as long as it is current, they will not have to do it again if they commence working at another agency. They will need to share their Worker Screening ID with the new agency so they will need to keep this.

The cost of an NDIS Worker Screening Check is set by the relevant State or Territory Government and may change over time. Applicants should refer to the Service Victoria website for the current fee.

In accordance with the NDIS Worker Screening Rules, the NDIS Worker Screening Check assesses a broad range of information to determine a person's suitability to work with people with disability.

The things the check looks at are:

- National criminal history information held by law enforcement agencies
- Disciplinary and misconduct information supplied by the NDIS Commission
- The outcomes of any previous NDIS Worker Screening Checks
- Any other relevant information, including:
    - Information obtained through self-disclosure
    - Civil penalties
    - International criminal history
    - Domestic violence and child protection orders and/or related information
    - Information in relation to an applicant's previous Working With Children Checks, Working With Vulnerable Persons Checks or other worker screening process
    - State-based reportable or notifiable conduct schemes, such as from State Ombudsman and Complaints Commissions and professional associations
    - Employer or other professional records/information, including professional references
    - Courts and tribunals records

The working with children's check, if they are working with children, is not included and has to be done separately.

When they do the check the standard way of doing it is with a computer and a phone and this checks the photo ID through a phone app.

We have tested the system out and suggest that when you do this you find a very light room with very light background that you can take photos against.'

When Should This Be Completed?

Prior to commencing employment.

WWCC and NDIS Screen

After 31-1-2021 , a person can be engaged in a risk assessed role where the person has a current Working with Children Check that was issued in Victoria before 31/2/2021. They will have to undertake a NDIS worker screening check when there working with children check expires. At that time the staff member will require both a NDIS worker screening check and a working with children's clearance

How Long Does This Take?

Up to 3 weeks. It is usually within a few days however if it is done and not through the internet manually then it can be much longer.

Completing a check

There is no process whereby we can complete a check on a applicants behalf

Applicants are provided with a link to the address - this is included in the employment pack.

https://www.service.vic.gov.au/services/national-disability-insurance-scheme

Applicants then log into the site which sends an app to their phone and they complete and identification process and submit a check if successful

When they are completing their check they nominate Milparinka in their application

If they have problems with the application they should contact the support people indicated on the site. We cannot help them as we have no access of influence.

"The HR administrator after staff have applied receives an email with the subject line New worker screening verification request | NDIS Worker Screening''
On receiving this email is an indication that you need to verify a staff member's application

Log into the NDIS commission Portal

You need to select the user role ""Registrant""

Choose the box titled ''worker screening''

Look in pending requests and choose respond at the end of the line for each staff member.

Choose verify. You are done

Note, any application received which is not from an existing staff member or a known applicant for a position at Milparinka must be rejected

What happens next

The delegated staff member, the HR administrator, will receive another email from the NDIS with the subject line "**Your worker's status has changed | NDIS Worker Screening**"

The HR administrator will ensure that the information is placed on the staff members file and they are registered on the NDIS worker screening database.

To add a worker whose check has been completed with another agency

The worker will need to provide you with their Worker Screening ID

Follow the above instructions as if you want to validate an application to the point where you are selecting the worker screening box.

On the left-hand column choose the title My Workers

On the main page you will see a tab called Link to Worker

Choose this tab and all open to a panel where you will enter the staff members last name and their Worker Screening ID

Once you have entered the details click on Search and follow the logical steps.

Exceptions

The rules of the NDIS screening check allow for staff in certain circumstances to be employed without a NDIS screening check as long as some specific conditions are met. Note the following

Milparinka does not permit staff who are supporting participants directly to commence without having a NDIS screening check completed under any circumstances. This is because maintaining the supervision requirements will be impossible.

It may, in circumstances of extreme need, be possible to employ a non direct support staff with the exceptions rules however this is not the preferred option and can only be approved by the CEO.

Therapist Appointments for Visits at Day Services

Therapist Appointment Process

Dalton Courtney will be the only person authorized to accept and finalise appointments.

If therapists request an appointment, you should provide them with the link to the Jotform where they can submit their appointment request: Making a Therapist Appointment

Once a therapist appointment is confirmed, a link to the Milparinka Therapist Orientation should be sent for them to complete. No therapist is allowed on site without having filled in this orientation

Jotform: Orientation Form: Therapist

If a therapist wishes to modify an existing appointment and Dalton is available, you can transfer the call to him, otherwise send an email to therapistapp@milparinka.org.au.

Please be aware that if Dalton is working in programs at the time they call, this means he is not available.

Policies and Procedures

Appointment Days and Limits

Therapy appointments can only be scheduled for participants at our sites on **Mondays, Tuesdays, and Thursdays**. No appointments are available on Wednesdays and Fridays.
Each site has a limit of two on-site therapy visits per day, excluding one-on-one participants whose therapists make off-site appointments with the assistance of staff members. There is no limit for appointments off site for participants who have one to one supports. The one proviso is our staff's capacity to transport the person to and from the appointment.

Limited Space

At both sites, particularly at Brunswick, we have space constraints for private therapy sessions, making it challenging to accommodate multiple appointments. This definitely impacts on the number and type of appointments that are possible.

High Demand for Appointments

Due to various factors such as therapists working remotely without a physical clinic or the need for on-site assessments, we are experiencing a significant number of therapists seeking appointments. Accepting all these appointments would result in an overwhelming number of therapy sessions, impeding our ability to effectively carry out our core business and creating difficulties for participants who struggle with new people and environmental distractions.

Recurring Appointments

Therapists often request recurring appointments. For on-site sessions, these will only be approved for a **three-month period**, after which the therapist needs to reapply. This approach ensures access for a broader range of therapists.

The three-month limit does not apply to therapists supporting one-on-one participants who have off-site appointments.

Training or Group Discussions

If therapists want to schedule appointments for staff training or group discussions, these sessions can only take place **after 3 pm on Mondays, Tuesdays, Wednesdays, or Thursdays**.

Appointments that wont be Accepted

Counselling supports at the Brunswick site. They can only be accepted at Richmond if there is a separate room available. Maintenance therapy visits that do not have a tangible impact or add value to our existing supports. Appointments from therapists who demonstrate an unwillingness to work cooperatively with our staff to achieve outcomes for participants. If you notice therapist like this, you should report this to the CEO.

Dealing with Frustrated Therapists

Some therapists may express frustration about the lack of available appointments. Please remember that addressing their concerns is not your responsibility. While remaining polite do not spend a long time discussing this with therapists. Simple acknowledge their concern and direct them to Dalton or myself at email address: therapistapp@milparinka.org.au.

Timetable Development

Group and Individual Timetables

Schedules for regular time table development will change from a termly basis, to that of a semester.

Semester are as follows:
Summer Semester – Term 4 and 1
Winter Semester – Term 2 and 3

Change to program and individual participation is encouraged where appropriate and where it makes sense, outside of these timeframes, yet requires approval from the Program Coordinator and the completion of a Jotform.

Process

	Item	**Start Activity**	**Duration of Activity**	**Person Responsible**	**Action**
8 Weeks	Review of timetables	**8 weeks** prior to the end of the current semester.	**2 Weeks**	Program Coordinators of each site	Program Co to instruct core group staff to review timetables with the group
					The review should consider value of current activities, discussion around new possibilities and research of new possibilities based on individual's goals and interests.
					Program Co sets the due date for all changes
6 Weeks	Change to group timetable completed	**6 weeks** prior to the end of the current semester	Milestone point	Program Coordinators of each site	Core group staff are to ensure all changes are given to the Program co, no latter then the set due date.

	Review of requested changes to timetable	**6 weeks** prior to the end of the current semester.	**2 weeks**	Program Coordinators of each site	Timetable changes are reviewed by the Program Co to ensure that they reflect individual's goals and interests. If approved, updates timetable with the requests.
					Works out logistics, i.e.: transport etc. and notes on timetable.
4 Weeks	Updated group timetable sent to Administration and Communications	**4 weeks** prior to the end of the current semester.	Milestone point	Program Coordinator of each site.	
	Group timetable is used to create individual timetables	**4 weeks** prior to end of the current semester.	2 weeks	Administration	Individual timetables are created including financial information costings. Administration to liaise with Program Coordinators where necessary to ensure timetables are complete and accurate, any changes needed are also updated to the Group Timetables
	Group timetable is used to create visual timetables	**4 weeks** prior to end of the current semester.	3 Weeks	Communications	Individual visual timetables are created.
2 Weeks	Draft of Individual Timetables completed	**2 weeks** prior, to the end of the current semester.	Milestone point	Administration	Administration to liaise with Program Coordinators where necessary to ensure timetables are complete and accurate, any changes

					also have to be issued to Communications
	Individual Timetables issued	**2 weeks** prior, to the end of the current semester.		Program Coordinator of each site.	changes needed are also updated to the Group Timetables
	Finalisation of timetables.	**During the last 2 weeks** of the current semester.	2 Weeks	Program Coordinator of each site	Program Coordinator to send any agreed Individual Timetable amendments to Administration, clearly noting the updated requirements.
4 Days	Timetables and Visual Timetables collated	**4 Days** prior to the end of Semester	2 Days	Program Coordinator of each site	Program Coordinator collated Timetables and Visual timetables, checks to make sure both are consistent and correct, and sent for correction if necessary.
2 days	Finalisation of all Individual Timetables.	**2 Days p**rior to the end of the current semester.	Milestone point	Administration	Any amended Individual timetables are completed and sent to families by administration.

Training - Recording

Overview

Once staff complete a training session record of the training need to be kept in three places:

1. MYP Training Data Base
2. Training Records by Position
3. Training Plan

Process

Once training is completed

- The allocating manager checks at the completion date of the course that the training has been complete
- The allocating manager completes a Training Record Sheet/acknowledgment to Recruitment Coordinator
- The recruitment coordinator records the complete training in the
- Training Records by Position
- Training Plan
- Once completed the Recruitment Coordinator provide the completion details to the Receptionist Administration Assistant
- The Receptionist Administration Assistant records the details in the Myp Training Data Base

Using Non Milparinka Staff in Milparinka Programs

Milparinka does not permit participants to bring their own, non-Milparinka staff, to support them in Milparinka run and funded activities.

Occasionally we will get a request from a family or a participant who has their own regular staff and they would like to attend a Milparinka activity, and, they want their external staff member to support them in this activity. Please note:

- The normal response, that is to be made at the point of request, is no.
- Approval may only be given in extraordinary circumstances, by the CEO only. Not every request is extraordinary and there would need to be significant evidence of disadvantage for the request to be forwarded to the CEO.

The key points of logic for this decision is as follows:

- The NDIS has created a user pay system. That does not mean that they just pay for the cost of a staff member. This means that they have built in a surplus amount into each hour that we charge for staff. It is this surplus that pays any non-direct staff bills such as building costs, insurance, phone costs, replacement vehicles, non-direct staff costs and so on. The list is extensive. Without this surplus the organisation literally could not operate. If participants were to bring in their own staff we would not accrue any surplus. The NDIS does not allow us to charge surplus on its own, so there is no capacity to charge additional amounts if people bring in non-Milparinka staff to make up for the deficit. Basically in a user pays system participants are expected to make a contribution to the running costs of the agency.
- We have no authority over non-Milparinka staff so we would have two categories of staff in our programs, which could potentially cause conflict. Especially if the practices of the visiting staff do not comply with our policies and procedures.
- If staff are from an agency that does not provide workcover insurance, then liability in the cases of injury, is not clear to us.
- Our public liability insurance will not cover non-Milparinka staff so any unforeseen events that require this insurance coverage could result in significant liability for Milparinka.

Zoom

General Information

We have a membership with Zoom to enable it to be used by people who for whatever reasons cannot, or won't use Teams. The log in details for this are confidential and are not to be shared with others.

Booking This for a meeting

User Name: Booking@milparinka.org.au

Password: Milpar331

(password is also saved in the KeePass safe)

If you book this for a meeting you are required to make an appointment entry in the Booking Calendar. Be aware that if you have not made an entry in the Bookings calendar and someone else does, for the same period, then the person who has documented the appointment will have precedence.

POLICIES

Discrimination, Bullying and Harassment Policy

WHY

- To provide a safe and healthy working environment for all workers, visitors and contractors;
- To deal with and manage any reports of unreasonable behaviour; and
- To comply with relevant safety and asociated legislation.

WHEN

It's important that everyone we encounter when working for or on behalf of our business is treated respectfully and is safe.

- As such, we require all of our workforce participants to refrain from harassment, sexual or sex-based harassment, discrimination, bullying and victimisation during work activity, work-related social activity, or any activity (including social media, texting and emails) that has a connection with their employment or engagement with us.
- This may include activities with co-workers outside of normal work hours, and at non-work venues. For example, the Policy will apply if you're at a work-related conference interstate or overseas, or a customer lunch.

HOW

What is workplace harassment?

Harassment includes any physical, verbal or non-verbal behaviour that meets the following 3 Part test:

- It's directed at (or related to) a person's sex, race, disability, age (or any other characteristic listed in the '*What are the 'protected grounds'*?' section below);
- The behaviour is unwelcome and unwanted by the recipient; and
- A reasonable person would consider it offensive, insulting, humiliating, intimidating or embarrassing (in cases of sexual harassment and sex-based harassment, the test is broader – see below).

It is important to note that a one-off incident **can be** harassment. For example, making fun of someone's disability, asking intrusive questions about someone's sexual orientation or gender identity, or using racial stereotypes to put someone down, can all amount to harassment.

The behaviour can be something that is said, done, sent, displayed, or written to a person or about a person (including over social media), or in the presence of a person.

The definition above applies broadly to all harassment. For clarity, we've further defined sexual harassment and sex-based harassment below.

Workplace bullying is defined as repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety.

What is sexual harassment or 'sex-based harassment'?

Sexual harassment is a particular subset of harassment, and includes any physical, verbal or non-verbal behaviour that meets the following 3-Part test:

1. The behaviour is sexual in nature;

2. The behaviour is unwelcome and unwanted by the recipient; and

3. A reasonable person would anticipate the possibility that it would lead to the recipient being offended, humiliated or intimidated.

Sex-based harassment (or 'harassment on the ground of sex') is slightly different, and is another subset of harassment that includes any physical, verbal or non-verbal behaviour that meets the following 3-Part test:

1. By reason of a person's sex (or a characteristic that generally relates to, or is imputed to, a person of that sex);

2. Another person engages in unwelcome conduct of a **seriously demeaning** nature towards the first person; and

3. A reasonable person **would anticipate the possibility** that it would lead to the recipient being offended, humiliated or intimidated.

Behaviour that is 'seriously demeaning' is conduct that would debase or degrade another person, on the basis of their sex.

The key difference between 'sexual harassment' and 'sex-based harassment' is whether the harassment was 'of a sexual nature' – sex-based harassment captures harassing conduct that is seriously demeaning, but not necessarily sexual. Importantly, sexual harassment and sex-based harassment may occur alongside each other (or alongside other forms of discriminatory conduct), and these concepts may often overlap.

The behaviour can be something that is said, done, sent, displayed, or written to a person or about a person (including over social media), or in the presence of a person.

Sexual harassment or sex-based harassment may include, for example:

- Unwelcome physical contact
- Staring or leering
- Sexual or sexist jokes
- Sexual innuendo or propositioning
- Sexual assault
- Displays of sexually explicit, sexist, misogynistic or misandrist material (including via email, mobile phone or social media)
- Giving inappropriate gifts
- Repeatedly asking someone on a date, when they have indicated that they are not interested

- Intrusive questions about a person's private life or body, or asking intrusive personal questions based on a person's sex
- Making inappropriate, demeaning, sexist, misogynistic or misandrist comments about a person
- Insults or taunts based on sex
- Requesting that a person engage in degrading conduct based on their sex

It is a breach of this Policy and is also unlawful under state and federal legislation to sexually harass someone, or to harass them on the ground of sex. We may also be vicariously liable for any sexual harassment or sex-based harassment by an employee.

We all have a responsibility to contribute to a safe and healthy work environment. With that in mind:

- any workforce participant who creates or facilitates an intimidating, hostile, humiliating or offensive environment on the basis of sex will be in breach of the Policy; and
- any workforce participant who causes, instructs, aids or permits another person to sexually harass somebody or harass somebody of the ground of sex, is taken to have engaged in sexual harassment or sex-based harassment under the Policy.

What is bullying?

Bullying includes any behaviour that meets the following 'Two part test':

1. It's **repeated**, unreasonable behaviour directed towards a person, or a group of people, that puts their health and safety at risk; and
2. A reasonable person would see the behaviour as unreasonable, victimising, humiliating, intimidating or threatening.

Bullying can include, but isn't limited to:

- Abusive, insulting or offensive language
- Unjustified criticism or complaints
- Deliberately excluding someone from workplace activities
- Setting unreasonable or inappropriate deadlines or work tasks
- Spreading misinformation or rumours
- Yelling criticism
- Practical jokes

The behaviour can be something that is said, done, sent, displayed, or written to a person or about a person (including over social media), or in the presence of a person.

Bullying generally doesn't include:

- Reasonable and proper performance management

- Legitimate disciplinary action
- Reasonable supervisory practices
- Allocating work in accordance with terms or conditions of employment and our practices
- Reasonable directions by management

What if I don't mean for my behaviour to come across as offensive, humiliating or intimidating?

Your intentions are not relevant when determining whether your conduct amounts to harassment or bullying. That means that you may be in breach of the Policy, even if you did not intend to harm, offend, insult, intimidate, and humiliate etc another person. So, while you may believe that your comments or conduct are 'just a joke', or are otherwise acceptable, you must always be mindful that it's not your intentions that matter.

The test is whether a reasonable person would consider the behaviour as offensive, insulting, humiliating etc, or, in the case of sexual harassment and sex-based harassment, if a reasonable person would *anticipate the possibility* that the person being harassed would be offended, humiliated or intimidated.

What if the other person consents to the behaviour?

Where another person consents to behaviour or participates in behaviour with you that breaches the Policy (for example, participating in inappropriate jokes or banter), this may still constitute a breach of the Policy. Even if the people participating in the behaviour may be 'consenting', We still treat these situations seriously, as any breach of this Policy can contribute to an unsafe and unsupportive workplace culture for other workforce participants.

In addition, it is not necessary for a person to explicitly address the behaviour or inform the other person engaging in the behaviour that it is unwelcome conduct, and you should not presume that a person is consenting or participating in behaviour just because they do not tell you that they find the conduct disagreeable.

What is discrimination?

The Policy prohibits discrimination in circumstances where a person treats another person, or group of people, unfairly or less favourably than others because of their sex, race, disability or age (or any other characteristic listed in the '*What are the 'protected grounds'?*' section below), rather than according to their individual skills, abilities and talents.

Discrimination can also occur when there's a requirement, condition or practice that unreasonably disadvantages a person, or group of people, on the basis of their sex, race, disability or age (or any other of the characteristics listed in the '*What are the 'protected grounds'?*' section below).

Discrimination may include for example:

- Overlooking an employee for promotion because they are over 50 years of age, or due to go on parental leave
- Organising team meetings for times that exclude employees with caring responsibilities
- Refusing to work with any employee whose first language is not English

What are the 'protected grounds'?

It is a breach of the Policy and may also be unlawful to harass or discriminate against someone due to their:

- Race
- Colour
- Age
- Disability
- Physical features
- Religion
- Ethnic or social origin, nationality or national extraction
- Sex
- Sexual orientation
- Gender
- Gender identity
- Sexuality
- Intersex status
- Lawful sexual activity
- Status as a parent or carer
- Parental or carer responsibilities
- Marital or relationship status
- Pregnancy
- Breast-feeding
- Political belief or activity
- Union or employer association status or activity
- Trade or profession
- Irrelevant medical record
- Irrelevant criminal record

It's also a breach of the Policy and may also be unlawful to discriminate against someone because of their association with another person who possesses any of the above characteristics.

What is victimisation?

Victimisation is treating a person unfairly, or subjecting them to any disadvantage or detriment, because they've complained, could complain, or have been involved in a complaint about harassment, sexual or sex-based harassment, discrimination or bullying. Victimisation is **not tolerated** by the us.

What is vilification?

Vilification is behaviour that incites hatred against, serious contempt for, or revulsion or severe ridicule of a person (or group of people) on the basis of things such as race, religion or sexuality. Vilification is not tolerated by the us

Reporting harassment, discrimination, bullying and victimisation

There are several ways in which you can make a complaint of harassment, sexual or sex-based harassment, discrimination, bullying or victimisation. Please choose the channel you are most comfortable with:

- Raise it directly with the person involved, if appropriate and if you are comfortable doing so;
- Speak to, write to or email your people leader;
- Get in touch with (HR)
- Get in touch with the an appropriate Director.
- If you feel your complaint hasnt been resolved you can also refer the matter to the Safety Regulator in the state you work in or other external body's such as the Fair Work Commission.

Where can I go for support?

If you experience harassment, sexual or sex-based harassment, discrimination, bullying or victimisation in the workplace, your people leader is here to support you. If you are not comfortable seeking support from your direct manager, you can approach one of the more senior managers or directors.

Confidential, free and professional counselling support is available through our Employee Assistance Program provider:

People leaders' responsibilities

As a Manager or Supervisor you are responsible for ensuring compliance with the Policy in relation to your work environment. You must investigate all HDB complaints that are brought to your attention. Where you have a reasonable suspicion that a breach of the Policy has occurred, you **must** investigate, even if the workforce participant concerned has requested that no action be taken.

You are also required to lead by example, and actively create a workplace culture that minimises the risk of harassment, sexual or sex-based harassment, discrimination, bullying and victimisation from occurring, and encourages reporting of incidents. This means complying with the Policy, and also looking out for incidents of harassment, sexual or sex-based harassment, discrimination, bullying or victimisation in the workplace and taking appropriate action when you see them.

If you're aManager or Supervisor, you need to make sure that:

- your team is aware of, understands and complies with the Policy;
- your team understands that harassment, sexual or sex-based harassment, discrimination, bullying and victimisation could lead to termination of employment;
- you take reasonable steps to ensure your work environment is free of harassing, discriminatory or bullying material;
- you promote a positive and inclusive culture and lead by example
- you notify HR of all potential breaches of the Policy; and
- you endeavour to respond appropriately and promptly whenever allegations of harassment, sexual or sex-based harassment, discrimination, bullying or victimisation are brought to your attention.

If you are a Manager or Supervisor and fail to take appropriate action in response to harassment, sexual or sex-based harassment, discrimination, bullying or victimisation in your work environment, this will be treated as a serious disciplinary matter. It is important to note that any person who causes, instructs, induces, aids or permits unlawful behaviour described in these Guidelines is taken to have engaged in the same conduct.

Discrimination, Bullying and Harrassment Flow Chart

Psychological Health Management

WHY

The purpose of the WHS law is to eliminate or minimise risks to the health and safety of workers. 'Health' is defined as meaning psychological as well as physical health. The WHS laws set out specific duties to manage risks to psychological health and safety which are noted below. It is important to remember a person may have more than one duty and more than one person can have the same duty.

A **PCBU** has the primary duty to ensure, so far as is reasonably practicable, workers and other people are not exposed to psychological health and safety risks arising from the business or undertaking.

This duty requires you to 'manage' risks to psychological health and safety arising from the business or undertaking by eliminating exposure to psychosocial hazards so far as is reasonably practicable. If it is not reasonably practicable to eliminate them, you must then minimise those risks so far as is reasonably practicable.

An **officer of a PCBU**, has a duty to exercise due diligence to ensure the PCBU complies with their duties under the WHS laws. This includes taking reasonable steps to gain an understanding of the psychosocial hazards and risks associated with the operations of the business or undertaking, and to ensure the business or undertaking has and uses appropriate resources and processes to eliminate or minimise risks to psychological health. An officer is essentially a person involved in making decisions that affect the whole or a substantial part of the organisation.

Workers have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of other persons. Workers must comply with reasonable instructions, as far as they are reasonably able, and co-operate with reasonable health and safety policies or procedures that have been notified to workers.

Other persons at the workplace, like visitors, must take reasonable care for their own health and safety and must take reasonable care not to adversely affect other people's health and safety. They must comply, so far as they are reasonably able, with reasonable instructions given by the PCBU to allow them to comply with WHS laws.

WHEN

We will ensure our organisation proactively meets its key objectives in the management of Psychological Health in the workplace continuously.

HOW

Step 1 Identify psychosocial hazards – find out what could cause harm, considering the psychosocial hazards. Some of these Hazards are;

- High job demands.
- Low job demands.
- Low job control.
- Poor support.
- Poor workplace relationships.

- Low role clarity
- Poor organisational change management.
- Low recognition and reward.
- Poor organisational justice.
- Poor environmental conditions.
- Remote work.
- Isolated work.
- Violent or traumatic events.

Step 2 Assess risks – understand the nature of the harm that could be caused by the psychosocial hazards, how serious the harm could be and the likelihood of it happening. This step may not be necessary if you are dealing with known risks to psychological health and safety that have known control measures

Step 3 Control risks – implement the most effective control measures that are reasonably practicable in the circumstances and ensure they remain effective over time.

Step 4 Review hazards and control measures to ensure they are working as planned.

Consultation is a key element of providing a psychologically healthy and safe work environment. You have a duty to consult with affected workers; if they have health and safety representatives (HSR) the HSR must be included in the consultation. It recognises workers' input and participation can improve decision-making about psychological health and safety

The 3 resourse links below prescribe how we will meet our duty of care in the Management of Psycological Health and Wellbeing

Form

Psychological Health Management Procedure

Psychological Prevention Plan Template

Psychological Risk Assessment Template

AOD Policy

Purpose & Scope

To maintain Milparinka's commitment to maintaining the duty of care and a safe environment for those attending or working at Milparinka as well as the general public. Milparinka recognizes that the use of alcohol and drugs can impair judgment and an individual's capacity to perform his/her job in a safe and efficient manner.

The consumption of alcohol and drugs which may impair judgment (or are illegal) by staff and service users while at Milparinka is not permitted.

Procedure

1. Alcohol and Drug Use

The following are the expectations and responsibilities of Milparinka employees in relation to drug and/or alcohol consumption in respect of the workplace:

- Employees will not expose themselves, service users, other employees or members of the public to health and safety risks as a result of their use of drugs and / or alcohol.
- Employees will not attend for work, nor perform work for Milparinka, while under the influence of drugs and / or alcohol. Failure to comply with this requirement may result in disciplinary action that may include the termination of employment.
- Employees driving Milparinka buses or vehicles with passengers are required to have a zero-alcohol level. Employees will not drive Milparinka vehicles while under the influence of alcohol or drugs which may impair judgment. Failure to comply with this requirement will result in the termination of employment.
- Employees who are found to drive Milparinka's buses without a zero alcohol levels or under the influence of medication or drugs are subject to disciplinary procedures.
- Employees who are found to drive Milparinka's vehicles whilst under the influence of alcohol and are found to have exceeded the legal blood alcohol content or to be affected by illegal drugs will be personally liable for all costs, fines and charges.
- Employees must make a confidential report to their manager where they believe other employees in the workplace are affected by drugs and / or alcohol. Milparinka may then take appropriate action in accordance with this policy.
- Milparinka may on occasion allow employees to consume alcohol on Milparinka 's premises. For example, drinks after work or during festive functions held on Milparinka 's premises. Where this occurs, the following will apply:

- Employees are expected to adhere to the normal standards of behaviour required by Milparinka particularly in relation to harassment and discrimination. Any breach of these standards whilst under the influence of alcohol may result in disciplinary action that may include termination of employment.

- Employees are expected to take a responsible attitude to drinking alcohol and driving vehicles and to ensure that they have a safe means of traveling home from the work premises or function. Where the supervisor of the function or the senior employee believes that an employee has consumed excessive alcohol, the affected employee may be directed not to drive home. The affected

employee will be directed to accept an alternative transport arrangement to travel to their home.

- Under no circumstances will alcohol be provided to employees or other people who are under 18 years of age.

- Alcohol will not be provided to anyone who is, or appears to be, intoxicated or who has indicated that for medical reasons they are unable to consume alcohol. The manager of Milparinka or senior employee will have sole discretion as to whether to cease serving alcohol to a particular employee.

2. Prescribed Medications

- It is the responsibility of employees to advise Milparinka of any medication they are taking where that medication may affect their behaviour or their ability to perform their work. The employee does not need to advise Milparinka of the reason the medication is being prescribed unless such reason could adversely impact on their work performance or safety.

- In such cases, Milparinka may transfer employees to a safe position where this is deemed necessary. In making such a conclusion, Milparinka will seek appropriate medical evidence.

- Where it is not possible or practical to transfer an employee to a safe position and medical evidence indicates that if the employee were to remain in their position, there would be a substantial risk to occupational health and safety or client safety, the employee may be directed to take sick leave. Where sick leave has expired, the employee can make arrangements for taking annual leave or may take leave without pay if leave without pay is offered by Milparinka. In making such a decision, Milparinka will seek appropriate medical evidence.

- Where an employee is unable to work safely for an extended period of time, and alternative work is not available, there will be consultation with the employee. Possible options may include taking of sick and/or annual leave, or leave without pay. If the absence extends over a period of three months, Milparinka may review the employee's ongoing employment.

- In cases where an employee is transferred to a safe position or directed not to attend work due to being affected by prescribed medication, that employee must provide medical clearance of being safe to return to work.

3. Actions

- Where an employee's work performance is, or appears to be, affected by the consumption of drugs and / or alcohol at first instance the employee's manager will ask to speak to the employee in private and will ask the employee for an explanation. Depending upon the seriousness of the problem in terms of impact on health and safety the manager and employee may agree on a strategy to deal with the problem. This might include counselling

or treatment for the employee or transfer to a safe position where necessary and practicable. This must be reported to the Chief Executive Officer. Alternatively depending on the seriousness of the behaviour concerned, this meeting may result in disciplinary action, possibly including termination of employment.

- If the employee denies being affected by drugs or alcohol, but the manager remains concerned about the employee's behaviour, the manager shall withdraw the person form any direct responsibilities for service users, including driving and may direct that the employee attends a doctor for assessment. The employee will be paid for time spent attending the doctor.
- Where an employee acknowledges that he or she is affected by drugs or alcohol, or medical assessment confirms that this is the case, the employee may be suspended on full pay and required to attend a meeting with Milparinka the next day or as soon as practicable afterward.
- Where an employee is aggressive or otherwise difficult when approached by his or her manager, or refuses to take direction from the manager, the manager should refer the matter to the next most senior person available. Should aggressive behaviour continue after this the employee will be asked to leave the workplace. Should a refusal to take direction continue, the employee will be suspended on full pay, pending an investigation. Depending on the seriousness of the behaviour concerned, consequences may include disciplinary action, possibly including termination of employment.
- Any action taken under the above steps will remain confidential, as far as is practical.
- Where an agreed strategy does not succeed or is considered inappropriate, a meeting will be called and the employee given an opportunity to respond to the allegations. The employee may have a union delegate or other representative present. Milparinka will consider the response and may issue a first written warning if necessary. Milparinka will seek to work with the employee, should he or she require treatment or assistance to manage a drug or alcohol problem. This warning will remain on the employee's personnel file for twelve months and removed should no further instances of the behaviour occur.
- Where there is a further instance of the behaviour, a meeting will be called and the employee given an opportunity to respond to the allegations. The employee may have a union delegate or other representative present. Milparinka will consider the response and may issue a second written warning if necessary. Milparinka will seek to work with the employee, should he or she require treatment or assistance to manage a drug or alcohol problem. This warning will remain on the employee's personnel file for twelve months and then be removed should no further instances of the behaviour occur.
- Where there is a further instance of the behaviour, a meeting will be called and the employee given an opportunity to respond to the allegations. The employee may have a union or other representative present. Milparinka will consider the response and may issue a third and final written warning if necessary. Milparinka will seek to work with the employee, should the employee require treatment or assistance to manage a drug or alcohol problem. However, this warning will confirm that any further instances of the behaviour are liable to lead to termination of the employee's employment. This warning will

remain on the employee's personnel file for twelve months and then removed should no further instances of the behaviour occur.

- Where there is a further instance of the behaviour, a meeting will be called and the employee given an opportunity to respond to the allegations. The employee may have a union or other representative present. On this occasion, Milparinka will consider the response. Termination of the employee's employment may result.
- None of the above steps will restrict or affect Milparinka's right to discipline, or immediately terminate an employee's employment without notice, where the employee's drug and/or alcohol use has a serious impact on the health and safety of the workplace or the employee's behaviour in relation to the employee's drug and/or alcohol use otherwise warrants discipline or dismissal without notice.
- Milparinka and the employee concerned are expected to maintain the utmost confidentiality with respect to the above process.

4. Detox and Rehabilitation Programs

- Milparinka will support employees who are genuinely trying to overcome a drug and/or alcohol problem. Employees are encouraged to approach their supervisor on a confidential basis if they are experiencing difficulties with drug and/or alcohol use.
- Milparinka may not discipline employees who are experiencing difficulties with drug and/or alcohol use and are part of a detox program unless the use of drugs and/or alcohol impairs work performance or workplace safety to an unacceptable level.
- If an employee requires leave during work hours to attend treatment sessions, the employee may, at Milparinka's discretion, be granted unpaid leave or permitted to take sick leave for this purpose.
- Where there is an agreed strategy for the management of an employee's drug and/or alcohol use, and the employee is under medical treatment, the employee may, in writing, authorise Milparinka to have access to medical information where it is thought to be helpful to the management of the problem.

5. Bus Driving

- A driver of a bus must not have alcohol or drugs presenting his or her blood or breathe immediately before, or while driving a bus.

Site Safety Walk

WHY

Its good practice practice to conduct safety walks at site to identify hazards, actions to control these hazards can then be agreed upon with employees and actioned within appropriate time frames.

WHEN

Dependent on the type of hazards and overall risk profile a low risk profile, Safety and Environmental Walks could be undertaken monthly, a site with a high risk profile could be undertaken weekly or more frequent.

Quality Policy Statement

Quality Policy Statement

Our Mission

To support people with disabilities and their families to have better stories to tell.

Our Values

We will develop and promote a culture within the Milparinka Inc, which demonstrates the following values:

- We recognise the diversity of our population and individual potential for development and growth. Our diversity encompasses differences in culture, ethnicity, gender, language, age, sexual orientation, religion, socio-economic status, physical and mental ability, thinking styles, experience, education,

intellectual and physical capacity.

- We believe that the primary drivers of our services are the needs, choices, aspirations and self-determinations of our current and potential service users.
- We believe that everyone has the right to be involved or represented in planning and directing the services that they are involved in.
- We endorse the principles of Social Justice:
- Equity,
- Access,
- Participation, and
- Rights

To ensure that all disability services, their staff, volunteers and students respond to people who have a disability fairly and effectively through complying with the Human Service Standards, NDIS Commissions Quality Standards and child safety standards.

Guiding Quality Principles

- A commitment to the principle of social justice, especially in relation people who access our services.
- Accountability to who access our services, their families, the community and funding bodies.
    - Ensuring commitment and application of the NDIS Commissions Quality Standards
- Ensuring continuous improvement applies to all aspects of Milparinka functioning including services, administration and management.
- Ensuring continuous improvement is part of a monitoring process where the outcomes of evaluation are used to implement improvements to the service and activities.
- Ensuring designated responsibility for assisting in the development, implementation and review of continuous improvement procedures and systems

- The development, implementation and review of a Continuous Improvement System.
- Ensuring people who access our services, employees, volunteers and Committee of Management directors have the attitudes and behaviours that contribute to Milparinka making continuous improvements.
- Acknowledging the valuable contributions that all people can make by providing the means for them to consider and act on service improvement.

Continuous Improvement

Authorised by CEO

Reviewed 18/5/2023

Milparinka Disability Services is committed to the highest level of quality assurance to the people who access our services so it is essential that responsibilities be structured to ensure:

- All work requirements are properly defined, accomplished and verified.
- All people work within the framework for continuous improvement outlined in this procedure.

Milparinka Continuous Improvement System is based on achieving compliance with the NDIS Commissions Quality and Practice standards. We implement a process of continuous Quality Improvements predominantly impacted on by ongoing internal audits

Managers and staff shall ensure that the quality requirements and processes are documented, implemented and integrated into the regular work practices in their respective areas of responsibility, and that all documents clearly reflect the current work activities and are appropriate to the user application.

Corrective and Preventive Action

Continuous Improvement

Authorised by CEO

Reviewed 29/5/2023

Policy Statement

The purpose of this procedure is to provide for a system, and instructions, and to assign responsibilities for initiating, requesting, carrying out, and checking the effectiveness of corrective and preventive action.

This procedure applies to correcting and preventing nonconformities relating to Milparinka services, customer complaints, internal breakdowns of the quality management system, and continuous improvement ideas / suggestions.

Throughout Milparinka Disability Services Corrective and Preventive Action is referred to as Continuous Improvement (CI).

Responsibilities

The Milparinka CEO and staff are responsible to ensure that the requirements of this procedure are adhered to.

All employees are required to comply with this procedure.

Implementation

Continuous Improvement Requests (CIR) are an important part of Milparinka Continuous Improvement System. They enable Milparinka to identify areas of improvement and to determine corrective action solutions, which are often short term fixes, and preventive action solutions which are designed to stop the problem from occurring again.

Raising CIRs

Continuous Improvement Requests can be initiated by any employee and can be directed to all aspects of Milparinka activities and to its suppliers. CIRs may be raised in any of the following circumstances:

- Identification of a service non-conformance,
- Breakdown of the continuous improvement system,
- A non-compliance observed during any audits,
- Customer Complaints,
- Non-conformance from a supplier,
- Identification of any other condition that does not comply with the documented continuous improvement system and/or the DHS Standards.

The originator of a CIR will email the form to the manager/coordinator.

Upon receiving a CIR, the responsible person investigates the cause of the problem, proposes the corrective and preventative action to be taken, and indicates the date by which the action will be fully implemented.

On, or immediately after, the due date for implementation of the action, the relevant manager will determine if the action proposed was implemented and if it was effective. When it is determined that the action was effective, the CIR can be closed out. If the action was not effective, a new due date is agreed upon.

Closed CIRS will be stored in MYP (when the system if fully active). Retention periods for closed CIRs are specified in the procedure for Quality Records.

Reviewing CIRs

CIRs are reviewed at regular Management Review meetings.

Internal Audits

Continuous Improvement

Authorised by CEO

Reviewed 29/5/2023

Purpose and Scope

The purpose of this procedure is to provide for a system and instruction, and to assign responsibilities for conducting internal audits.

This procedure applies internal auditing to ensure ongoing compliance to The National Disability Insurance Scheme Commissions Practise and Safeguards Standards and Key areas of Milparinka support roles.

Responsibilities

Management is responsible for reviewing the effectiveness of internal and external audits at Management Review meetings as scheduled.

The Quality Coordinator is responsible for ensuring the requirements of this procedure are adhered to, and for maintaining audit schedules and audit records.

Allocated Internal Auditors are responsible for conducting audits and compiling audit reports.

Planning the Audit

In November 2020, the Internal audit systems process was managed through the Centro Assist Internal Audit program, this program is kept up to date by Centro Assist. Milparinka has decided not to continue with this model as it was to prescriptive in its structures and required us to move out of the system to finalise items. We have now implemented a locally managed and designed model with the support of Disability Services Consultants.

Each main activity comprising the continuous improvement system will be audited at least annually. Designated activities, as determined by the Quality Coordinator are audited more frequently due to their status and importance in the system, and past compliance history.

Where applicable Milparinka Disability Services can engage independent auditing consultants to conduct internal audits.

Conducting the Audit

The auditing is an ongoing process. While conducting the audit, the Quality Coordinator seeks objective evidence demonstrating whether the audited activities comply with the requirements of the documented continuous improvement system.

When a non-compliance is noted, or potential improvements are identified and is brought to the attention of, and discussed with, the responsible person. The responsible person must ensure that timely Corrective Action is carried out and that preventive action has been determined through finding the root cause of the problem. Before the end of the audit, each non-compliance, and review of a procedures is, noted is documented on the Continuous Improvement Request (CIR) form. This is reviewed by management with a sign off of completion completed by the CEO who will check to see if the corrective and preventive action has been implemented effectively all. When there is completed the CIR is considered closed out.

If more work is needed to fully implement the action, a new follow up date is agreed upon. The auditor and/or the CEO will ensure the corrective and preventive action is implemented fully before closing out the CIR.

Records.

All records and evidence for Internal audit will be saved.

Raising Continuous Improvement Requests

These are raised through the completion of a CIR and submitted directly to the responsible manager

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Roles and Responsibilities

Continuous Improvement

Authorised by CEO

Reviewed 29/5/2023

CEO

The CEO has responsibility for all aspects of the Continuous Improvement System and delegates specific roles to staff members below.

The CEO has the primary responsibilities to ensure that the operating continuous improvement system complies with the NIDS Commission Standards, and through regular auditing and management review monitor the status of the system. The role may also include liaison with external organisations on matters relating to the quality system.

In particular, the CEO has responsibility for:

- Reviewing Milparinka's relationships as they affect quality and developing proposals for improvement;
- Verifying that improvement actions are effective;
- Provision of appropriate training and resources to staff to enable the continuous improvement system be properly maintained and used to generate improvements.
- Control of the Quality Manual and authorisation/control of other selected documents; and
- Identifying problems affecting service and recommending corrective action.
- Selection of personnel to be trained as Internal Auditors and approval of auditor training courses and subcontracted auditors.

Managers & Co-ordinators

Managers/ Co-ordinators shall be responsible for:

- The quality of work carried out by all personnel within their area of control;

- Verifying that approved procedures are adopted within their work area and that any necessary complementary procedures are raised, updated, and implemented by assigned personnel;
- Ensuring that all staff under their control are adequately trained and experienced to perform their duties correctly;
- Ensuring that all staff under their control are familiar with continuous improvement system procedures and have ready access to them.
- Proactively intervening to prevent service failure;
- Implementing effective corrective actions in their area of control.

Quality System Co-ordinator

The Quality System Co-ordinator is responsible for maintaining the continuous improvement system; in particular

- Maintaining quality records
- Co-ordinating internal audits as per audit schedule
- Assigning internal auditors to conduct audits
- Reviewing audit data
- Attending management review meetings

- Preparing reports for management review meetings

Document Controller

- Updating the intranet as required
- Maintaining document add/edits

All Document & Data Control

Continuous Improvement

Authorised by CEO

Reviewed 29/5/2023

Purpose and Scope

The purpose of this procedure is to provide for a system, and instructions, and to assign responsibilities for establishment, review, authorisation, issue, distribution, and amendments of Milparinka quality system documents.

This procedure applies to all quality documentation residing on Milparinka “on-line” Continuous Improvement System and associated documents that are maintained in hard copy format. In particular, this procedure refers to

- Continuous Improvement procedures
- Operational procedures
- Continuous Improvement forms and records
- Standards and other reference materials

Responsibilities

The Milparinka CEO is responsible for the overall requirements of this procedure.

The Committee of Management is responsible for approving policy documents.

The Milparinka CEO is responsible for approval of the Continuous Improvement Manual.

The Milparinka CEO with staff is responsible for other Continuous Improvement Documentation.

All staff have a responsibility to initiate new procedures, amendments, or additions to existing procedures in accordance with the requirements of this procedure.

Procedure

System Access

The Continuous Improvement Manual, Continuous Improvement Procedures and associated quality documents will reside in MYP when complete.

Document Distribution

The Document Controller issues, distributes, and amends the continuous improvement system through a secure “Control” computer identify.

Initiating Amendments

All staff can initiate changes or additions to the Continuous Improvement System at any time. This is achieved through the submission of the CIR which details the changes requested.

The Document Controller will keep a copy of all CIR as a record of the requested changes, approval authority, and updating of the system.

Quality Records

Continuous Improvement

Authorised by CEO

Reviewed 29/5/2023

Purpose and Scope

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities, relating to quality records, for establishing and controlling the following aspects;

- identification,
- filing,

- storage,
- archiving,
- disposition.

This procedure applies to all records kept by Milparinka Disability Services as part of their Continuous Improvement System

Responsibilities

The Milparinka CEO shall ensure that records retention periods are sufficient to cover regulatory requirements such as: Income Tax Assessment Act, Trade Practices Act, product liability regulations, State and Commonwealth requirements, etc.

The Milparinka CEO has overall responsibility for the requirements of this procedure.

Staff are responsible to ensure that all required records within their sphere of control are maintained in accordance with this procedure.

Procedure

The following quality procedures detail quality records, with their storage locations and retention periods that are maintained by Milparinka;

Quality Management Records

Training records	Milparinka CEO	3 years
Supplier information	Milparinka CEO	7 years
Management Review Minutes	Milparinka CEO	3 years
Continuous Improvement Requests	Milparinka CEO	3 years
Auditing data	Milparinka CEO/ Quality Coordinator	3 years
Purchasing records	Milparinka CEO/ Quality Coordinator	7 years
Contract records	Milparinka CEO	7 years

Milparinka Operating Records

Quality operating records are kept in various files throughout Milparinka. The Milparinka CEO/Quality Coordinator are responsible for these records and are also responsible for the identification, filing, storage, and security of the records.

Files are clearly marked and are filed in locations that are also clearly marked to enable ease of identification and retrieval.

Files are disposed of in a manner determined by Milparinka CEO; this may be by deletion and shredding or secure disposal depending on the nature and sensitivity of the material.

Electronic data is stored on network directories and in the cloud, in Australian based sites, and backed up automatically each night.

NB: Milparinka has scanned and stored previous hard copy files and record electronically. Information is generally kept for longer than the prescribed requirements due to the smaller size of electronic files.

Control of Non-conforming Product/Service

Continuous Improvement

Authorised by CEO

Reviewed 29/5/2023

Purpose and Scope

This procedure provides instructions and assigns responsibility on how non-conforming product/service shall be controlled within Milparinka Disability Services to ensure that product/service that do not conform to requirements are prevented from unintended use. It also refers to procedures on how corrective actions are taken for eliminating or preventing non-conformities, and the procedure for promoting continuous improvement of the quality system.

Product within Milparinka Disability Services relates to information and services offered to service users.

Responsibilities

The CEO and Program Managers have the main responsibility for non-conforming product/service within their area of responsibility.

Control of Non-conforming Product/Service Procedure

Where there is a non-conformance detected regarding any service Milparinka Disability Services delivers:

Advise staff via phone, email or staff meetings of non-conforming service, requesting that this service not be used until further notice.

Raise Continuous Improvement Request (CIR).

Implement / fix problem with non-conforming service.

Advise staff that problem has been rectified and that the service can now be used again.

Review and Disposition of Non-conforming Product/Service

Timely actions shall be taken for review of non-conforming product/service by authorised personnel. This may be through suspension of a product/service; meeting with service users; review of a product/service; etc. Trends of non-conforming product/service shall be monitored and shall be part of the periodic Management Review process.

Corrective Actions

Timely corrective actions shall be taken to eliminate the causes for nonconformities which may lead to customer complaints, process problems, audit nonconformities, etc. The type of corrective actions taken shall be commensurate with the magnitude of the problems and the risks encountered. Causes for non-conformities shall be investigated, corrective actions determined and the effectiveness of actions taken verified after implementation. Refer to the procedure for Corrective & Preventive Action.

Preventive Actions

When determining corrective actions, efforts shall be made to prevent the recurrence of problems and mistake proof processes so that the risk of nonconformity is minimized. Requirements for instigating preventive actions, to contain adverse trends of non-conformities shall be determined through the analysis of quality data, and shall also be reviewed during periodic management review meetings.

Continuous Improvement

Management recognises that in order to provide an effective and efficient service the continuous improvement system has to be continuously improved. To facilitate the improvement processes, management shall encourage its employees and suppliers to submit suggestions to the CEO. Management shall review such proposals and if deemed acceptable shall take steps for their implementation.

Management Review

Continuous Improvement

Authorised by CEO

Reviewed 29/5/2023

Policy Statement

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities for scheduling, conducting and recording management reviews of Milparinka Continuous Improvement System.

This procedure concerns Milparinka Management Review Team; specifically, Milparinka CEO, Quality Coordinator, Document Controller, Manager Individualised Services, Manager Human Resources and Finance and other staff members as required.

Management review meetings are conducted with the purpose to ensure the continuing suitability and effectiveness in satisfying the requirements of the DHSS and ISO9001 Standards and Milparinka Disability Services stated Quality Policy Statement and objectives.

Responsibilities

The Milparinka CEO is responsible for convening Management Review meetings.

Management Review members are responsible for attending all scheduled meetings and for preparing relevant data for discussion at each meeting.

Staff are responsible for actioning items as specified within the minutes of meetings.

The Document Controller is responsible for keeping records of the meetings, distribution of the minutes, and filing of the minutes.

Management Review Procedure

The Continuous Improvement System is reviewed by the Management Review team every 6 months. Other meetings outside these scheduled dates may be held to deal with extraordinary circumstances.

Management Review meetings are chaired by Milparinka CEO.

The agenda for Management Review meetings is standard for all meetings and is shown below.

Minutes of the review meetings are prepared by the Document Controller and distributed to attending members within one week of the meeting.

Action items arising from the meetings will be minuted and target dates set for completion of the action. The management representative will follow up with the responsible staff member on the nominated date of completion to ensure action taken has been effective.

Procedural changes as a result of Management Review will be actioned in accordance with the procedure for Document and Data Control.

Management Review Agenda

The agenda will contain the following items as a minimum;

- Action items from previous review
- Results of external and internal audits
- Customer feedback/surveys
- Internal Audits and Status of Continuous Improvement Report forms
- Review and analysis of Incident Report and Complaint Data Base
- Resource needs
- Pending changes that may affect the CIS
- Recommendations for improvement - CIS processes/client related services
- Next meeting.

Records

Management review minutes are to be documented and available for review

You can use logical operations: AND, OR, NOT. Examples: football OR hockey, sports AND NOT baseball

Rehabilitation & Return to Work

WHY

Where an employee has been injured in the workplace and takes time off to recover, employers have an obligation under the WH&S legislation to provide employment which is the same or equivalent to the position held prior to the injury, or if partial incapacity occurs, rendering the employee unable to perform their previous duties, then the employer must provide alternative suitable employment.

WHEN

Rehabilitation means doing everything reasonably possible to return an employee to work.

HOW

If you have to complete a Return-to-Work Plan:

1. Print out the Return-to-Work Plan.
2. Appoint a Rehabilitation/Return to Work Coordinator. There are differing requirements dependent on the State or Territory we operate in.
3. The Rehabilitation/Return to Work Coordinator develops and coordinates the Return-to-Work Plan. A Return-to-Work Plan exists for a set time period. The plan could incorporate one or a combination of the following strategies:

- Return to work on modified duties/normal hours;
- Return to alternative duties and/or hours;
- Require time off;
- Placement or redeployment to another business function; or
- Placement with a new employer

1. The Return-to-Work Plan and Duties Form must be signed by all relevant parties including the employee and supervisor and copies given to the:

- Injured employee;
- Doctor, if relevant; and
- Insurer and a copy kept in the rehabilitation file.

The Return-to-Work Coordinator speaks with the injured employee on a regular basis to ensure they are complying with the Return-to-Work Plan, and that it is suitable for their needs.

Form

Return To Work Template

Training & Instruction

WHY

WHS legislation requires that workers are trained to carry out their work tasks in a safe manner. Employers are required to ensure workers are able to perform their job safely. There is also a requirement for refresher training to be provided. Refresher training ensures that a worker's knowledge remains current. The frequency of refresher training will be dependent on the type of training. Training for high-risk activities should ideally be refreshed more regularly (for example 1-2 years) than low risk training (3-5 years).

We are committed to doing everything possible to ensure that workers have adequate knowledge, experience, supervision and training to do their work safely.

WHEN

Before any personnel commence work on site, they are required to complete a health and safety induction

HOW

Training Supervision & Instruction:

- We will so far as is reasonably practicable, ensure that every worker is capable of carrying out their duties safely;
- Establish a training plan (Through a Training Needs Analysis) with agreed completion dates against workers' role requirements;
- Enrol worker in learning modules;
- Worker to complete the modules in the sequence the modules appear;
- Once modules are complete, ensure worker completes the competency assessment;
- Conduct competency checks (demonstration exercises) if the module requires this;
- Ensure Competency Checks are filed; and
- Complete refresher training as required.

We will ensure that the supervision and training provided to workers are suitable and adequate, having regard to the:

- Nature of the work carried out by the worker;
- Nature of the risks associated with the work at the time the supervision or training is provided; and
- Control measures implemented in relation to the work that the worker is undertaking.

The training provided will also be readily understandable by any person to whom it is provided.

Form

Training Form

Employee Induction Checklist

Purpose and Aims:

Our business committed to providing a safe and healthy working environment for all people involved in our business.

This Health & Safety Policy expresses our commitment to health and safety in the workplace.

If you work at our company in any capacity, including employees, potential employees, and contractors, whether on a full-time, part-time, or casual basis, on or off-site, or if you are a customer or visitor attending our workplace or an event we have organised, then this Policy applies to you and you must familiarise yourself with, and comply with, this Policy and any variations to this Policy. This Policy is subject to relevant legislation.

This Policy may be reviewed, varied, added to, or withdrawn by us at any time, at our absolute discretion. This Policy, and any amendments to it, does not form part of your employment contract or agreement or your independent contractor agreement (as the case may be).

Openness:

This policy will be displayed at site in accordance with applicable industrial agreements.

Our commitment to workplace health and safety:

Our Company is committed to providing and maintaining a safe and healthy workplace for employee's, guides, volunteer's, contractors, customers, visitors and the community in general.

Our commitment to workplace health and safety is consistent with our stated values.

We promote a culture which endeavours to control the risks of harm to our people through or at work.

In order to meet our commitment to workplace health and safety, we will apply all reasonable efforts to:

- take all reasonably practicable steps to preserve health and safety at any of our premises or any premises controlled by us;
- implement and maintain the WHS Management Standards to continually improve our health and safety management system and risk management process;
- monitor workplace conditions and identify and respond to any hazards or risks as they arise;
- incorporate health and safety into the business planning cycle so that measurable safety objectives and targets can be set, plans formulated and performance measured on a regular basis;
- consult, communicate and empower employees to foster a culture of health and safet y and encourage the active management of risks to health and safety in their own work area;

- ensure all people, including contractors, are held accountable for fulfilling their health and safety responsibilities;
- provide appropriate training, instruction and supervision to people regarding workplace health and safety related matters;
- make available appropriate first aid facilities, supplies, and personnel trained to administer first aid;
- allocate resources to meet the commitments of this Policy; and
- review and, where possible, improve policies, management systems and practices relating to health and safety.

Your obligations

Workplace health and safety is the shared responsibility of all persons in the workplace and you are responsible for ensuring your own health and safety, as well as the health and safety of others. This means you will need to:

- work in a safe and responsible manner, and not in anyway that places you or others in a position of risk to safety or health;
- observe safe work practices and methods and obey all applicable safe working directions and procedures;
- wear all appropriate safety clothes and equipment;
- only use materials, equipment and vehicles in a safe way, within lawful operating parameters and as instructed by us;
- not interfere with or misuse any plant, equipment, vehicles or any other materials provided by us;
- maintain all plant, equipment and vehicles in a safe working condition;
- assist in identifying hazards, assessing risks and implement risk control measures;
- take reasonable steps to maintain your immediate work area in a tidy and safe condition;
- attend regular training dealing with workplace health and safety;
- immediately report any:

- unsafe plant, equipment or vehicles, or working conditions or unsafe work practices you become aware of;

- injuries or illnesses (however minor) and any ‘near misses’;

- any breach of this Policy;

- co-operate with us regarding any workplace health and safety-related matter; and
- comply with this Policy and any other material dealing with health and safety.

If you witness any incident compromising workplace health or safety or a breach of this Policy, you are required to immediately notify an appropriate member of management. All complaints will be treated impartially and will be addressed promptly.

Consequences of breaching this Policy

We retain discretion to commence disciplinary action for breaches of this Policy. Disciplinary action may include a written warning, counselling, suspension or the termination of a person's employment or engagement. We may also refer a breach of this Policy to law enforcement authorities where necessary.

Authorised by: CEO

Consultation & Communication

WHY

WHS regulations require PCUBs to consult with their workers on matters that may directly affect workers' health, safety or welfare. Unless specifically requested to do so by an worker or a State Authority, you do not need to establish a safety committee.

WHEN

Management must ensure that consultation is undertaken in the following circumstances:

- When changes that may affect WHS or welfare are proposed to premises, systems of work, plant or substances used, e.g. introduction of new lifting equipment;
- When WHS hazards are assessed, when any risk assessment is conducted or when the risk assessment is reviewed;
- When decisions are made about actions to be taken to eliminate or control risks, e.g. introduction of a new manual handling process;
- When introducing or altering procedures, e.g. a new procedure being developed; and
- When decisions are made about the adequacy of facilities for the welfare of workers e.g. introduction of a new staff lockers.

HOW

If you have a requirement to establish a safety committee, the following will apply:

- Each Health and Safety Committee should have as a minimum two persons being:

- The nominated Health and Safety Manager within each workplace (usually the worker); and

- A minimum of one, but preferably two Employee Safety Representatives (HSR), nominated by their peers.

- Note: Nominated HSR's must be provided with approved HSR training. Visit the local regulators website (Ref: Section Links and Further Contacts) to source providers of approved HSR training;
- If elections are deemed necessary, the election process is to be consistent with those appropriate regulations in the State or territory which we operate in;
- In addition to this, anyone else invited to be part of the committee; and

Conduct meeting as per Safety Committee Minutes Template.

Form

Issue Resolution Flow Chart

Contractor & Third Party Obligations

WHY

Employers have the same duty of care in relation to ensuring the safety of contractors in the workplace as they do in respect of their workers. This also extends to the workers of any contractor engaged by the PCUB. The Safety Authorities may request evidence that you are meeting your duty of care towards contractors, and this completed form can be used as evidence that you are attempting to meet your obligations.

There are also additional responsibilities in the Workplace Health and Safety Regulations for Principal contractors. When we engage contractors directly, they are the project manager and therefore have responsibility unless you engage a principal contractor.

Contractor – A legal entity, registered business or person(s) undertaking work at the company's request and who are not direct workers. For example, maintenance personnel, plumbers, electricians, trade workers, gardeners, cleaners etc. All other persons will be treated as a visitor.

Principle Contractor - A Principal Contractor is defined under the Work Health and Safety Regulation 2011 as: A person conducting a business or undertaking that commissions building and construction work, is the "principal contractor" for the building and construction work

WHEN

Before Contractors commence undertaking any work on site.

HOW

- Complete the Contractor Induction Checklist;
- Ensure the contractor meets all site pre-qualification requiremnts;
- Work through the Checklist and if you are satisfied, ensure that both you and the contractor sign the form;
- Take all steps necessary to ensure that the contractor and its workers comply with all health and safety legislative requirements while on site;
- Ensure all SWMS identify and control all hazards asocciated with the task/s;
- If a contractor breaches or does not comply with our site safety requirements, management should take whatever action is necessary to ensure the contractor does comply with workplace safety requirements. If they are unwilling to comply, then the contractor/s are to be escorted from site; and
- Once the contractor and/or his/her worker/s have completed their work, the area has to be inspected by management to ensure that the workplace has been left in a safe condition.

Form

Contractor Induction Checklist

Contractor pre-qualification template

Emergency Planning

WHY

The purpose of an emergency plan is to provide a system to handle emergencies that may occur at the workplace. These include medical, incident, fire, flood, earthquake and other such events that may require the assistance of emergency services.

WHEN

These will be displayed throughout the workplace and will provide procedures and contact details that may be required in an emergency and reviewed annually or when there is a change to the site layout.

HOW

Emergency Plan:

The Emergency Preparedness and Response Procedure contains reference to most emergencies you are likely to experience. It also includes a template for a typical evacuation drawing.

Prepare an evacuation plan drawing of your premises (similar to the template); mark in your assembly point(s); note the site of fire exits, the fire hose reels, extinguishers and fire blanket.

Conduct an emergency evacuation drill every 12 months as a minimum. Induct new workers / contractors / casuals / family to ensure they are aware of a safe exit route from the premises.

A comprehensive approach to emergency preparedness is recommended. For example, locate the Emergency Preparedness Plan template and complete it following a discussion with one or more workers / others who know your site.

Ensure an Emergency Plan is prepared and includes:

- Effective response to an emergency;
- Evacuation procedures;
- Procedure for notifying emergency services at the earliest moment; and
- Medical treatment and assistance procedures.

Communication procedures between your Emergency Response Co-Ordinator, workers and others in the workplace.

- Regular testing of emergency procedures (including frequency);
- Information, training and instructions for workers on these procedures; and
- Maintenance and reviews of these procedures.

This plan will be relative to the nature of our work, nature of hazards in the workplace, size and location of the workplace, number of workers and composition of workers.

The emergency plan will be implemented in the event of an emergency.

Workers, contractors and visitors should note the following information which should be read in conjunction with other notices displayed throughout the workplace.

Emergency Evacuation:

Emergency evacuation areas will be displayed together with the emergency procedures displayed throughout the workplace. This information will be included in every induction and will cover contractors and visitors:

If instructed to evacuate you are to:

- Cease all work;
- Extinguish naked flames;
- Shut down and make equipment safe (if able to do so safely);
- Move quickly from the site by nearest exit;
- Proceed to the evacuation assembly area; and
- Do not return to work until instructed.

All workers must ensure they are familiar with the building evacuation scheme and/or evacuation procedure.

Earthquake:

A large, damaging earthquake could occur at any time, and can be followed by aftershocks that continue for days or weeks.

Most earthquake-related injuries and deaths result from falling debris, flying glass and collapsing structures such as buildings and bridges. Earthquakes can also trigger landslides, avalanches, flash floods, fires and tsunami.

Earthquake Preparedness:

Getting ready before an earthquake strikes will help reduce damage to your business and help you survive:

- Develop an Emergency Plan;
- Assemble and maintain your emergency survival items for your workplace, as well as a portable getaway kit;
- Practice Drop, Cover and Hold;
- Identify safe places within your workplace; and
- Secure heavy items of furniture to the floor or wall.

Flooding):

- Shut off the power and water and turn off electrical appliances if there is no personal danger to you or anyone else;
- Try to identify the source of the flooding if safe to do so;
- Contact the building manager;
- Prepare to evacuate;

Flood (Natural Disaster);

- Monitor flood activity
- Ensure you have an up to date flood survival plan
- Shut off the power and water and turn off electrical appliances if there is no personal danger to you or anyone else;
- Don't walk, swim, drive through flood waters, turn around to higher ground
- Notify emergency services; and
- Prepare to evacuate.
- Act Early- don't wait to the last moment

Unwanted visitor:

If a person is displaying unusual behaviour:

- Keep calm, make no sudden movements;
- Do what the offender asks;
- Try to memorise as many details about the offender as possible; and
- Notify police as soon as it is safe to do so and leave the phone line open until police arrive.

Bush Fire:

- Monitor fire activity in your region,
- Understand and know your daily fire danger rating,
- Ensure you have an up to date bush fire survival plan
- Act Early – don't wait to the last moment

Your plan needs to outline:

1. Actions leading up to the bushfire season
2. Actions during the bushfire season
3. Actions leading up to fire risk days
4. Actions on fire risk days.

Environment & Sustainability Policy

Purpose & Aims

We are committed to reducing the environmental impact of our businesses while providing the highest quality products and services in a sustainable manner. We will do this through our dedication to customer insight and a commitment to continually improve the environment and sustainable performance of all of our business activities.

This Environment & Sustainability Policy (Policy) expresses our commitment to managing our environmental and sustainability obligations in the workplace. If you work at our company in any capacity, including employees, potential employees and contractors, whether on a full-time, part-time or casual basis, on or off-site, or if you are a customer or visitor attending our workplace or an event we have organised (you, person, people), then this Policy applies to you and you must familiarise yourself with, and comply with, this Policy and any variations to this Policy.

This Policy may be reviewed, varied, added to or withdrawn by us at any time, at our absolute discretion. This Policy, and any amendments to it, does not form part of your employment contract or agreement or your independent contractor agreement (as the case may be).

Committment

Our commitment to Environment and Sustainability

In addressing our environmental commitment we will:

- focus on the efficient and innovative use of resources such as raw materials, energy, water and packaging to minimise our environmental footprint where possible;
- embrace the principles of the waste hierarchy (Avoid, Reduce, Reuse, Recover, Recycle) to minimise the generation of waste and reduce waste to landfill;
- protect the environment including preventing pollution to air (e.g. noise, odour), water and land;
- seek opportunities to reduce greenhouse gas emissions that can contribute to climate change;
- measure and monitor our environmental and sustainability performance;
- meet or exceed all applicable environmental legislation, related compliance obligations and requirements;
- proactively assess any adverse operational aspects and environmental impacts considering a life-cycle perspective when sourcing raw materials, developing products, packaging and any plant or process changes;
- work with our customers and suppliers to increase the environmental performance of their operations, products, services and the supply chain;
- continually improve management systems to enhance our overall environmental performance;
- identify, assess, control and review environmental risks;

- facilitate sharing of information and knowledge, and promote awareness of the environment across the organisation;
- act as an environmentally responsible neighbour, engage with the local community and other stakeholders to address issues and reduce any adverse environmental impacts.

Your obligations as an employee

Workplace environmental and sustainability management is the shared responsibility of all persons in the workplace and you are responsible for the implementation of this Policy and to act in an environmentally responsible manner. This means that you will need to:

- be familiar with and comply with this Policy, relevant laws and regulations, as well as any other material dealing with environmental compliance and management;
- observe safe work practices and methods including obeying any reasonable instruction aimed at protecting and/or promoting environmental compliance and management at work;
- attend training dealing with environmental compliance and management; and
- assist in identifying hazards, assessing risks and implement risk control measures.

If you witness any incident compromising workplace environmental compliance and management or a breach of this Policy, you are required to immediately notify an appropriate member of management. All complaints will be treated impartially and will be addressed promptly.

Consequences of breaching this Policy

We retain discretion to commence disciplinary action for breaches of this Policy. Disciplinary action may include a written warning, counselling, suspension or the termination of a person's employment or engagement. We may also refer a breach of this Policy to law enforcement authorities where necessary.

ESM Procedure

WHY

Essential safety measures apply to all buildings apart from a house or outbuilding. There are also additional responsibilities in the Workplace Health and Safety Acts in all states and territories for the occupier of the building.

Essential Safety Measures (ESMs) are safety features required for a building to protect occupants in case of a fire. Non-compliance of ESMs not only puts occupants at risk, but also passers-by and adjoining buildings. ESM include all traditional building fire services such as sprinklers, emergency lighting, fire extinguishers, smoke alarms etc., but also include passive fire safety such as fire doors and other building infrastructure items such as paths of travel to exits and exit signage.

The maintenance of essential safety measures applies (ESM) to Class 1b, 2, 3, 5, 6, 7, 8, and 9 buildings as defined in the BCA (Building Code of Australia). These classifications include multi-storey residential buildings, hotels/motels, offices, shops, warehouses, factories and hospitals/public buildings respectively.

WHEN

ESM reports are to be completed annually by a professional service provider by the building owner. Please note that dependent on the lease agreement those obligations may be transferred to the occupier as part of the building lease agreement, this is not uncommon. All remediating actions are to be completed with-in the agreed timeframes.

HOW

1. Review your ESM report annually to ensure all actions have been undertaken by the responsible person.
2. Complete Emergency Management Checklist every 6 months to ensure you have the appropriate fire protections in place and carry out (responsible person) any corrective actions in an appropriate timeframe.

Form

Emergency Management Checklist

Hazardous Chemicals

WHY

Hazardous Chemicals are substances which have the potential to harm the health of people and the effects are generally over long-term use and exposure. **Dangerous Goods** and **Hazardous Substances** fall under the **Hazardous Chemical** definition.

For e.g. if we have gas forklifts - the gas is classed as a Dangerous Goods Class 3 Flammable, we then have responsibilities under the Dangerous Goods Act & Regulations, as well as responsibilities under the Health & Safety Acts and Regulations in the state's we operate in.

WHEN

- Pre-Purchase;
- Upon purchase; and
- In the storage, handling (use) and transport.

HOW

Purchasing:

- Ensure that a material safety data sheet is supplied for any new hazardous substance or dangerous good that is purchased for use or made available for sale (Safety Data Sheets for aerosol or spray containers for retail sale are not required).

Register:

- Print off the Hazardous Substances and Dangerous Goods Register;
- List the name of every hazardous substance in use on site;
- List in the column "Approx. Quantities Stored", the maximum quantity of each product that would normally be stocked; and
- Workers working with hazardous substances, and their Supervisors, must be provided with access to the register.

SDS:

- Obtain a Material Safety Data Sheet (SDS) for every Hazardous Substance. SDS documentation has an expiry period of five years from date of issue and requires review and updating for compliance; and
- The Hazardous Chemical Register and the SDS should be kept together.

Labelling:

- All containers and tanks used for storing or dispensing chemicals must be labelled with the product name, concentration and DG Class (if a Dangerous Good);
- We do not decant any chemicals on site.

Risk Assessment:

- A risk assessment must be completed for all tasks involving the use of Hazardous Substances / Dangerous Goods;
- A risk assessment must be documented and reviewed and updated every 5 years; and
- If there is new information available with regard to the use of a Hazardous Substance / Dangerous Good / Dangerous Substance, the risk assessment must be reviewed.

Safe Operating Procedures:

- Safe Operating Procedures must be developed for chemicals that workers handle or dispense;
- Appropriate PPE must be used when handling or dispensing chemicals – refer to the chemical SDS for details on correct PPE to be used;
- Ensure that procedures for action in the event of a spill or fire are displayed at the storage area. Portable fire extinguishers and materials for absorbing or neutralizing spills must be kept at or near the storage area; and
- Spill kits must be provided, maintained and be suitable for the chemicals likely to be spilt.

Training:

- Workers handling or dispensing chemicals are to be provided with training on the safe use and storage of the chemical. This may be as simple as requesting a Safety Instruction from the supplier or developing a Safety Instruction for the safe handling of a chemical using the SDS; and
- We are responsible for ensuring chemical handling training is provided to relevant workers.

Form

Hazardous Chemical Register

Haz Chem RA Form

Segregation Chart & Labelling Guide

Issue Resolution Procedure

WHY

Resolution of safety Issues is an essential part of ensuring the effectiveness of the HSE Management System. Should any person become aware of a health, safety or environmental issue, the preferred procedure is to resolve the issue at the lowest management level possible. . Each site is to agree, through consultation between management and workers, on the process to resolve WHS issues and disputes. Our issue resolution procedure issued may be used, as long as it is agreed to by site workers.

The agreed resolution procedure (including disputes), must be documented and communicated to all employees. An issue resolution flowchart has been developed and must be displayed on site safety notice boards and should show the resolution progress and feedback to workers. Refer to Issue Resolution Flow Chart.

Issue resolution procedures must comply with WHS legislation enabling the Regulator to be final arbiter if required.

WHEN

When an issue or dispute is to be resolved.

HOW

Responsibilities:

Site Supervisor/Site Safety Officer

- Ensure that health & safety issues that are brought to their attention are dealt with promptly; and
- Where breaches of site safety requirements are observed, issue a “Breach of Site Safety Requirements” form to the Sub-Contractor involved.

Sub-Contractors:

- Ensure that all issues regarding health & safety raised by their workers are dealt with in a timely matter; and
- Where an issue cannot be adequately addressed, advise the Site Supervisor/Site Safety Officer.

Site Employee:

- Where a worker has a concern with a health & safety issue, they must in the first instance raise it with their direct Supervisor.

Actions:

- Where a worker on site identifies a health & safety issue, they should raise it with their direct Supervisor. If the issue is not rectified to the satisfaction of the worker, they can raise their concerns with Site Supervisor/Site Safety Officer who will attempt to resolve the issue; and

- Any workers or elected Health & Safety Representatives should refrain from contacting outside agencies such as WorkSafe if they have not first discussed the issue with the Site Supervisor/Site Safety Officer.

Breach of Site Safety Requirements:

- Where it comes to the attention that a sub-contractor or the workers of the sub-contractor are breaching any health & safety requirements they will be issued with a written “Breach of Site Safety Requirements”; and
- A failure to comply with our safety requirements will result in a cancellation of the sub contractor’s involvement with us

Form

Issue Resolution Flow Chart

NDIS Related Documents

NDIS_Worker_Screening_Procedures_Guide_Access

NDIS Worker Screening Guide

Shows how to process NDIS worker Screening

Documents

Document One

More
Info

NDIS Worker Screening Guide

CONTINOUS IMPROVEMENT

Accounts Payable Policy

Accounts Payable Policy

Purpose of the Policy

This document outlines the procedure for Milparinka accounts payable. This procedure relates to the payment of all invoices for Milparinka Adult Training Unit Inc. This procedure is intended to be a guideline for processing all expenditure documents through Accounts Payable.

The responsibility to observe this procedure is that of the Milparinka personnel who approve such expenditures. This procedure applies to the Milparinka CEO, and the Manager, Finance and HR.

Procedures

Accounts Payable is responsible for accurate and timely payment of all invoices for Milparinka.

Accounts payable is a critical portion of Milparinka's financial records and can be subject to fraud without careful reconciliation and oversight.

Strong accounts payable audit procedures can ensure the accuracy and timeliness of bill payments. The best accounts payable audit procedures allow a mixture of daily checks, routine internal controls and external audit procedures.

The CEO and Manager, Finance and HR must:

- Ensure all staff are consistent in implementing operating expenditure procedures to achieve compliance with Milparinka's financial controls and financial delegation objectives.
- Ensure that all payments are made in accordance with the approved budget and are authorized in writing.
- All accounts are paid on time and advantage is taken of early payment discounts

Invoice Receipt and Approval

Invoice Entering

All invoices are entered into the financial system by the Finance Officer,

Invoices are coded depending on the type of expenditure.

All Client Based Services related invoices are coded to 6-1028 within the financial system to segregate them from the other Milparinka Expenditure. Everything keyed to 6-1028 must have a job code that relates to the specific client.

Job codes are also used to allow for more detailed reporting and are keyed in where appropriate

Invoice review and approval within the financial system

Invoice review and approval within the financial system

Once all invoiced are entered, the Manager, Finance and HR will review the keyed invoices, as part of the review the following is checked:

- Coding to the correct account
- Job Codes
- Any new suppliers and bank details
- Supplier Reference Numbers
- Payment value as compared to what is expected

Once payments have been reviewed and approved the financial system will be updated with payment and an ABA bank file will be created.

Invoice payment approval with the banking system

Customer Satisfaction

Customer Satisfaction

Purpose and Scope

To ensure our supports and methods remain relevant and appropriate to the lives of each individual service user and their Family/Carers.

Policy

Milparinka measures satisfaction qualitatively and directly with individual service users across different variables and time frames

Procedures

Overview

The issue of user satisfaction is such a fundamental premise to our support that extensive thought and consultation with service users and families, the primary owners of the satisfaction, has been undertaken to inform our concepts and measures. The following has been prepared in consultation with service users' families.

Milparinka's concept of satisfaction in all of our arrangements belongs primarily to the service users and is measured from their individual perspectives. Satisfaction is people feeling positive about themselves; making connections with others; having things work for them; feeling their life has been enhanced. Such satisfactions can only be measured by the perceptions of the participants. In accepting the reality of self-directed supports Milparinka accepts the consequent reality that measures of satisfaction will be individualised.

Key differences between traditional models of support and a self-directed individualised model involve a paradigmatic shift because clients/families experience services no longer designed for them, but with them or by them. Satisfaction under traditional support models was a largely ignored concept hidden behind usually quantitative evaluations which simply compared outcomes against rigid program goals. In its self-directed model, Milparinka measures satisfaction qualitatively and directly with service users across different variables and time frames.

We have adopted this perspective of client satisfaction which rejects a linear cause–and–effect equation. Under our perspective, satisfaction is perceived as constructed through a myriad of social, cultural, physical, and economic concepts unique to each client. Individual client/family narratives ("local narratives" rather than the "grand organisational narratives") are the real source of determining stakeholder satisfaction and organisational success. In passing, recent studies confirm that this approach is being increasingly adopted by innovative leaders in the helping professions (Chapparo & Ranka 2005). To illustrate how the approach works in practice we provide two real life examples. We then outline our internal processes deliberately designed to achieve the essential communication channels and right relationships which underpin this focus on client satisfaction.

Vanessa and her mother want to control and enact the direction of her supports and expected outcomes. They share a vision of what her future life will look like but do not want a management role in achieving this. They have authority in the relationship with Milparinka but want us to manage the process for them, they retain the overall assessment of satisfaction.

Ben and his family want to identify outcomes, control the direction of the supports helping him to achieve a better life. Under a financial hosting agreement with Milparinka, Ben has achieved independence in his community and his family reports high levels of satisfaction with our service

In each case, the client and their family have distinctively narrated what will provide their stakeholder satisfaction. In Vanessa's case, the outcome of a better life and good process by Milparinka as an organisation will impact the level of satisfaction. With Ben, he and his family are working at a more micro level of the process. For example, Ben's satisfaction is guaranteed through having written measures and agreements on employment processes, financial management and the development of safe guards. The satisfaction of each of these clients will flow from Milparinka having listened to and being guided by the service user expectations.

Listed here are the essential processes which Milparinka incorporates to ensure the primacy of the service user and family in achieving their expectations. These internal processes the fundamentals of our day-to-day practice however at a minimum are required to occur at a minimum each year. At the conclusion of each year a summary is presented to the Committee of Management for review and direction.

Procedures

- Constantly reviewing how people feel about what is happening during Planning sessions.
- Supporting small groups, family and individuals to come together to discuss issues – a successful and important tool which often identifies participants' achievements and expectations they had not thought possible.
- Engaging periodically external professionals to determine the satisfaction of stakeholders through individual and group consultation with service users and their families/carers.

Internal Audits

Internal Audits

Purpose and Scope

The purpose of this procedure is to provide for a system and instruction, and to assign responsibilities for conducting internal audits.

This procedure applies internal auditing to ensure ongoing compliance to The National Disability Insurance Scheme Commissions Practise and Safeguards Standards and Key areas of Milparinka support roles.

Responsibilities

Management is responsible for reviewing the effectiveness of internal and external audits at Operations meetings as scheduled.

The Quality Manager is responsible for ensuring the requirements of this procedure are adhered to, and for maintaining internal audit schedules and audit records.

The Quality Manager is responsible for conducting internal audits and compiling audit reports.

Planning the Audit

In November 2020, the Internal audit systems process was managed through the Centro Assist Internal Audit program, this program is kept up to date by Centro Assist. Milparinka has decided not to continue with this model as it was to prescriptive in its structures and required us to move out of the system to finalise items. We have now implemented a locally managed and designed model with the support of Disability Services Consultants.

Each main activity comprising the continuous improvement system will be audited at least annually. Designated activities, as determined by the Quality Coordinator are audited more frequently due to their status and importance in the system, and past compliance history.

Where applicable Milparinka Disability Services can engage independent auditing consultants to conduct internal audits.

Conducting the Audit

The auditing is an ongoing process. While conducting the audit, the Quality Manager seeks objective evidence demonstrating whether the audited activities comply with the requirements of the documented continuous improvement system.

When a non-compliance is noted, or potential improvements are identified and is brought to the attention of, and discussed with, the responsible person. The responsible person must ensure that timely Corrective Action is carried out and that preventive action has been determined through finding the root cause of the problem. Before the end of the audit, each non-compliance, and review of a procedures is, noted is documented on the Continuous Improvement Request (CIR) form. This is reviewed by management with a sign off of completion completed by the CEO who will check to see if the corrective and preventive action has been implemented effectively all. When there is completed the CIR is considered closed out.

If more work is needed to fully implement the action, a new follow up date is agreed upon. The auditor and/or the CEO will ensure the corrective and preventive action is implemented fully before closing out the CIR.

Records.

All records and evidence for Internal audit will be saved.

Raising Continuous Improvement Requests

Theses are raised through the completion of a CIR and submitted directly to the responsible manager

Invoice Entering

Invoice Entering

All invoices are entered into the financial system by the Finance Officer,

Invoices are coded depending on the type of expenditure.

All Client Based Services related invoices are coded to 6-1028 within the financial system to segregate them from the other Milparinka Expenditure. Everything keyed to 6-1028 must have a job code that relates to the specific client.

Job codes are also used to allow for more detailed reporting and are keyed in where appropriate

Invoice payment approval with the banking system

Invoice payment approval with the b

The financial system generated ABA file will be uploaded by one of the bank authorises, this is usually the Manager, Finance and HR, who also first approves the payment

The bank payment listing from the Financial System is forwarded to the second authoriser who will all payments and second approve in the banking system.

Once approved remittance advise are issued from the financial system

Invoice review and approval within the financial system

Invoice review and approval within

Invoice review and approval within the financial system

Once all invoiced are entered, the Manager, Finance and HR will review the keyed invoices, as part of the review the following is checked:

- Coding to the correct account
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- Any new suppliers and bank details
- Supplier Reference Numbers
- Payment value as compared to what is expected

Once payments have been reviewed and approved the financial system will be updated with payment and an ABA bank file will be created.

Management Review

Management Review

Policy Statement

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities for scheduling, conducting and recording management reviews of Milparinka Continuous Improvement System.

This procedure concerns Milparinka Management Review Team; specifically, Milparinka CEO, Quality Coordinator, Document Controller, Manager Individualised Services, Manager Human Resources and Finance and other staff members as required.

Management review meetings are conducted with the purpose to ensure the continuing suitability and effectiveness in satisfying the requirements of the DHSS and ISO9001 Standards and Milparinka Disability Services stated Quality Policy Statement and objectives.

Responsibilities

The Milparinka CEO is responsible for convening Management Review meetings.

Management Review members are responsible for attending all scheduled meetings and for preparing relevant data for discussion at each meeting.

Staff are responsible for actioning items as specified within the minutes of meetings.

The Document Controller is responsible for keeping records of the meetings, distribution of the minutes, and filing of the minutes.

Management Review Procedure

The Continuous Improvement System is reviewed by the Management Review team every 6 months. Other meetings outside these scheduled dates may be held to deal with extraordinary circumstances.

Management Review meetings are chaired by Milparinka CEO.

The agenda for Management Review meetings is standard for all meetings and is shown below.

Minutes of the review meetings are prepared by the Document Controller and distributed to attending members within one week of the meeting.

Action items arising from the meetings will be minuted and target dates set for completion of the action. The management representative will follow up with the responsible staff member on the nominated date of completion to ensure action taken has been effective.

Procedural changes as a result of Management Review will be actioned in accordance with the procedure for Document and Data Control.

Management Review Agenda

The agenda will contain the following items as a minimum;

- Action items from previous review
- Results of external and internal audits

- Customer feedback/surveys
- Internal Audits and Status of Continuous Improvement Report forms
- Review and analysis of Incident Report and Complaint Data Base
- Resource needs
- Pending changes that may affect the CIS
- Recommendations for improvement - CIS processes/client related services
- Next meeting.

Records

Management review minutes are to be documented and available for review

Procedures

Procedures

Accounts Payable is responsible for accurate and timely payment of all invoices for Milparinka.

Accounts payable is a critical portion of Milparinka's financial records and can be subject to fraud without careful reconciliation and oversight.

Strong accounts payable audit procedures can ensure the accuracy and timeliness of bill payments. The best accounts payable audit procedures allow a mixture of daily checks, routine internal controls and external audit procedures.

The CEO and Manager, Finance and HR must:

- Ensure all staff are consistent in implementing operating expenditure procedures to achieve compliance with Milparinka's financial controls and financial delegation objectives.
- Ensure that all payments are made in accordance with the approved budget and are authorized in writing.
- All accounts are paid on time and advantage is taken of early payment discounts

Purpose of the Policy

This document outlines the procedure for Milparinka accounts payable. This procedure relates to the payment of all invoices for Milparinka Adult Training Unit Inc. This procedure is intended to be a guideline for processing all expenditure documents through Accounts Payable.

The responsibility to observe this procedure is that of the Milparinka personnel who approve such expenditures. This procedure applies to the Milparinka CEO, and the Manager, Finance and HR

Quality Policy Statement

Quality Policy Statement

Our Mission

To support people with disabilities and their families to have better stories to tell.

Our Values

We will develop and promote a culture within the Milparinka Inc, which demonstrates the following values:

- We recognise the diversity of our population and individual potential for development and growth. Our diversity encompasses differences in culture, ethnicity, gender, language, age, sexual orientation, religion, socio-economic status, physical and mental ability, thinking styles, experience, education,

intellectual and physical capacity.

- We believe that the primary drivers of our services are the needs, choices, aspirations and self-determinations of our current and potential service users.

- We believe that everyone has the right to be involved or represented in planning and directing the services that they are involved in.
- We endorse the principles of Social Justice:
- Equity,
- Access,
- Participation, and
- Rights

To ensure that all disability services, their staff, volunteers and students respond to people who have a disability fairly and effectively through complying with the Human Service Standards, NDIS Commissions Quality Standards and child safety standards.

Guiding Quality Principles

- A commitment to the principle of social justice, especially in relation people who access our services.
- Accountability to who access our services, their families, the community and funding bodies.

Ensuring commitment and application of the NDIS Commissions Quality Standards

- Ensuring continuous improvement applies to all aspects of Milparinka functioning including services, administration and management.
- Ensuring continuous improvement is part of a monitoring process where the outcomes of evaluation are used to implement improvements to the service and activities.

- Ensuring designated responsibility for assisting in the development, implementation and review of continuous improvement procedures and systems
- The development, implementation and review of a Continuous Improvement System.
- Ensuring people who access our services, employees, volunteers and Committee of Management directors have the attitudes and behaviours that contribute to Milparinka making continuous improvements.
- Acknowledging the valuable contributions that all people can make by providing the means for them to consider and act on service improvement.

Continuous Improvement

Milparinka Disability Services is committed to the highest level of quality assurance to the people who access our services so it is essential that responsibilities be structured to ensure

- All work requirements are properly defined, accomplished and verified.
- All people work within the framework for continuous improvement outlined in this procedure.

Milparinka Continuous Improvement System is based on achieving compliance with the NDIS Commissions Quality and Practice standards. We implement a process of continuous Quality Improvements predominantly impacted on by ongoing internal audits

Managers and staff shall ensure that the quality requirements and processes are documented, implemented and integrated into the regular work practices in their respective areas of responsibility, and that all documents clearly reflect the current work activities and are appropriate to the user application.

Corrective and Preventive Action

Policy Statement

The purpose of this procedure is to provide for a system, and instructions, and to assign responsibilities for initiating, requesting, carrying out, and checking the effectiveness of corrective and preventive action.

This procedure applies to correcting and preventing nonconformities relating to Milparinka services, customer complaints, internal breakdowns of the quality management system, and continuous improvement ideas / suggestions.

Throughout Milparinka Disability Services Corrective and Preventive Action is referred to as Continuous Improvement (CI).

Responsibilities

The Milparinka CEO and staff are responsible to ensure that the requirements of this procedure are adhered to.

All employees are required to comply with this procedure.

Implementation

Continuous Improvement Requests (CIR) are an important part of Milparinka Continuous Improvement System. They enable Milparinka to identify areas of improvement and to determine corrective action solutions, which are often short term fixes, and preventive action solutions which are designed to stop the problem from occurring again.

Raising CIRs

Continuous Improvement Requests can be initiated by any employee and can be directed to all aspects of Milparinka activities and to its suppliers. CIRs may be raised in any of the following circumstances:

- Identification of a service non-conformance,
- Breakdown of the continuous improvement system,
- A non-compliance observed during any audits,
- Customer Complaints,
- on-conformance from a supplier,
- Identification of any other condition that does not comply with the documented continuous improvement system and/or the DHS Standards.

The originator of a CIR will email the form to the manager/coordinator.Upon receiving a CIR, the responsible person investigates the cause of the problem, proposes the corrective and preventative action to be taken, and indicates the date by which the action will be fully implemented.

On, or immediately after, the due date for implementation of the action, the relevant manager will determine if the action proposed was implemented and if it was effective. When it is determined that the action was effective, the CIR can be closed out. If the action was not effective, a new due date is agreed upon.

Closed CIRS will be stored in MYP (when the system if fully active). Retention periods for closed CIRs are specified in the procedure for Quality Records.

Reviewing CIRs

CIRs are reviewed at regular Management Review meetings.

Internal Audits

Purpose and Scope

The purpose of this procedure is to provide for a system and instruction, and to assign responsibilities for conducting internal audits.

This procedure applies internal auditing to ensure ongoing compliance to The National Disability Insurance Scheme Commissions Practise and Safeguards Standards and Key areas of Milparinka support roles.

Responsibilities

Management is responsible for reviewing the effectiveness of internal and external audits at Management Review meetings as scheduled.

The Quality Coordinator is responsible for ensuring the requirements of this procedure are adhered to, and for maintaining audit schedules and audit records.

Allocated Internal Auditors are responsible for conducting audits and compiling audit reports.

Planning the Audit

In November 2020, the Internal audit systems process was managed through the Centro Assist Internal Audit program, this program is kept up to date by Centro Assist. Milparinka has decided not to continue with this model as it was to prescriptive in its structures and required us to move out of the system to finalise items. We have now implemented a locally managed and designed model with the support of Disability Services Consultants.

Each main activity comprising the continuous improvement system will be audited at least annually. Designated activities, as determined by the Quality Coordinator are audited more frequently due to their status and importance in the system, and past compliance history.

Where applicable Milparinka Disability Services can engage independent auditing consultants to conduct internal audits.

Conducting the Audit

The auditing is an ongoing process. While conducting the audit, the Quality Coordinator seeks objective evidence demonstrating whether the audited activities comply with the requirements of the documented continuous improvement system.

When a non-compliance is noted, or potential improvements are identified and is brought to the attention of, and discussed with, the responsible person. The responsible person must ensure that timely Corrective Action is carried out and that preventive action has been determined through finding the root cause of the problem. Before the end of the audit, each non-compliance, and review of a procedures is, noted is documented on the Continuous Improvement Request (CIR) form. This is reviewed by management with a sign off of completion completed by the CEO who will check to see if the corrective and preventive action has been implemented effectively all. When there is completed the CIR is considered closed out.

If more work is needed to fully implement the action, a new follow up date is agreed upon. The auditor and/or the CEO will ensure the corrective and preventive action is implemented fully before closing out the CIR.

Records.

All records and evidence for Internal audit will be saved.

Raising Continuous Improvement Requests

These are raised through the completion of a CIR and submitted directly to the responsible manager

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Roles and Responsibilities

CEO

The CEO has responsibility for all aspects of the Continuous Improvement System and delegates specific roles to staff members below.

The CEO has the primary responsibilities to ensure that the operating continuous improvement system complies with the NIDS Commission Standards, and through regular auditing and management review monitor the status of the system. The role may also include liaison with external organisations on matters relating to the quality system.

In particular, the CEO has responsibility for:

- Reviewing Milparinka's relationships as they affect quality and developing proposals for improvement;
- Verifying that improvement actions are effective;
- Provision of appropriate training and resources to staff to enable the continuous improvement system be properly maintained and used to generate improvements.
- Control of the Quality Manual and authorisation/control of other selected documents; and
- Identifying problems affecting service and recommending corrective action.
- Selection of personnel to be trained as Internal Auditors and approval of auditor training courses and subcontracted auditors.

Managers & Co-ordinators

Managers/ Co-ordinators shall be responsible for:

- The quality of work carried out by all personnel within their area of control;
- Verifying that approved procedures are adopted within their work area and that any necessary complementary procedures are raised, updated, and implemented by assigned personnel;
- Ensuring that all staff under their control are adequately trained and experienced to perform their duties correctly;
- Ensuring that all staff under their control are familiar with continuous improvement system procedures and have ready access to them.
- Proactively intervening to prevent service failure;
- Implementing effective corrective actions in their area of control.

Quality System Co-ordinator

The Quality System Co-ordinator is responsible for maintaining the continuous improvement system; in particular,

- Maintaining quality records
- Co-ordinating internal audits as per audit schedule
- Assigning internal auditors to conduct audits
- Reviewing audit data
- Attending management review meetings
- Preparing reports for management review meetings

Document Controller

- Updating the intranet as required
- Maintaining document add/edits

All Document & Data Control

The purpose of this procedure is to provide for a system, and instructions, and to assign responsibilities for establishment, review, authorisation, issue, distribution, and amendments of Milparinka quality system documents.

This procedure applies to all quality documentation residing on Milparinka "on-line" Continuous Improvement System and associated documents that are maintained in hard copy format. In particular, this procedure refers to:

- Continuous Improvement procedures
- Operational procedures
- Continuous Improvement forms and records
- Standards and other reference materials

Responsibilities

The Milparinka CEO is responsible for the overall requirements of this procedure.

The Committee of Management is responsible for approving policy documents.

The Milparinka CEO is responsible for approval of the Continuous Improvement Manual.

The Milparinka CEO with staff is responsible for other Continuous Improvement Documentation.

All staff have a responsibility to initiate new procedures, amendments, or additions to existing procedures in accordance with the requirements of this procedure.

Procedure

System Access

The Continuous Improvement Manual, Continuous Improvement Procedures and associated quality documents will reside in MYP when complete.

Document Distribution

The Document Controller issues, distributes, and amends the continuous improvement system through a secure “Control” computer identify.

Initiating Amendments

All staff can initiate changes or additions to the Continuous Improvement System at any time. This is achieved through the submission of the CIR which details the changes requested.

The Document Controller will keep a copy of all CIR as a record of the requested changes, approval authority, and updating of the system.

Quality Records

Purpose and Scope

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities, relating to quality records, for establishing and controlling the following aspects;

- identification,
- filing,
- storage,
- archiving,
- disposition.

This procedure applies to all records kept by Milparinka Disability Services as part of their Continuous Improvement System

Responsibilities

The Milparinka CEO shall ensure that records retention periods are sufficient to cover regulatory requirements such as: Income Tax Assessment Act, Trade Practices Act, product liability regulations, State and Commonwealth requirements, etc.

The Milparinka CEO has overall responsibility for the requirements of this procedure.

Staff are responsible to ensure that all required records within their sphere of control are maintained in accordance with this procedure.

Procedure

The following quality procedures detail quality records, with their storage locations and retention periods that are maintained by Milparinka;

Quality Management Records

Training records	Milparinka CEO	3 years
Supplier information	Milparinka CEO	7 years

Management Review Minutes	Milparinka CEO	3 years
Continuous Improvement Requests	Milparinka CEO	3 years
Auditing data	Milparinka CEO/ Quality Coordinator	3 years
Purchasing records	Milparinka CEO/ Quality Coordinator	7 years
Contract records	Milparinka CEO	7 years

Milparinka Operating Records

Quality operating records are kept in various files throughout Milparinka. The Milparinka CEO/Quality Coordinator are responsible for these records and are also responsible for the identification, filing, storage, and security of the records.

Files are clearly marked and are filed in locations that are also clearly marked to enable ease of identification and retrieval.

Files are disposed of in a manner determined by Milparinka CEO; this may be by deletion and shredding or secure disposal depending on the nature and sensitivity of the material.

Electronic data is stored on network directories and in the cloud, in Australian based sites, and backed up automatically each night.

NB: Milparinka has scanned and stored previous hard copy files and record electronically. Information is generally kept for longer than the prescribed requirements due to the smaller size of electronic files.

Control of Non-conforming Product/

Purpose and Scope

This procedure provides instructions and assigns responsibility on how non-conforming product/service shall be controlled within Milparinka Disability Services to ensure that product/service that do not conform to requirements are prevented from unintended use. It also refers to procedures on how corrective actions are taken for eliminating or preventing non-conformities, and the procedure for promoting continuous improvement of the quality system.

Product within Milparinka Disability Services relates to information and services offered to service users.

Responsibilities

The CEO and Program Managers have the main responsibility for non-conforming product/service within their area of responsibility.

Control of Non-conforming Product/Service Procedure

Where there is a non-conformance detected regarding any service Milparinka Disability Services delivers:

Advise staff via phone, email or staff meetings of non-conforming service, requesting that this service not be used until further notice.

Raise Continuous Improvement Request (CIR).

Implement / fix problem with non-conforming service.

Advise staff that problem has been rectified and that the service can now be used again.

Review and Disposition of Non-conforming Product/Service

Timely actions shall be taken for review of non-conforming product/service by authorised personnel. This may be through suspension of a product/service; meeting with service users; review of a product/service; etc. Trends of non-conforming product/service shall be monitored and shall be part of the periodic Management Review process.

Corrective Actions

Timely corrective actions shall be taken to eliminate the causes for nonconformities which may lead to customer complaints, process problems, audit nonconformities, etc. The type of corrective actions taken shall be commensurate with the magnitude of the problems and the risks encountered. Causes for non-conformities shall be investigated, corrective actions determined and the effectiveness of actions taken verified after implementation. Refer to the procedure for Corrective & Preventive Action.

Preventive Action

When determining corrective actions, efforts shall be made to prevent the recurrence of problems and mistake proof processes so that the risk of nonconformity is minimized. Requirements for instigating preventive actions, to contain adverse trends of non-conformities shall be determined through the analysis of quality data, and shall also be reviewed during periodic management review meetings.

Continuous Improvement

Management recognises that in order to provide an effective and efficient service the continuous improvement system has to be continuously improved. To facilitate the improvement processes, management shall encourage its employees and suppliers to submit suggestions to the CEO. Management shall review such proposals and if deemed acceptable shall take steps for their implementation.

Management Review

Policy Statement

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities for scheduling, conducting and recording management reviews of Milparinka Continuous Improvement System.

This procedure concerns Milparinka Management Review Team; specifically, Milparinka CEO, Quality Coordinator, Document Controller, Manager Individualised Services, Manager Human Resources and Finance and other staff members as required.

Management review meetings are conducted with the purpose to ensure the continuing suitability and effectiveness in satisfying the requirements of the DHSS and ISO9001 Standards and Milparinka Disability Services stated Quality Policy Statement and objectives.

Responsibilities

The Milparinka CEO is responsible for convening Management Review meetings.

Management Review members are responsible for attending all scheduled meetings and for preparing relevant data for discussion at each meeting.

Staff are responsible for actioning items as specified within the minutes of meetings.

The Document Controller is responsible for keeping records of the meetings, distribution of the minutes, and filing of the minutes.

Management Review Procedure

The Continuous Improvement System is reviewed by the Management Review team every 6 months. Other meetings outside these scheduled dates may be held to deal with extraordinary circumstances.

Management Review meetings are chaired by Milparinka CEO.

The agenda for Management Review meetings is standard for all meetings and is shown below.

Minutes of the review meetings are prepared by the Document Controller and distributed to attending members within one week of the meeting.

Action items arising from the meetings will be minuted and target dates set for completion of the action. The management representative will follow up with the responsible staff member on the nominated date of completion to ensure action taken has been effective.

Procedural changes as a result of Management Review will be actioned in accordance with the procedure for Document and Data Control.**Management Review Agenda**

The agenda will contain the following items as a minimum;

- Action items from previous review
- Results of external and internal audits
- Customer feedback/surveys
- Internal Audits and Status of Continuous Improvement Report forms
- Review and analysis of Incident Report and Complaint Data Base
- Resource needs
- Pending changes that may affect the CIS
- Recommendations for improvement - CIS processes/client related services

- Next meeting.

Records

Management review minutes are to be documented and available for review

Quality Records

Quality Records

Purpose and Scope

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities, relating to quality records, for establishing and controlling the following aspects;

- identification,
- filing,
- storage,
- archiving,
- disposition.

This procedure applies to all records kept by Milparinka Disability Services as part of their Continuous Improvement System

Responsibilities

The Milparinka CEO shall ensure that records retention periods are sufficient to cover regulatory requirements such as: Income Tax Assessment Act, Trade Practices Act, product liability regulations, State and Commonwealth requirements, etc.

The Milparinka CEO has overall responsibility for the requirements of this procedure.

Staff are responsible to ensure that all required records within their sphere of control are maintained in accordance with this procedure.

Procedure

The following quality procedures detail quality records, with their storage locations and retention periods that are maintained by Milparinka;

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Files are disposed of in a manner determined by Milparinka CEO; this may be by deletion and shredding or secure disposal depending on the nature and sensitivity of the material.

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NB: Milparinka has scanned and stored previous hard copy files and record electronically. Information is generally kept for longer than the prescribed requirements due to the smaller size of electronic files

Roles and Responsibilities

Roles and Responsibilities

CEO

The CEO has responsibility for all aspects of the Continuous Improvement System and delegates specific roles to staff members below.

The CEO has the primary responsibilities to ensure that the operating continuous improvement system complies with the NIDS Commission Standards, and through regular auditing and management review monitor the status of the system. The role may also include liaison with external organisations on matters relating to the quality system.

In particular, the CEO has responsibility for:

- Reviewing Milparinka's relationships as they affect quality and developing proposals for improvement;
- Verifying that improvement actions are effective;
- Provision of appropriate training and resources to staff to enable the continuous improvement system be properly maintained and used to generate improvements.
- Control of the Quality Manual and authorisation/control of other selected documents; and
- Identifying problems affecting service and recommending corrective action.
- Selection of personnel to be trained as Internal Auditors and approval of auditor training courses and subcontracted auditors.

Managers & Co-ordinators

Managers/ Co-ordinators shall be responsible for

- The quality of work carried out by all personnel within their area of control;
- Verifying that approved procedures are adopted within their work area and that any necessary complementary procedures are raised, updated, and implemented by assigned personnel;
- Ensuring that all staff under their control are adequately trained and experienced to perform their duties correctly;
- Ensuring that all staff under their control are familiar with continuous improvement system procedures and have ready access to them.
- Proactively intervening to prevent service failure;
- Implementing effective corrective actions in their area of control.

Quality System Co-ordinator

The Quality System Co-ordinator is responsible for maintaining the continuous improvement system; in particular,

- Maintaining quality records
- Co-ordinating internal audits as per audit schedule

- Assigning internal auditors to conduct audits
- Reviewing audit data
- Attending management review meetings
- Preparing reports for management review meetings

Document Controller

- Updating the intranet as required
- Maintaining document add/edits

All Document & Data Control

Purpose and Scope

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The Milparinka CEO is responsible for approval of the Continuous Improvement Manual.

The Milparinka CEO with staff is responsible for other Continuous Improvement Documentation.

All staff have a responsibility to initiate new procedures, amendments, or additions to existing procedures in accordance with the requirements of this procedure.

Procedure

System Access

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Document Distribution

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Initiating Amendments

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Continuous Improvement

Milparinka Disability Services is committed to the highest level of quality assurance to the people who access our services so it is essential that responsibilities be structured to ensure:

- All work requirements are properly defined, accomplished and verified.
- All people work within the framework for continuous improvement outlined in this procedure.

Milparinka's Continuous Improvement System is based on achieving and maintaining compliance with the NDIS Quality and Practice Standards. Milparinka maintains a Continuous Improvement Register, which is overseen by the Quality Manager.

Periodic, quarterly focused meetings will be established and conducted as part of the Operations Team's commitment to continuous improvement. These meetings will occur at least quarterly, with additional meetings convened as required.

Each meeting will include mandatory agenda items, including but not limited to:

- Review of the organisational risk register
- Review of complaints
- Review of incidents
- Review of audit findings and outcomes

The Quality Manager is responsible for identifying and monitoring continuous improvement activities, including conducting internal audits, coordinating external audits, policy and procedure reviews and collecting feedback through participant surveys, participant council input, and feedback from families and carers.

Opportunities for continuous improvement can be logged by staff via the Continuous Improvement link located in the Staff Manual.

Managers and staff shall ensure that the quality requirements and processes are documented, implemented and integrated into the regular work practices in their respective areas of responsibility, and that all documents clearly reflect the current work activities and are appropriate to the user application.

Control of Non-conforming Product/Service

Purpose and Scope

This procedure provides instructions and assigns responsibility on how non-conforming product/service shall be controlled within Milparinka Disability Services to ensure that product/service that do not conform to requirements are prevented from unintended use. It also refers to procedures on how corrective actions are taken for eliminating or preventing non-conformities, and the procedure for promoting continuous improvement of the quality system.

Product within Milparinka Disability Services relates to information and services offered to service users.

Responsibilities

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Control of Non-conforming Product/Service Procedure Where there is a non-conformance detected regarding any service Milparinka Disability Services delivers:

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Throughout Milparinka Disability Services Corrective and Preventive Action is referred to as Continuous Improvement (CI).

Responsibilities

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All employees are required to comply with this procedure.

Implementation

Continuous Improvement Requests (CIR) are an important part of Milparinka Continuous Improvement System. They enable Milparinka to identify areas of improvement and to determine corrective action solutions, which are often short term fixes, and preventive action solutions which are designed to stop the problem from occurring again.

Raising CIRs

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- Identification of a service non-conformance,
- Breakdown of the continuous improvement system,
- A non-compliance observed during any audits,
- Customer Complaints,
- Non-conformance from a supplier,
- Identification of any other condition that does not comply with the documented continuous improvement system and/or the DHS Standards.

The originator of a CIR will email the form to the manager/coordinator.

Upon receiving a CIR, the responsible person investigates the cause of the problem, proposes the corrective and preventative action to be taken, and indicates the date by which the action will be fully implemented.

On, or immediately after, the due date for implementation of the action, the relevant manager will determine if the action proposed was implemented and if it was effective. When it is determined that the action was effective, the CIR can be closed out. If the action was not effective, a new due date is agreed upon.

Closed CIRS will be stored in MYP (when the system if fully active). Retention periods for closed CIRs are specified in the procedure for Quality Records.

Reviewing CIRs

CIRs are reviewed at regular Management Review meetings.