



POLICIES AND PROCEDURES

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Introduction

Purpose and use of manual

This Policy Manual is part of the overall Quality Assurance Programme implemented within LFE and confirms the organisation's commitment to quality.

The major purpose of the Policy Manual is to provide the participant, staff and other stakeholders with:

- an overview of LFE and its services
- details of LFE's quality policies and procedures, and:
- an assurance that LFE has implemented a creditable quality management system

The Policy Manual plays a role in the achievement of the following objectives:

- meeting the participant needs
- meeting funding, contractual requirements
- conforming with the Commonwealth and NEW South Wales Disability Service Standards' requirements
- ensuring compliance with statutory, environmental and regulatory requirements
- continuous improvement towards enhanced service methodology, techniques and procedures and:
- the reduction of inefficient work practices and wastage

Government Legislation, Acts, Standards etc. that are referred to in this Policy Manual can be located on LFE's shared drive at <Z:\Communal Files\Policies & Procedures\External Documents>.

Alternatively they can be sourced via the websites listed in the appendix.

Z:\Communal Files\Policies & Procedures\LFE Policies and Procedures\LFE Policies and Procedures 2023.docx

Definitions

Challenged abilities:	Refers to people requiring specialised support as a result of developmental, sensory, neurological, physical, psychiatric and/or emotional/behavioural problems
Disability Service Standards:	A set of six (6) standards, implemented by ADHC, to make Disability Services more accountable, by providing clear guidelines on acceptable and required practices
Employee:	A participant employed by an LFE business
LFE:	LFE Supports, the organisation, the company. Formally known as Lambing Flat Enterprises
Participant:	The organisation providing a service to the participant and people employed by the organisation for this purpose
Smart goals:	are goals that are specific, measurable, attainable, realistic and timely
Staff:	People employed by the organisation to provide operational support to our The participant. May also refer to volunteer
Standards:	Disability Service Standards
The Board:	A Board of Directors (10) approximately appointed by the Members of Lambing Flat Enterprises, who offer their services in a voluntary capacity
Volunteers:	People who work for the organisation in an unpaid capacity

Introduction to LFE

LFE has been providing a selection of training, support, accommodation and employment opportunities to people with challenged abilities since 1972. The organisation is based in Young NSW and accepts applications from the local area as well as elsewhere in NSW.

LFE is a non-profit organisation, NDIS funding associated with each individual will allow the participant to receive support, capacity building and workplace options. LFE- departments/services include:

- SIL Participants
- School leavers Employment Support (SLES)

LFE businesses that offer employment and training opportunities include:

- LFE Commercial Laundry
- LFE Maintenance Crew
- Drink Runs
- Merle's on Main OP Shop
- Administration

LFE has a Board of Directors who, as duly appointed representatives of the members of the organisation, has responsibility for the governance of the organisation. It is the policy of the Board of Directors to abide by:

- LFE's Governance Policies
- The Companies Code
- The general law
- Ethical practices

The CEO looks after the day to day running of the organisation, with the help of a Management team made up of Executives representative of all departments and businesses. Refer to the Organisational Lines of Communication Flow Chart for delegation of authority and responsibility throughout the organisation

LFE Charter – March 2014

LFE's Charter describes its purpose and values and how it measures success. The Charter is the means by which *who LFE is, what it does, and what it stands for* as an organisation, is communicated.

The Charter is fundamental to its decision-making and strategic planning.

Who we are:

LFE is a not-for-profit community organisation (Charity & Benevolent Society) providing a range of person-centred services for people with challenged abilities who require greater independence and connection with their community.

LFE's Mission is:

To provide opportunities and support to meet the individual and holistic needs of people with challenged abilities

LFE's Vision is:

To always deliver responsive, innovative and quality services as required by clients

LFE's Values: are aligned to Human Rights as well as the Disability Service Standards of:

- **Integrity:** LFE has strong and effective governance and management, necessary to deliver positive outcomes for the people it supports. Every effort is made to do what is right and to do what is said will be done
- **Respect:** both the legal and human rights of the people who use LFE's services are fully respected, with a focus upon full participation in society in ways that are important to each individual. To this end LFE promotes the exercise of self-determination through freedom of choice and informed decision-making, especially providing support to those wishing to have choice and control over the design and delivery of their supports and services.
- **Accountability:** LFE is honest and open in its actions. Feedback and complaints are welcomed by LFE, with complainants treated fairly and respectfully during the complaints process as at all other times
- **Sustainability:** LFE strives to maintain quality service provision and life enhancement, through excellence in staff performance; ensuring viability of all areas of LFE through efficient practices

LFE considers itself successful when stakeholders express:

- That needs and wishes have been met through committed, ethical, motivated, flexible and creative staff support
- Their sense of fulfilment through a sense of accomplishment, purpose and satisfaction
- Their growth in independence
- Community inclusion: both acceptance and responsibility

Mission and Quality Statements

MISSION STATEMENT

To provide opportunities and support to meet the individual and holistic needs of people with challenged abilities.

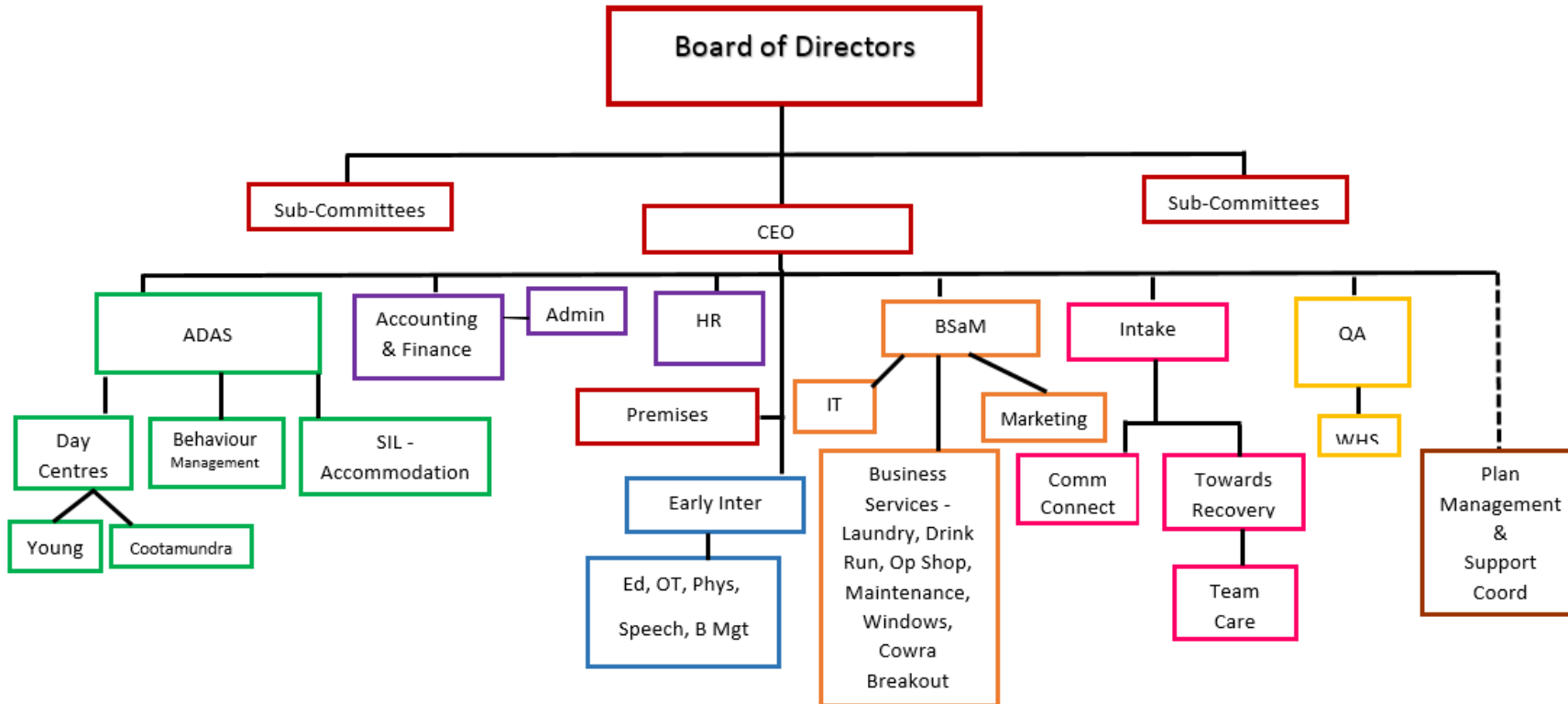
QUALITY POLICY STATEMENT

LFE, in line with its Mission Statement, is committed to providing the highest possible standard of service to people with challenged abilities. To this end, with respect for self-determination, training and support is provided to each service user in keeping with their own individual goals, needs and requests.

LFE strives to provide a quality service in line with the philosophy of continuous improvement and the bounds of available resources. The organisation's management system is based on the NDIS Quality Framework. The system ensures effective controls are consistently applied to our program processes.

Organisational Lines of Communication Flow

LFE Community Supports
Organisational Chart
July 2019



ADAS –Accommodation & Day Activities Services
 BSaM – Business Services & Marketing
 HR – Human Resources
 QA – Quality Assurance
 SIL – Supported Independent Living

Management Policies and Procedures

Management Profile

General Policy Statement:

The executive and management of LFE are committed to ensuring the monitoring and review of all business activities, and ensuring the results of such monitoring and review are communicated throughout the organisation.

1. Board of Directors

Refer to Governance Policy Manual

2. Management Team

2.1. The management team incorporates the CEO and Executives and Senior Managers

2.2. Executives /Senior Managers individually meet with the CEO on a daily or weekly basis or when needed

2.3. The Management team meets when business/service planning, concerns and/or issues deem it necessary

2.4. Responsibilities

The Management team and/or appointed member is responsible for:

- The efficient and effective daily operation of service delivery
- Departmental agreements / contracts
- Implementation of organisational Policy and Procedures
- Matters delegated from the CEO
- Matters arising from the WHS
- Matters arising from the participant' Workplace and Residents' meetings
- Improvement requests – requiring authorisation, status of those previously issued and effectiveness of improvements implemented
- Complaints received – status resolutions, effectiveness of any corrective action taken as a result of a complaint
- Outcomes of internal audits
- Review of organisational procedures
- Organisational structure planning
- Business/strategic planning
- Implementation of strategic goal achievement (as delegated by the Board of Directors and the CEO)

2.5. Records/Communication

2.5.1. Management team meetings are recorded individually and placed on computer in company folder/section head folder within 7 working days of the meeting.

2.5.2. The report Includes:

- Executives and Senior Managers' reports
- all items tabled
- results from reviews
- Action Plan
- actions required, timeframes for completion and name of person(s) responsible for action(s)

2.5.3. Executives/Senior Managers are responsible for the dissemination of information to all relevant parties e.g. The participant, staff, advocates, customers and generic services

2.5.4. The CEO is responsible for tabling relevant information in the monthly report to the Board of Directors

3. Department Meetings

3.1. Scheduling

3.1.1. Department meetings are conducted at least monthly

3.1.2. Executives/Senior Managers/Managers are responsible for organising and conducting meetings

3.2. Records/Communication

3.2.1. The action plan will include:

- All items tables
- Results from reviews
- Action required, timeframes for completion and name of person(s) responsible for action(s)

3.2.2. Executives/Senior Managers are responsible for tabling relevant information at the next Department Heads Meeting

4. Participant input

4.1. Process

4.1.1. All the participants are encouraged to contribute to the management of the organisation. They are provided with the opportunity to do this via Workplace meetings, Resident meetings and annual survey

4.1.2. Workplace / Resident meetings are facilitated by a participant and a delegated staff person who is present for support if needed. Workplace / Resident meetings have a Board member representative when available

4.2. Scheduling

4.2.1. All participant meetings are facilitated at least bi-monthly

4.3. Records/Communication

4.3.1. Participant meetings are minuted

4.3.2. Minutes are distributed to The participant, the Board Representative, the CEO, Relevant Executives

Strategic & operational planning

General Policy Statement

The Board of Directors and the Management team of LFE are committed to a Strategic and Operational planning process for the organisation. The CEO and staff will be actively involved in the planning process, and will also be responsible for implementing Strategic and Operational plans and procedures.

1. Responsibility

- 1.1. The CEO, in consultation with Executives and Board of Directors, is responsible for the development of strategic planning
- 1.2. Executives, in consultation with, Managers and staff, are responsible for the collation of available data and information for analysis
- 1.3. The Management team is responsible for the development of operational planning

2. Planning Development

- 2.1. Plans developed will serve a dual purpose:
 - **Operational** - to address the maintenance and improvement of day to day issues
 - **Strategic** – to address external influences likely to have an impact of LFE’s business/service delivery
 - Business/service/program expansion

3. Frequency

- 3.1. Departmental operational plans will be reviewed and developed annually for both long and short term implementations
- 3.2. Strategic planning will occur as required by the Board of Directors and the CEO

4. Data and Information

- 4.1. The following information and data will be collated and analysed in the planning processes:
 - Actions outstanding from previous strategic plans (if still relevant)– reasons for not achieving action
 - Results of internal and external audits conducted
 - Information obtained from participant satisfaction surveys
 - Information obtained from staff surveys
 - Available demographic information and data
 - Information pertaining to economic and industry trends, and future

5. Reporting

- 5.1. Executives/ Senior Managers will provide the CEO with regular status reports as well as reporting to the Board at least annually.

Financial Management

General Policy Statement

The Board of Directors and the Management team of LFE are committed to ensuring continual striving towards cost efficiency and effectiveness. All reasonable steps to prevent the occurrence of fraud, at any level of the organisation, will be taken.

1. Responsibility

- 1.1. Executives, in conjunction with the Financial Executive, are responsible for finalising their forthcoming annual departmental budget by May each year, and reviewing bi-annually
- 1.2. The CEO is responsible for the approval of departmental budgets
- 1.3. The Financial Executive and the CEO are responsible for preparing all departmental budgets by the 1st July each year. It is presented to the Budgets, Premises, Plant and Equipment Sub Committee for recommendation to the Board of Directors for approval at the July Board Meeting
- 1.4. Executives/Senior Manager, in conjunction with the CEO, are responsible for the allocation of program funds
- 1.5. The Financial Executive is responsible for: generating monthly financial reports; the acquittals of program funds; and reporting to government

2. Reports

- 2.1. Financial reports include:
 - Income expenditure for each department
 - Consolidated expenditure for LFE
 - Balance sheet
 - Cash flow
 - Sales comparisons for each department
 - Investment list
 - Balance sheet subsidised funding summary
 - Creditor checklist
 - Debtor checklist
 - All financial outgoing schedule
- 2.2. Monthly financial reports are reviewed monthly by the CEO, prior to presentation to the Board of Directors
- 2.3. Annual financial reports are reviewed by an independent accredited auditor

3. Preventative Action

- 3.1. All financial transactions shall be recorded and checked by a minimum of two staff members
- 3.2. Purchasing Procedures and limitations shall be strictly adhered to at every level of the organisation, i.e. Front Line staff, Management, Executive and CEO (as per Governance Policies)
- 3.3. Cash flow is monitored monthly
- 3.4. Financial reports are generated monthly
- 3.5. Spot checks are conducted by all responsible persons

4. Audits / Acquittals

- 4.1. Financial records are audited annually by an independent, accredited auditor
- 4.2. The Internal Accountant, in conjunction with the independent auditor, is responsible for the completion of acquittals of program funds and reporting on Government Department targets

Business Integrity

General Policy Statement

LFE's Board of Directors and Management team are committed to ensuring that all staff understand their accountability to comply with LFE's corporate governance responsibilities and requirements from the NDIS. To this end, high standards of integrity, ethics and transparency are foremost in the organisation's relationship with all stakeholders. LFE's businesses and services are conducted within a framework of laws, regulations, high ethical standards, policies and best practices. Behaviour, consistent with the organisations and NDIS Code of Conduct, is fostered by a culture, which promotes prevention, detection and resolution of potential misconduct.

Explanation: Integrity is a concept of consistency of actions, values, methods, measures, principles, expectations, and outcomes. In ethics, integrity is regarded as the honesty and truthfulness, or accuracy, of one's actions, i.e. adherence to moral principles.

1. Responsibilities

- 1.1. All staff are responsible for understanding and abiding by LFE's Policy and Procedures, specifically the Code of Conduct
- 1.2. All staff are responsible and accountable for demonstrating a strong moral compass in every aspect of their work
- 1.3. All staff are responsible for disclosing any potential or perceived conflict of interest consistent with LFE's policies, including the Code of Conduct. Refer paragraph 3 below
- 1.4. All staff are responsible for alerting management if they suspect a staff person is engaged in unacceptable or unethical conduct (including corruption and fraud)

2. Expectations

- 2.1. Staff will carry out their duties according to the following principles:
 - Act with integrity and make decisions based on high ethical standards
 - Understand and honour the letter and spirit of the laws and regulations that apply to the organisation
 - Foster a fair, respectful, and collaborative work environment
 - Instil and maintain trust in dealings with the participant, families/carers, customers and other stakeholders
- 2.2. Staff will exercise **good judgment and the highest ethical standards** in their activities on behalf of LFE, and will also be mindful of how activities outside the organisation impact on how the organisation is viewed by others
- 2.3. Staff will **not accept any gifts** as an inducement or reward for:
 - doing, or refraining from doing, anything in their official capacity
 - showing favour or disfavour to any person in their official capacity

3. Conflicts of Interest

- 3.1. Staff must not abuse their official position for **personal gain** or to benefit their family or friends, nor should they seek to advantage their private business interests in the course of their LFE duties
- 3.2. Accepting **gifts or other benefits** through the course of official duties is not permitted. To ensure transparency and to avoid accusations of misconduct, all gifts received in the course of duties must be handed into Admin. All gifts and/or benefits received must be recorded in the Gifts' register, which is maintained by Admin
- 3.3. The holding of a **second job** has the potential for conflicts of interest. A second job should not encroach on the time, energy or attention that should be devoted to a staff member's

job at LFE. Confidentiality regarding all aspects of LFE's business, should be monitored closely when working in a second job

- 3.4. If actual or apparent conflicts are unavoidable, seek guidance from Management on the best course of action, and fully disclose any transaction or relationship that reasonably could be expected to give rise to a conflict

4. Fraud

- 4.1. Refer to Fraud Policy

5. Misconduct

- 5.1. Refer to Reporting Misconduct Policy

6. Disciplinary action

- 6.1. Staff who engage in conduct that is contrary to the ethical standards underpinning this policy, may be subject to disciplinary procedures being followed - up to and including termination of employment
- 6.2. If circumstances warrant, LFE will notify the appropriate authorities

Fraud Control

General Policy Statement

LFE is committed to preventing fraud at its origin. LFE believes that an emphasis on prevention and detection is the best way to manage fraud.

The underlying thrust of LFE's policy on fraud prevention is to encourage all stake-holders to understand fraudulent acts against LFE are unacceptable, may constitute a criminal offence and will be investigated. Prosecution may result from this investigation.

Any effective fraud prevention strategy, must recognise that prompt action needs to be taken when fraud is detected, both to bring the fraud to an end and to discourage other who may be inclined to commit similar conduct.

1. Application

1.1. This policy applies to fraudulent conduct by all persons involved in any activities related to the organisation. It complements LFE's Corporate Governance and Risk Management Policies

2. Fraud

2.1. Fraud is a crime involving the dishonest obtaining of any benefit (including financial) by deception.

2.2. A **basic test for fraud** could include the following questions:

- Was deceit employed?
- Was the action unlawful?
- Did the action result in money/benefits being received to which a person was not entitled?

2.3. Some **examples of fraud** include:

- any misappropriation of funds (NDIS, & fees for service monies);
- any misappropriation of funds from the NDIS
- theft of money or equipment from LFE;
- unauthorised use of LFE vehicles and equipment;
- inappropriate use of position to obtain any goods or services;
- Falsification of any expense claims, including timesheets.

3. Fraud Prevention

3.1. LFE recognises that the most effective form of fraud prevention is the establishment of an organisational culture that rejects fraudulent conduct.

3.2. The Board Directors and LFE's Management team are committed to establishing a behaviour model for all staff, contractors, The participant, volunteers, customers and the general public

3.3. LFE will maintain a fraud resistant culture by:

- employing Executive/Managers/supervisors who provide positive role models of ethical behaviour
- adopting and enforcing policies that emphasise ethical behaviour
- issuing clear standards and procedures to encourage the minimisation and deterrence of fraud
- ensuring Executives/Managers/Supervisors are accountable, not only for their own actions, but also for the actions of those they supervise

4. Staff awareness

4.1. Staff will be made aware of LFE's ethical conduct expectations through:

- the prominent display of LFE's Fraud Control Policy and Procedures at all sites
- the inclusion of ethical conduct requirements in the recruitment and selection process, job descriptions and Code of Conduct
- the inclusion of awareness training during the staff induction process

4.2. Staff will be made aware of potential fraudulent behaviour through:

- training in cash handling and approved purchasing procedures, including LFE's Policies and Procedures relating to same
- training in identifying fraud activities during induction training and staff meetings

5. Customer and Community Awareness

5.1. LFE encourages the reporting of corrupt conduct from visitors, customers and/or the general public via:

- the inclusion of LFE's ethical principles, Code of Conduct and Grievance and Complaint Policy on the LFE website
- the distribution of plain English brochures explaining participant and customer rights and how to make a complaint
- Providing feedback on action taken to all persons, who report suspected corrupt conduct

6. Risk Management

- 6.1. Executives/Managers will assess fraudulent risks relevant to their department/business; noting procedures in place to deter fraud, and action to be taken to fill any gaps
- 6.2. The internal QA auditor will carry out an annual assessment review, and submit report to the CEO
- 6.3. Policies and Procedures will be reviewed at least bi annually, including: Code of Conduct; Governance; Recruitment and Selection

7. Fraud Detection /Reporting

- 7.1. LFE will encourage the reporting of fraudulent conduct
- 7.2. **Internal reporting** of fraud (as covered under LFE's Policies and Procedures) is mandatory. The staff person, the participant/employee, contractor or volunteer making the report, should fill out a Grievance and Complaint form and forward it to their Manager
- 7.3. The staff person receiving an external report of fraud (as covered under LFE's Policies and Procedures), by a visitor or customer, should fill out a Grievance and Complaint form and forward it to the CEO
- 7.4. LFE will have its financial reports audited by external auditors and subsequent reports will be presented at the AGM
- 7.5. All staff will receive awareness training during their induction period and staff meetings

8. Fraud Investigation

- 8.1. LFE will investigate all reported instances of fraud or corruption, as thoroughly as possible
- 8.2. The circumstances and seriousness of the fraud or corruption, will determine whether an internal or external investigation is carried out

9. Fraud Correction

- 9.1. Disciplinary action and/or dismissal will be taken against staff persons involved in fraudulent behaviour
- 9.2. Operational procedures will be reviewed and amended if necessary
- 9.3. Other employees may be made aware of the situation, in general terms, in order to discourage similar conduct in the future

10. Non Compliance with this policy

10.1. Failure to comply with the terms of this policy may result in disciplinary procedures and/or dismissal

Resources

General Policy Statement

The Management of LFE is committed to the provision of adequate resources to meet the needs of the participant and staff, and the maintenance of the management system.

1. Responsibility

- 1.1. Executives/Managers are responsible for staffing their department adequately
- 1.2. Executives/Managers are responsible for the maintenance and servicing of equipment resources within their department
- 1.3. The CEO is responsible for the approval and appointment of all personnel
- 1.4. The CEO is responsible for approving the acquisition of additional or updated equipment

2. Monitoring of Resources

- 2.1. All major works in excess of set limit (\$150) will be approved by the CEO
- 2.2. The need for additional personnel is identified and determined through the monitoring of outcomes achieved by individuals accessing the service and outcomes against contractual agreements with Government departments
- 2.3. All equipment will be serviced according to the manufacturer's recommendations
- 2.4. Adequacy of equipment resources is determined by the capacity of existing equipment to efficiently and effectively meet the needs of the management system as well as those working within the system, and those accessing the services provided

3. Additional Resources

- 3.1. Requests for additional personal or plant/equipment need to be approved by the CEO. The CEO will determine if requests need to be authorised by the Board of Directors
- 3.2. Additional personnel may be appointed on a permanent, part time, casual or contractual basis

Quality Management Co-ordination

General Policy Statement

The Board of Directors and Management team of LFE are committed to providing a quality service, and in line with the principles of 'Continuous Improvement' strive to maintain the highest possible standard of management and to ensure each participant benefits from a quality management system.

1. Responsibility

- 1.1. A designated member of senior staff is responsible for ensuring the Quality Management system is maintained.
- 1.2. The Quality Co-ordinator will assume responsibility for:
 - The implementation and continual maintenance of the Management System
 - Liaising with CEO, Executives/Managers and other personnel in regard to the maintenance of quality and possible areas for improvement
 - Informing the CEO of the performance of the Quality System
 - All Improvement Requests and Audit Reports are followed up
 - The scheduling, co-ordination and facilitation of internal audits
 - The scheduling, co-ordination and facilitation of participant/employee service evaluation surveys
 - Tabling of Quality Management System report at Management meetings
 - Liaising with The participant and other stakeholders in regard to issues of the quality management system
 - Liaising with external auditing bodies with regard to issues of the quality management system

2. Authority

- 2.1. The Quality Executive is designated the authority to access all files relevant to the Maintenance of the Quality Management System
- 2.2. The Quality Executive has the authority to request corrective /preventative action be implemented and monitored after discussion with the CEO

3. General

- 3.1. Staff are required to acknowledge the authority of the CEO and Quality Co-ordinator and ensure the request of information pertaining to Quality Improvement is forthcoming

Environmental Sustainability

General Policy Statement

LFE has identified environmental sustainability as a strategic issue of importance for the organisation. The organisation is committed to understanding how its activities and operations impact on the environment, and subsequently apply procedures, in accordance with environmental legislation and principles, that minimise any adverse environmental impact.

1. Responsibility

- 1.1. The CEO, in consultation with Executives, is responsible for ensuring that the organisation has management systems to identify, control and monitor environmental risks and inefficiencies arising from its operations
- 1.2. All Executives/Managers are responsible for ensuring workplace practices prevent the least harm to the environment, that can reasonably be affordable
- 1.3. All Executives/Managers are responsible for raising staff's awareness of environmental sustainability issues, especially in relation to their department's role in minimising energy use
- 1.4. All staff are responsible for taking an active role in the organisation's efforts to minimise its impact on the environment

2. Clean energy

- 2.1. The organisation will strategically plan to implement, where and when possible and affordable, sources of energy that are considered to be environmentally friendly and non-polluting, e.g. solar hot water, photovoltaic panels etc
- 2.2. Staff, volunteers and the participants will be encouraged to adopt habits of reducing, reusing and recycling
- 2.3. Consideration will be given to durable products and equipment, in order to reduce the need to regularly replace products and equipment made from materials that are not recyclable, reusable or hard to break down

3. Reducing total energy use

- 3.1. Staff, volunteers and the participants will make every effort to reduce:
 - total waste, e.g. paper, electricity, chemicals
 - total water use
 - the volume of harmful emissions (e.g. greenhouse gas) released
 - car / fuel usage, e.g. walk when possible

4. Purchases

- 4.1. All appliance/equipment/plant purchases will be in line with the organisation's environmental sustainability philosophy and consider:
 - the operating energy consumption of an appliance/equipment/plant
 - the operating functions, e.g. printers are able to print back to back end of life disposal viability
 - costs at end-of-life as part of value for money
 - the 'break down' qualities of products (refer 2.3 above)
 - recycling potential, e.g. cardboard/paper as opposed to plastic
 - chemicals are to be as environmentally friendly as possible
- 4.2. Vehicle purchases will consider:
 - fuel economy – in town and out of town
 - vehicle and driver safety

- type of fuel used
- harmful emissions
- Total carbon/or other footprint of the vehicle (including production and delivery etc.)

Internal Audits

General Policy Statement

LFE, in line with its philosophy of continuous improvement, is committed to regular reviews of its service delivery and management system.

1. Responsibility

- 1.1. The Quality Co-ordinator is responsible for the scheduling, organising and facilitating internal audits

2. Scheduling

- 2.1. The Quality Co-ordinator will develop an Internal Audit Schedule in June of each year for the next twelve month
- 2.2. Each month a different Policy & Procedure and Disability Service Standard/s will be audited

3. Conducting Audits

- 3.1. Audits will be conducted by the Quality Co-ordinator
- 3.2. Audits will be conducted against relevant Quality Indicators and policies relating to the Standard being audited
- 3.3. The audit process will include:
 - Reviewing relevant documents and records pertaining to the Standard being audited, such as reports of previous audits conducted; Policy and Procedures; forms
 - Interviewing of staff and The participant

4. Recording

- 4.1. The Quality Assurance Coordinator will complete a monthly Internal Audit Report
- 4.2. A copy of the Internal Audit Report will be forwarded to the CEO and relevant Department Executive
- 4.3. The CEO will table Audit Report at next Management meeting

5. Follow-up action

- 5.1. The Quality Co-ordinator will record 'Recommendations for Improvement Action' on the monthly Internal Audit Reports
- 5.2. The Department Executives will act upon recommendations, record date when action is implemented and return form to the Quality Co-ordinator when all Improvements implemented
- 5.3. The Quality Co-ordinator will ensure Improvement Recommendations are carried out.

Management system improvement

General Policy Statement

The organisation as a whole will make every effort to identify problems or potential problems within the Management System, and ensure that corrective or preventative action is taken to eliminate the problem/potential problem.

1. Responsibility

- 1.1. All staff are responsible for the reporting and recording of any identified or potential problems in the system
- 1.2. The Quality Co-ordinator is responsible for ensuring recommended improvements are followed up and signed off
- 1.3. The respective Department Executive is responsible for the facilitation of required corrective and preventative action

2. Process

- 2.1. All problems or potential problems are to be recorded on a Hazard Identification form and forwarded to the appropriate Department Executive
- 2.2. Audit reports, including action plan noting recommendations and improvements are forwarded to Department Executives
- 2.3. At the completion of the required action, the actions taken are to be recorded on the Improvement Request form, then forwarded back to the Quality Co-ordinator
- 2.4. The Quality Co-ordinator is to record follow up action required or close off the Improvement Request
- 2.5. Any changes to documents required as a result of action are to occur as per Agency Procedure: Document Control

3. Review

- 3.1. The Quality Co-ordinator submits review for discussion at Management meeting.

Business Continuity – including post disaster

General Policy Statement

LFE understands that it takes time to assess the full effects of a disaster but is also aware that it is vital to the welfare of staff, employees, the participants and businesses to restore operational continuity as soon as possible. Risk management measures such as good planning can help reduce or avoid losses and expedite operational recovery; thus, minimising the financial/psychological/social effect on the people involved, as well as helping to sustain the organisation's business functions during and after a disruption.

Objective of the policy is:

- to minimise disruption to the participants, families, staff, customers and the community
- to provide a sense of security by ensuring level of stability and orderly recovery
- to help sustain a level of continuity to business and service delivery

Disasters can be environmental or manmade and can include:

- Fraud, theft and destruction of property
- Environmental disasters: fire, flood, hurricane, earthquake, severe storms etc.
- IT/network: File loss, DB record loss, data corruption, computer viruses, attempts to steal, destroy or corrupt data; hardware failures including: services, data bases, networks power outages/surges
- Legal claims against organisation

1. Preventative measures

1.1. Up to date and adequate insurance coverage will be maintained for:

- Major, environmental disasters
- Business interruption
- Theft of property or money
- Glass
- Building contents
- Public liability
- Workers Compensation
- Residential property
- Association liability
- Volunteers
- Machinery breakdown
- Vehicles

1.2. Business licenses and official documents necessary to operate business will be scanned and saved on network

1.3. Comprehensive Policies and Procedures will be in place, including Risk Management/Hazard Identification, WHS, Injury Accident, Fraud Prevention

1.4. To minimise and manage risks associated with IT/network, LFE will:

- use external consultants to manage its IT network
- maintain up to date filtering software, including virus and spam filters
- All of site backups are encrypted with AES 256-bit
- The master encryption key is set in LFE's backup software.

1.5. Maintaining staff levels:

- Department Executives/Managers will plan for higher levels of staff absences and develop multi-skilling personnel for key positions
- Staff will be encouraged to maintain health and wellbeing refer to Health and Well Being Policy and Procedures - and reasonably supported in these endeavours, e.g. assisting in access to acquiring Influenza vaccinations, joining a gymnasium, practicing daily work routines

1.6. Disaster procedures and contact numbers (e.g. local Emergency Service, Police, and Fire Service) will be displayed near all phones – if these are not accessible to staff at time of disaster, staff should ring 000

1.7. All offices and homes of the participants and the LFE SIL participants, shall be equipped with an emergency survival kit which shall include such essentials as transistor radio, candles, matches, torch, bottled water and light food supplies

1.8. The participants will be trained in procedures to follow in the event of staff not being present at the time of the disaster occurring

1.9. Smoke sensors and alarms and fire extinguishers will be installed and regularly tested

1.10. Emergency evacuations will be held regularly in workplaces and residences

1.11. WHS schedule for premise inspections/hazard identification and meetings will be in place

1.12. The disaster response and recovery plans will be reviewed annually

2. Post disaster

2.1. Disaster recovery operations will be governed by a committee incorporating senior management and Board representation (as appropriate and feasible)

2.2. The exact effects of a disaster will be assessed at earliest possible time by the committee, identifying the issues involved and including the essential needs of businesses and services to be able to continue operating. Issues could include:

- Systemic, e.g. IT systems not functional
- Down time costs: tangible, e.g. lost revenue and productivity, and intangible, e.g. lost customers and reputation
- Injuries
- Staffing
- Participant support
- Departmental, e.g. damaged office/premise and equipment
- Individual staff jobs

2.3. Before long term action is taken the feasibility of reconstructing businesses/services, in line with pre-disaster existing frameworks, will be analysed to ensure recovery/ reconstruction is financially viable; necessary, suitable and sustainable. Questions to be asked could include, for example: will there be the same customer base? Have other businesses closed that will effect LFE businesses? Is it an opportune time to relocate? Is there a need to implement cost-reducing operating techniques and/or machinery?

2.4. Once issues and needs have been established they will be addressed according to priority

2.5. In the event of media attention, all enquiries should be directed to CEO or President of the Board, or next in line

3. Business continuity procedures may include:

Disaster	Short term	Long term
Loss of IT network/data	Contact IT support and financial Executive Retrieve files from off- site backup	
Loss of premises	Contact insurer Contact funding body Use home offices until relocation to rental property/s can be organised Customers to be notified	Rebuild or purchase new premises Move in Market new premises/start of business date
Loss of or damage to equipment/machinery	Contact insurer Hire/purchase equipment and/ or source other suppliers of service, e.g. Launderers	Repair/purchase new equipment
Loss of, or damage to vehicles	Contact insurer Hire vehicle or use taxi or community transport	Repair/purchase vehicles
Loss of stock	Contact insurer Purchase new stock	
Injuries/death staff or employees	Call ambulance Notify police and FACs if participant fatality Notify family/s Contact WorkCover and insurer	Injured staff return to work on rehabilitation program or clearance to work Recruit and train new staff/employees
Loss of staff /employee jobs	Contact funding body Deployment to other departments Staff to take TIL/annual leave/long service leave	Staff return to usual place of work
Loss of customers/reputation	Engage damage control practices, e.g. media releases, customer contact. Improve quality of production /customer service etc. Market business /reputation	Implement Quality Control measures/ production techniques Improve competitiveness Market business/reputation
Legal	Contact LFE solicitor Contact insurer if necessary Minimise media attention	Promote positive company image

4. Reoccupation of premises

- 4.1. Evacuated and/or damaged sites will not be reoccupied until declared fit by suitably qualified person/s to do, e.g. SES, insurer, council
- 4.2. Sites should be free from the aftereffects of disaster and there should be no imminent further threats before reoccupation
- 4.3. Infrastructure, such as power, water, telephone; equipment should be fully operational before staff/employees return to a facility

5. Evaluation

5.1. Following a disaster:

- The processes involved in the response and recovery will be evaluated for their effectiveness
- Insurance policies will be reviewed for adequacy and for any gaps in insurance coverage

6. Not stated in this plan

- 6.1. Where existing procedures are in place they should be followed, e.g. such as obtaining quotes for repairs etc.

Administration Policies and Procedures

Contracts – Government and Customers

General Policy Statement:

The Management of LFE is committed to pursuing, and maintaining, adequate funding and general business tender agreements. To this end, LFE will ensure that all contracts are reviewed and assessed prior acceptance and signing.

1. Annual contracts

1.1. Review of Contracts

1.1.1. The CEO, in consultation with the relevant Department Executive/Manager, is responsible for the review of contracts

1.1.2. Contracts are reviewed prior to termination date as appropriate, e.g.

- Dept. of Education & Communities contracts are reviewed biannually

1.2. Changes to Contracts

1.3. Acceptance of Contracts

1.3.1. The CEO and/or a Board executive are responsible for the acceptance and signing of annual contracts

2. Contracts – General

2.1. Submitting of Tenders

2.1.1. In considering a tender application the following criteria will be taken into consideration:

- Ability to fulfil contract
- Availability and adequacy of resources, including staff, equipment and workplace
- Regulative issues

2.1.2. The CEO is responsible for identifying the person within the organisation who is best suited to consider and complete the tender application

2.1.3. The staff member selected will first complete a draft which is submitted to the CEO for approval

2.2. Review of Successful Tender

2.2.1. The CEO and the staff person who completed the tender application are responsible for reviewing successful tenders

2.2.2. Review of successful tenders will involve ensuring the details stipulated in the contract correspond to the tender application including:

- Activities to be achieved
- Completion dates
- Schedule of fees and payment method
- Requirements of contractor/successful tender

2.3. Acceptance of Tender Contract

2.3.1. The CEO and/or Board rep are responsible for the acceptance and signing of contracts

3 Storage

2.4. Restricted access applies to all contracts and tender application

2.5. All contracts and tender applications are to be stored by the appropriate Manager in a locked filing cabinet or pass worded computer file

2.6. Files should be clearly marked tender or contract, what the tender/contract is for and date

- 2.7. The successful tender/contract files will be forwarded to the Finance Executive for secure storage

Cash Handling

General Policy Statement:

LFE staff are employed on the basis that they will be ethical and honest during the course of their employment, ensuring and promoting a high standard of care when dealing with LFE and the participant' money.

1. Responsibility

- 1.1. Staff are responsible for handling monies, in the course of their duties honestly, carefully and safely
- 1.2. Department Executives/Managers are responsible for ensuring all departmental monies are safe and secure
- 1.3. CEO/Department Executives/Managers are responsible for ensuring staff are trained in correct money handling procedures
- 1.4. The CEO, in conjunction with the relevant Department Executive/Manager, is responsible for initiating any disciplinary procedures if needed

2. Expectations

- 2.1. Staff or the participant will not steal or misuse monies
- 2.2. Staff will deal with monies, accurately and carefully
- 2.3. Money handling should be conducted in a discreet manner, i.e. counting or banking prep to occur out of view of general public and other staff
- 2.4. Money should never to be left unattended, it should be securely locked away
- 2.5. For safety purposes, set procedures i.e. methods of banking must be adhered to
- 2.6. Offices where money is stored should be locked when unattended
- 2.7. Keys to offices where money is held should not be left lying around
- 2.8. Receipts will be given for any money received from customers, service users/employees etc.
- 2.9. Money from Petty Cash is not to be used for personal reasons

3. Loss

- 3.1. If a staff person loses LFE's money they may be asked to repay it
- 3.2. If a staff person loses the participant' money because of negligence they may be asked to repay it

4. Breaches

- 4.1. If a breach occurs, disciplinary action will be taken against the offending person
- 4.2. Disciplinary action could include dismissal
- 4.3. The police will be informed immediately in the case of a breach that is a criminal offence, such as stealing

Document Control

General Policy Statement:

LFE will adopt and maintain a controlled process to ensure all internal and relevant external documents/ forms are identifiable and current. No unauthorised document/form will be developed or distributed internally, or externally of LFE, without appropriate authority and approval.

1. Responsibility

- 1.1. The CEO is responsible for the approval of LFE documents/forms relating to the organisation as a whole e.g. Policies & Procedures, WHS, order forms, time sheets, press releases, publications etc.
- 1.2. Executives/Senior Managers are responsible for approving forms relating to department specific tasks e.g. training check lists, orders
- 1.3. IT Executive in conjunction with Executives, is responsible for any changes to organisational documentation /forms
- 1.4. The Financial Executive/Quality Assurance person is responsible for the distribution of documents/forms
- 1.5. The Financial Executive/Quality Assurance person is responsible for the removal of obsolete documentation/forms, and informing staff of new documents/forms
- 1.6. The Financial Executive is responsible for notifying Executives of any changes to external documents that will impact on service delivery and/or staff
- 1.7. Executives/Senior Managers are responsible for ensuring that staff/employees are made aware of changes, and also for storing/displaying documents in the appropriate place

2. Distribution

- 2.1. Documents will be distributed via updating the Document Control located in the Communal Folder, on the computer network and then notifying staff of changes via the LFE Distribution email address

3. Changes to documents/ forms

- 3.1. Need for changes will be identified by staff input, and service delivery/departmental and organisational need such as Industry standards, Industrial, Statutory regulations
- 3.2. Identified internal changes are to be sent to the Financial Manager/Quality Assurance for editing and posting on Communal File

4. Security

- 4.1. All organisational documents/forms will be maintained on computer hard disk, and passworded for restricted access

5. Retention

- 5.1. Documents will be archived and saved digitally
- 5.2. All documents will be retained for the legally required period
- 5.3. Documents relating specifically to staff and The participant' NDIS plans and personal information, will be saved indefinitely, unless otherwise requested to be destroyed

Computerised Data Control

General Policy Statement:

LFE strives to maintain up to date and accurate records, whilst at the same time recognising the need for a high degree of confidentiality and security.

1. Responsibility

- 1.1. The Human Services Executive is responsible for the control of the staff database
- 1.2. The IT Executive Manager is responsible for changes to LFE contact data
- 1.3. The IT Executive is responsible for data backup
- 1.4. Executives/Senior Manager, in conjunction with Administration, are responsible for the participant and customer databases
- 1.5. Executives HR are responsible for ensuring all new staff are indoctrinated into procedures and methods relating to computerised data control
- 1.6. Executives are responsible for periodically deleting obsolete data
- 1.7. All staff are responsible for adhering to the method of file naming that has been developed

2. Changes to data

- 2.1. Changes will be instigated by the notification of new details by staff persons, CEO, Executives or as a result in the revision of industrial relation issues

3. Control of computerised data

- 3.1. All files stored on the system will have a reference code stating drive/directory/filename
- 3.2. Data backup will occur daily, incrementally, and at the end of each workday. A full backup will occur every day and will be stored off site
- 3.3. Old data required for future reference will be stored on the system under archive directories
- 3.4. Old data not required will be deleted periodically from the system

4. Security of computerised data

- 4.1. Security will be maintained via individual passwords with restricted user group access and individual passwords on higher security documents
- 4.2. Passwords will be stored and only accessed by the CEO and the Network Administrator and IT management consultant

Copyright

General Policy Statement:

LFE respects copyright law and is committed to ensuring staff do not violate copyrights.

1. Responsibility

- 1.1. Staff are responsible for checking that copyrights do not exist for any material they wish to use in the course of their duties, including computer programs/software, journal articles, books etc.

2. Exemptions

- 2.1. Material may be used without permission if it is used for research or study, and use of the material is fair

Electronic and information Technology – Cyber Safety

General Policy Statement:

LFE embraces the use of modern technology and encourages all staff and participants to develop an awareness of its uses and benefits. However, LFE also recognises that electronic and information technology can expose people to inappropriate, illegal and prohibited content, and LFE subsequently acts to minimise and manage risks associated with online content.

Explanation:

- Electronic and information technology includes computer hardware and software, operating systems, web-based information and applications, telephones and other telecommunications products, video equipment and multimedia products, information kiosks, and office products such as photocopiers and fax machines
- Inappropriate content is content that breaches norms or standards on social, religious, cultural or other grounds. It may include content that: promotes violence, crime or visual depictions that are obscene; child pornography; or material that is harmful to minors. It can also include hate groups, extremist material or advertising.

1. Responsibility

- 1.1. All staff and participants are responsible for the appropriate/legal use of the LFE's electronic and information technology
- 1.2. All staff and participants are responsible for reporting any inappropriate illegal or prohibited content, or offensive emails etc. to their Manager/Supervisor
- 1.3. All staff have a Duty of Care to demonstrate high level of ethics and sound judgment when training or supporting the participant to access electronic and information technology

2. General

- 2.1. All staff will have access to electronic and information technology at work
- 2.2. All staff and participants will be encouraged and trained to become competent with the use of any electronic equipment that is needed to carry out their job, and/or to train/support the participant
- 2.3. All programs and files used LFE's electronic technology are the property of LFE; copyright laws must be obeyed at all times

3. Personal use of company electronic and information technology

- 3.1. LFE's electronic and information technology will be used for legitimate business, research and training purposes only. It should not be used for personal reasons unless authorised by the CEO; this includes access to internet and email and social networks
- 3.2. LFE's electronic equipment may not be taken home unless approval has been granted by the CEO
- 3.3. Approval may be sought from the CEO for personal use of a company computer e.g. study purposes

4. Cyber safety

- 4.1. To minimise and manage risks associated with exposure to inappropriate content, LFE:
 - Uses external consultants to manage its IT network
 - Maintains up to date filtering software, including virus and spam filters
 - Maintains the right to access, review and audit all electronic and information technology usage, including emails, at any time
 - All off site backups are triple encrypted

5. Disciplinary action

5.1. Anyone found to have used LFE'S electronic and information technology for personal purposes (without permission), or to have downloaded inappropriate, illegal or prohibited content, or to have retrieved or sent messages which are:

- Obscene
- Racially or sexually harassing
- Sexually explicit
- Illegal

May face disciplinary action.

Motor Vehicles

General Policy Statement

LFE recognises the need for its businesses and services to have adequate, safe, reliable vehicles and drivers, for the purpose of transporting the participants and fulfilling business obligations.

1. General

- 1.1. On commencement of employment, new staff must supply Administration with:
 - Proof of driver's license
 - Proof of good driving record
 - Proof of car registration
 - Proof of third party insurance
 - Signed LFE Indemnity form
 - Proof of comprehensive insurance – comprehensive car insurance is encouraged but is not compulsory. However, staff must apply to the CEO for exemption (refer Exemption from Comprehensive Insurance form)
- 1.2. Spot checks of staff's driving records may be reasonably requested, at LFE's expense, at any time, e.g. if person has Special Condition in their contract due to previous history of driving inappropriately
- 1.3. All LFE vehicles are allocated to particular businesses/services. Use of vehicles is determined within each department on a needs basis
- 1.4. Logbooks
 - Are kept in all company vehicles
 - Details must be recorded for every journey, including date, kilometres travelled, destination and drivers name
- 1.5. Fuel
 - Is to be purchased from the preferred petrol station
 - A fuel card is kept in the glove box of all vehicles the fuel docket is to be signed by the staff person and returned to Administration

2. Replacement of vehicles

- 2.1. The Finance Executive shall be responsible to the CEO for accurate and up-to-the-minute advice regarding the optimum sale and purchase of motor vehicles in keeping with Board guidelines and approval
- 2.2. Optimum Vehicle replacement shall be determined by, constant monitoring of vehicular kilometre readings in conjunction with the market value. The latter will be ascertained, by the Finance Executive through appropriate channels, e.g. Red Book, NRMA, private sales, comparative E-Bay prices on the day, etc.
- 2.3. At the optimum time, vehicles will be advertised:
 - On E-Bay
 - In local paper
 - Copy of advert emailed to local Car Sale Dealerships
- 2.4. Conflict of interest shall be avoided by strict adherence to ethical policies and procedures, e.g. appropriate delegation within the Administration staff

3. Driving of company vehicles – safety/accidents/infringements – also refer to Section 8 of this policy

- 3.1. When driving company vehicles over long distances, staff should not exceed six (6) hours of driving time in any one trip. Furthermore, LFE follows the Government's 'Stop, Revive,

Survive' philosophy and requires staff to take a minimum fifteen (15) minute break after every two (2) hours of driving

- 3.2. All accidents whether minor (e.g. scratch-) or major (e.g. panel damage) must be reported, using an Accident Report form, located in document control which is forwarded to the Department Executive/Manager and then onto the CEO
- 3.3. If a staff person has an accident, whilst privately driving a company vehicle, LFE will usually cover the cost of the insurance excess and repairs. However, in the event of negligent driving, the staff person may be asked to pay any costs involved; this will be at the discretion of the CEO
- 3.4. If a staff person is responsible for repeat accidents whilst driving a company vehicle, and/or is repeatedly negligent, it will be at the discretion of the CEO if LFE covers the costs involved
- 3.5. All staff and employees are responsible for paying traffic infringement penalties incurred whilst driving a company vehicle, or a private vehicle for company business
- 3.6. The onus is on all staff and employees to inform Management of any infringement of their driving record – whether incurred during their work hours or out of work hours
- 3.7. If a staff person or employee is involved in an accident as a result of alcohol, drugs, negligence or recklessness, they will be responsible for any insurance excess and any amount not covered by insurance

4. Use of private vehicles for company business

- 4.1. Generally, staff are only to use their own car if a company car is unavailable and, only if they have full comprehensive insurance for their vehicle. However, PHaMS/Community Connection staff will need to use their private vehicles to carry out their job as per contractual agreement
- 4.2. Generally, staff must not carry the participant in their own car. However, PHaMS/Community Connections staff will need to transport clients in their private vehicles at times
- 4.3. If a company car is unavailable, staff and participant/s should catch a taxi. Taxi fee will be paid for out of petty cash
- 4.4. In the event of a staff person having an accident whilst using their car on LFE business:
 - the cost of any repairs will be covered by the staff person's own insurance company
 - it is at the discretion of the CEO, based on the circumstances, whether LFE will pay the person's insurance excess
 - if a client damages a staff person's car, it is expected that they will make a claim through their comprehensive insurance provider – LFE will pay the insurance excess
 - if the staff person does not have full comprehensive insurance they will be responsible for all costs incurred
- 4.5. If staff have to use their own car they will be reimbursed the award amount per kilometre
- 4.6. If staff have to use their own car they should fill out a Travel Reimbursement form – noting kilometres travelled and reason for trip. This is forwarded to Administration each fortnight with the person's time sheet

5. Private use of company vehicles out of work hours

- 5.1. Staff may seek approval from the CEO to use a company vehicle for private use e.g. the truck to move house
- 5.2. If staff use a company vehicle for private use they are personally responsible for all associated fuel costs

6. Maintenance of vehicles

6.1. It is the department and/or person responsible for vehicle to ensure that the vehicle/s is properly and responsibly maintained. This includes:

- Ensuring regular warranty service checks are carried out
- Weekly washing and cleaning
- Weekly maintenance checks e.g. oil, tyre pressure, water etc.
- Documenting weekly maintenance checks
- Ensuring vehicle is appropriately garaged at night
- Ensuring First Aid Kit which is provided by the organisation is kept fully stocked and items not out of date

7. Company vehicle as part of salary package – also refer to Section 3 of this policy

- 7.1. Use of a company vehicle as part of a salary package will be in agreement between the CEO and the staff person
- 7.2. Individual arrangements (such as use of vehicle for annual leave if it is not needed at work during the day) should be discussed with the CEO at time of annual packaging
- 7.3. The arbitrary cost of a vehicle attributed to the staff person's salary package will be individualised and negotiated annually; consideration will be given to fuel usage and wear and tear on the vehicle
- 7.4. The organisation will pay all taxes, insurance premium, running costs, maintenance and repair expenses associated with the running of the vehicle
- 7.5. Extra fittings/features cannot be added to the vehicle unless approved by the CEO and should be discussed with the CEO prior to purchase of the vehicle. The staff person will be responsible for extra fittings/features and accountable for any costs incurred
- 7.6. Staff who meet the full arbitrary cost of the private use of a vehicle through a salary package, will have full unrestricted use of the vehicle and fuel card for the purchase of fuel
- 7.7. A spouse may be permitted to drive the company car in the absence of the staff person; subject to discussion with the CEO and the conditions of this policy
- 7.8. A staff person's family member may be permitted to drive the company vehicle provided the staff person is a passenger in the car
- 7.9. Where appropriate, paragraphs one (1) to seven (7) of this policy shall apply

8. Disciplinary action

- 8.1. If a staff person or employee receives an infringement of their driving record during work time they will receive a warning
- 8.2. Where a staff person or employee is frequently involved in accidents the CEO may see fit to withdraw further use of the company vehicle
- 8.3. If a staff person/employee's driver's license is cancelled, it will be at the discretion of the CEO to determine if:
 - the person's workplace is able to accommodate the situation within parameters of fairness to other staff
 - the person is to be stood down without pay for the duration of the cancellation
 - the person is terminated due to 'having a current driving license'(and good driving record) being an inherent requirement of their job, and/or the person has received previous warning re driving record

LFE Property/Equipment

General Policy Statement:

1. Responsibility

- 1.1. All staff and participants are responsible for taking good care of company property/equipment
- 1.2. Executives are responsible for maintaining company property/equipment and ensuring it is serviced as directed
- 1.3. The CEO is responsible for authorising private use of company property/equipment

2. Use of

- 2.1. Anyone using company property/equipment must be properly trained in its use
- 2.2. No one is to use company property/equipment under the influence of alcohol or drugs
- 2.3. No one is to fit any accessory to company property/equipment without prior written approval from the relevant Department Executive/Manager or CEO
- 2.4. Permission must be obtained from the CEO (or the Financial Executive in the CEO's absence) for the use of company property/equipment for non-work purposes
- 2.5. Once the CEO has verbally approved the private use of company equipment, the person borrowing the equipment needs to sign the 'Equipment Borrowing Book' which is kept at Admin. The CEO will validate the loan by signing the book as well
- 2.6. Signing the 'Equipment Borrowing Book' means that the person agrees to the conditions under which any LFE equipment can be borrowed
- 2.7. When equipment is returned, the Department Executive/Manager responsible should be notified and it should be signed off in the 'Equipment Borrowing Book'

3. Damage/theft

- 3.1. The relevant Department Manager should be notified of any damage to property/equipment
- 3.2. The person responsible for damaging property/equipment should fill out the appropriate paper work
- 3.3. Any staff or participant/employee who causes damage to company property/equipment as a result of negligence, recklessness, alcohol consumption or unlawful drug taking will be required to pay any excess not covered by insurance
- 3.4. Any staff or participant engaged in the theft of company property/equipment will be subjected to disciplinary action.

Mobile Phones

General Policy Statement:

LFE recognises the necessity for some employees to be contacted whilst out of the office, and the need for all employees to feel safe whilst carrying out their duties.

1. General

- 1.1. Mobile phones can be used for working purposes
- 1.2. Executives/Managers are responsible for ensuring that all staff have access to a mobile phone
- 1.3. Staff should advise their department Executive/Manager if they do not have a mobile phone, and may be required to use their personal phone.
- 1.4. Private calls made on all LFE mobile phones must be paid for. However, Department Executives/Managers, who are issued with Smart phones, on capped mobile plans, have permission to use for personal use; however, they are responsible for excess charges incurred above their plan. Staff may also be expected to pay a fortnightly monetary contribution, which is dependent on usage and determined in agreement with management
- 1.5. Loss or damage must be reported to the relevant Department Executive/Manager immediately

2. Appropriate use

- 2.1. It is illegal to use a hand held mobile phone whilst driving
- 2.2. LFE frowns upon the use of 'hands free' phones ('blue tooth' etc.) whilst driving but acknowledges that there are times when their use is necessary; however, use of hands free phones must be done with caution to confidentiality and safety
- 2.3. It is common courtesy to switch mobile phones off before entering meetings, workshops, seminars etc.
- 2.4. If extenuating circumstances exist that require a person to leave their mobile phone switched on during a meeting etc., then the chairperson/presenter should be informed, and if possible the phone switched to 'vibrate'. When staff are engaging in training with participants, mobile phones are to be placed on silent

3. Health issues

- 3.1. Because of the growing amount of documented evidence regarding the damaging effects of microwaves on mobile phone users' health (e.g. brain tumours), it is recommended that the use of mobile phones be kept to a minimum.

Workplace Policies and Procedures

Workplace Health and Safety (WHS)

General Policy Statement:

The Board of Directors and Management team of LFE are committed to providing a safe and healthy environment for staff, the participants, volunteers, customers and visitors. Appropriate resources are made available to enable the organisation to comply with relevant WHS regulations, the training of staff and the participant, and accident prevention. If you feel that you are being asked to work in an unsafe environment you have the right to refuse this work. If asked to do something that you think may be unsafe, stop and talk to your supervisor/manager.

1. Responsibility

- 1.1. Department Executive/Managers are responsible for co-ordinating all aspects of WHS within their relevant department(s); including department-specific procedures
- 1.2. Induction and training in WHS issues and procedures are the responsibility of the CEO/Department Executives/Managers
- 1.3. Adherence to safety protocols and procedures is the responsibility of all staff/participants/volunteers/sub-contractors/contractors.
People working from home or in the community must be responsible for maintaining WHS practices. Refer paragraph 8 for penalties for breach of WHS duties
- 1.4. Workers have obligations under work health and safety laws.
While at work a worker must:
 - Take reasonable care for their own health and safety
 - Take reasonable care for the health and safety of others
 - Comply with any reasonable instructions, policies and procedure given by their employer, business or controller of the workplace
 - If you are not sure how to do something safely, ask your senior staff/management for help or training. If still unsure, talk to your co-workers, manager. Remember, health is both physical and psychological.
- 1.5 Reporting of unsafe situations or practices is the responsibility of all staff, participants and volunteers
- 1.6 Response to reported unsafe situations and practices and/or identified hazards is the responsibility of the relevant Department Executive/Manager/Supervisor
- 1.7 All staff are responsible for ensuring that regular emergency drills are carried out
- 1.8 Each participant, each worker, and any other person is protected from harm as a result of hazardous substances generated during the delivery of supports

2 Induction and Training

- 2.1 In line NSW WHS Regulations 2011, new staff and employees will receive induction training that covers:
 - 2.1.1 Arrangements for managing WHS including reporting hazards, near misses, injuries and accidents to management
 - 2.1.2 Workplace health and safety procedures relevant to the worker, including the use and maintenance of risk control measures
 - 2.1.3 How workers can access health and safety information that the employer is required to make available
- 2.2 Ongoing training will be done during General Staff meetings, Workplace meetings and as deemed needed by Department Executive/Manager/Supervisor

2.3 If you are not sure how to do something safely, ask your supervisor for help or training. If still unsure, talk to your co-workers or manager. Remember, health is both physical and psychological.

2.4 Workers involved in the management of waste/hazardous substances receive training to ensure safe and appropriate handling.

3 Safety systems

3.1 Each workplace is required to have:

- 3.1.1 Emergency exits clearly named
- 3.1.2 Accessible lists of who is on the premises
- 3.1.3 Evacuation maps posted at exits – with meeting place clearly marked
- 3.1.4 Appropriately placed fire safety equipment
- 3.1.5 First Aid kit
- 3.1.6 Phone numbers of emergency services appropriately posted

3.2 Each workplace is required to have regular checks of safety systems. The checklist should include:-

- 3.2.1 Fire safety equipment – checked every second month
- 3.2.2 Emergency drills - held at least every second month
- 3.2.3 Electrical safety, including cables, power points etc – checked every six (6) months
- 3.2.4 Hazard identification – every six (6) months; three (3) months for ‘hostile’ workplaces
- 3.2.5 Chemical safety – at least every three (3) months, in line with Hazard identification inspections for ‘hostile’ workplaces

4 Reporting hazards, near misses, injuries and accidents

4.1 WHS forms, including Workplace Inspections, Injury Accident, Hazard Reports etc., can be located on the computer by accessing the computer Communal folder then the Document Control file

4.2 All near misses, injuries and accidents must be reported using appropriate form/s including Hazard Identification, Injury, Accident, Insurance notification etc.

4.3 The Department Executive/Manager/Supervisor will follow through on all WHS reports received, informing Admin of same

5 Workplace safety meetings

5.1 WHS will be an agenda items at: Executive meetings, General Staff meetings, Department meetings, participant/employee meetings

5.2 Follow up of WHS inspections will take place at the next routine departmental/participant/employee meeting

6 Workplace safety inspections

6.1 Workplace inspections will be carried out at least six monthly (6), except where a workplace is considered to be ‘hostile’ (i.e. LFE Laundry); in such cases inspections will be carried out every three (3) months

6.2 Department Executives/Managers will annually schedule inspection dates and times for their relevant workplace/s to be inspected

6.3 Inspections will be carried out by no less than two (2) people (one of whom shall be from another area where possible) and will include internal and external environment and safety systems

6.4 Inspection reports will be discussed at the next department meeting or specifically arranged meeting

6.5 An Action Report, emanating from the inspection report, will be completed, detailing: identified hazard, action to be taken, by whom, by when and date completed

- 6.6 Following the meeting the Action Report will be filed in WHS folder within the computer Communal folder
- 6.7 Person/s nominated to act on any identified hazard/s are responsible for noting the completion date on the Action Report

7 Consultation process

- 7.1 All staff/employees/participants will be able to contribute to the decision making process concerning WHS issues in their place of work
- 7.2 WHS information will be disseminated via Executive meetings, General Staff meetings, Department meetings, participant/employee meetings
- 7.3 All staff/employees/participants will be given a reasonable opportunity to express work concerns/issues regarding WHS during the meeting process

8 Records

- 8.1 Injury, accidents and insurance records will be maintained by the QA Executive/Rehab officer
- 8.2 All other WHS issues/items will be filed in WHS folder, located in the computer Communal folder
- 8.3 Statistics of the organisation's accidents and near misses will be maintained by Administration
- 8.4 Relevant statistical data will be provided to the Board of Directors as appropriate, through the CEO

9 Breaches

- 9.1 Penalties for breach of WHS duties are divided into 3 categories:
 - 9.1.1 Reckless conduct
 - 9.1.2 Failure to comply where person exposed to high risk and
 - 9.1.3 Failure to comply with a duty
- 9.2 Maximum penalty:
 - 9.2.1 For a corporation of \$3 million
 - 9.2.2 For an individual \$300,000, and
 - 9.2.3 Up to five (5) years imprisonment for the most serious breaches

If you are not sure how to do something safely, ask your supervisor for help or training. If still unsure, talk to your co-workers, manager or health and safety representative (HSR). Remember, health is both physical and psychological.

Risk Management

General Policy Statement:

In keeping with its philosophy of continuous improvement, LFE is committed to applying a systematic process to identify, analyse, assess, manage and monitor risk so it is reduced to an acceptable level, thereby providing a framework to assist with quality service delivery, as well as legal and due diligence obligations.

General

Risks to participants, workers and the provider are identified and managed.

1. Responsibility

- 1.1. All staff are responsible for satisfactory legal compliance and due diligence; including Duty of Care, refer Duty of Care Policy and Procedure
- 1.2. All staff are responsible for service delivery and improvements to same
- 1.3. All staff are responsible for contributing to the positive image of the organisation
- 1.4. All staff are responsible for risk reduction
- 1.5. All staff are responsible for taking every reasonable opportunity to train the participant in the identification and reporting of hazards
- 1.6. The Quality Assurance staff are responsible for maintaining the Risk Assessment Log
- 1.7. The Quality Assurance staff are responsible for internal audits
- 1.8. Executives/Managers are responsible for the discernment of Risk Management information to staff and participants
- 1.9. Executives/Managers, in consultation with the CEO, are responsible for business/service operations and liabilities
- 1.10. The CEO, in consultation with the Board of Directors, is responsible for the appropriate protection of the organisation's assets
- 1.11. The CEO, in consultation with the office Accountant and Executives/Managers, is responsible for establishing and monitoring continuing budgetary controls and reductions in both operating and non-operating expenditure
- 1.12. The onus of responsibility for reducing the risk of negative behaviour in the work place is shared, but specific responsibility lies with Executives
- 1.13. All staff are responsible for monitoring identified WHS safety issues

Management Plan

2. Awareness

- 2.1. All new staff will receive training in:
 - The principles of Risk Management
 - Workplace Health & Safety
 - Managing seriously disruptive incidents
 - Behaviour Management
 - Standard 1: Rights
 - Duty of Care
 - Documentation
 - Professionalism
- 2.2. Ongoing staff awareness will be maintained via:-
 - Departmental staff meetings
 - General staff meetings
 - Feedback from Department Heads

2.3. The participant will receive ongoing training in hazard identification and the reporting of hazards. This will take place during:

- The Induction period
- Employee workplace meetings
- Resident meetings
- Daily interaction with staff and trainers

2.4. All workplaces will have a copy of the Risk Management Policy and Procedures and WH & S Procedures displayed on the notice board

2.5. All workplaces will have accessible Safe Work Procedures

3. Hazard Identification

3.1. Organisational hazards will be identified during strategic/business planning

3.2. Operational/systemic hazards will be identified:

- During the internal audit process
- From Accident Investigations
- Injury and Illness records
- By the WHS Safety checks
- Complaints
- By staff and the participants in the performance of their duties

3.3. The person identifying a hazard will register it by using a Hazard Report form and forward same to their Executive/Department Manager

3.4. Executives/Department Manager must be notified immediately of a **Class A hazard** or when a **Very Likely Class B hazard** is identified. If the Department Executive/Manager is absent the CEO must be notified

3.5. If a systemic issue is identified, an Improvement Request form should be filled out as well, and forwarded to the Quality Co-ordinator. Refer to Management Systems Improvement Policy and Procedures, page 32 of this document

4. Risk assessment

4.1. Potential risk will be assessed using the Hazard Class ratings (see 3 above) and the Risk Likelihood ratings of Very Likely, Likely, Unlikely or Very Unlikely – as detailed on the Hazard Report Sheet

5. Risk Control

5.1. Once the level of risk has been assessed – see paragraph 3 above – the Department Executive/Manager will act upon a method of control such as:

- Elimination
- Substitution
- Isolation
- Engineering controls
- Administrative controls
- Use of personal protective equipment

5.2. The Department Executive/ Manager will forward copies of the Hazard Report to the CEO and the Quality Assurance Department

5.3. If hazard involves WHS issues, the CEO will forward a copy of the Hazard Report to the relevant workplace WHS committee

5.4. The Quality Co-ordinator in consultation with the relevant Department Executive/Manager will ensure that the appropriate action has been satisfactorily implemented

5.5. The Quality Co-ordinator will enter details on the Hazard Identification Register

6. Hazard Class and timeframe for action

Hazard Class	Example	Timeframe allowed for reduction or elimination of risk
A	Potential to cause death, serious injury, permanent disability or illness, and/or major financial loss	24-48 hours
B	Potential to cause injury or illness requiring time off work, and /or moderate financial loss	7 days
C	Potential to cause an injury of illness requiring first aid attention, and/or minor financial loss	7-14 days

Workplace Behaviour (Bullying and Harassment)

General Policy Statement:

LFE adopts a zero tolerance approach to violence of any kind in the workplace. The organisation strives to provide workplace environments that are safe and without risks to health (both physical and psychological); free from bullying, harassment and discrimination. Thereby, encouraging good working relationships and developing a culture that promotes working harmoniously with others.

Definitions

Bullying:	Is generally considered to encompass less favourable treatment or repeated unreasonable behaviour directed towards a person or group that creates a risk to health and safety (WorkCover NSW definition). It can include behaviour that intimidates, offends, degrades or humiliates another person
Mobbing:	Is taken to mean 'group bullying' – bullying of one or more individuals by a group of people in the workplace

Examples of bullying include:

- Verbal or written abuse (being sworn at, threats, insults, continual criticism, name calling, practical jokes, unjustified threats of dismissal)
- Direct violence including physical assault and harassment
- Threatening body language
- Unreasonably undermining work performance, deliberately withholding work related information or resources, or deliberately supplying incorrect information
- Provision of meaningless tasks
- Constant intrusive surveillance or monitoring
- Exclusion from work related activities
- Inappropriate interference with personal belongings or work equipment

Bullying is not:

- Genuine and reasonable disciplinary procedures, such as constructive feedback or counselling intended to assist staff/employees improve their work performance or standard behaviour
- Directing and controlling how work is done (this is a fundamental right of all employers)

Harassment:

- is a form of unlawful discrimination and is constituted by uninvited, unwelcome and offensive behaviour that is based upon one of the prohibited grounds, which include: race, colour, sex, marital status, pregnancy or potential pregnancy, religious activity, sexual orientation, transgender status, carer status or family responsibilities, physical features, breastfeeding, age, irrelevant medical or criminal records and association with persons with one of these characteristics

Sexual harassment:

- Makes an unwelcome sexual advance, or an unwelcome request for sexual favours, to another person; or
- Engages in other unwelcome conduct of a sexual nature in relation to another person in circumstances in which a reasonable person, having regard to all the circumstances, would have anticipated that the other person would be offended, humiliated or intimidated. Innocent intent or motive is irrelevant (Sex Discrimination Act 1984)

Examples of sexual harassment:

- Displays of sexually graphic material including posters, pictures, calendars, cartons, graffiti or messages left on boards or desks
- Electronic mail messages, voice mail message, screen savers, any material of a sexual nature downloaded from the internet, or viewed on a computer / telephone, offensive telephone calls, faxes or gifts
- Deliberate and unnecessary physical contact, such as patting, pinching, fondling or deliberately brushing against another body, attempts at kissing
- Inappropriate 'humour' such as smutty or sexist jokes or comments
- Innuendo, including sexually provocative remarks, suggestive or derogatory comments about a person's physical appearance, inferences of sexual morality or talks of sexual performance
- Intrusive inquiries into a person's private life or in reference to a person's sexuality

1. Responsibility

- 1.1. The CEO and Department Executives/Managers are responsible for workplace behaviour, which should be free from harassment, bullying and discrimination
- 1.2. Department Executives/Managers are responsible for educating and training new staff/employees in the expected standard of workplace behaviour
- 1.3. All staff /employees have a responsibility for treating each other fairly and with respect, and not discriminate against, harass or bully the people they work with, the participants and/or customers when performing their job
- 1.4. All staff/employees are responsible for reporting discrimination, bullying or harassment matters

2. Harassment /Bullying

- 2.1. Harassment and bullying will not be tolerated under any circumstances – both at work and at work-related functions
- 2.2. If a person believes that they are being bullied or harassed by someone, it is important that they tell the person to stop, and immediately report the matter to their Department Executive/Manager

3. Preventing complaints

- 3.1. All new staff /employees will receive training in identifying and responding to bullying, harassment and discrimination
- 3.2. Staff/employees awareness and compliance with legislation will be monitored and reviewed, e.g. discussed at Employee, Resident and Department meetings

4. Guidelines for investigating and managing complaints

- 4.1. Complaints are investigated by the Human Services Executive, except at the CEO's discretion
- 4.2. Persons involved will be treated equally and impartially at all times

- 4.3. The person against whom the complaint has been made will be informed about the nature of the complaint and the name of the person making the complaint
- 4.4. Persons involved will have an opportunity and adequate time to respond to allegations and make further comment
- 4.5. Persons involved will be allowed to have a support person with them during interviews and meetings

5. Disciplinary action

- 5.1. Disciplinary action, which may lead to dismissal, will be taken against anyone responsible for any form of harassment or discrimination
- 5.2. Staff /employees could be **held legally responsible** for their unlawful act/s

Manual Handling

General Policy Statement:

LFE, in accordance with the Workplace Health & Safety Act 2011 and WHS Regulations 2011, will strive to eliminate manual handling where ever possible. If not possible, it will be controlled to the fullest possible extent.

1. Responsibility

- 1.1. Executives/Managers are responsible for ensuring new staff and participants receive training in correct manual handling techniques
- 1.2. Executives/Managers are responsible for eliminating and/or controlling risk of injury to staff/The participant through manual handling
- 1.3. Executives/Managers are responsible for providing staff with Safe Working Procedures
- 1.4. All staff, participants and volunteers are responsible for complying with preventive policies, procedures and programmes
- 1.5. All staff, participants and volunteers are responsible for the reporting of hazards and injuries
- 1.6. All staff and participants are responsible for complying with rehabilitation programmes developed for their benefit or the benefit of their colleagues

2. Training

- 2.1. Education regarding safe manual handling will be provided to all staff and participants: during their induction period; at any time that it is requested by staff or the participant; and when considered necessary by Management

3. Safe Work Procedures

- 3.1. Where possible, each department/workplace will provide staff, service users/employees and volunteers with the equipment and procedures necessary to avoid an injury due to manual handling
- 3.2. Each Department/workplace will have Safe Working Procedures documented for all equipment (e.g. trolleys) and work practices (e.g. lifting laundry bags or the trailer off the back of the garden truck)
- 3.3. Safe Working Procedures for each Department will be easily accessible to staff and the participants
- 3.4. Safe Working Procedures that refer to the operation of machinery or other electrical items, will be posted close to the machinery/electrical item that the procedures refer to
- 3.5. In the case of having to manually handle a participant:
 - Initially, the person will be assessed by an appropriate professional on acceptance into LFE services, and then on a regular ongoing basis
 - The direct manual handling of a person **MUST NOT** involve the lifting of the person. A mechanical lifting/transfer device **MUST** be used when a person is not weight bearing. **NB** Weight bearing meaning that the resident is **CONSISTENTLY** able to stand for a period of 30 seconds or more, with staff assistance for balance alone
 - When mobilising a person, the person must be capable, able and willing. The technique used must be the one involving the least or no direct manual lifting

4. Disciplinary Action

- 4.1. Failure to follow the correct procedures and programmes, or placing yourself/the participant/colleagues at risk, could result in disciplinary action being taken

Protective Equipment

General Policy Statement:

The health and safety of staff and the participants are a primary concern for LFE and as a consequence, the organisation makes every effort to minimise/eliminate safety and health issues.

1. Responsibility

- 1.1. The CEO is responsible for ensuring staff and the participant are provided with a safe and healthy workplaces
- 1.2. Executives/Managers are responsible for inducting/training staff and employees in the use of protective equipment and departmental safety equipment expectations
- 1.3. Executives/Managers are responsible for ensuring staff and the participants have access to any safety equipment needed to carry out their work safely
- 1.4. Staff are responsible for ensuring the participants and themselves are dressed appropriately for the job/activity they are carrying out, e.g. if outside, hats and sunscreen etc.
- 1.5. Staff and the participants have a responsibility to wear/use any equipment provided by LFE to carry out their work safely
- 1.6. Staff to ensure they wear suitable low heeled shoes, with enclosed toe, footwear appropriate for department is required.

2. Equipment

- 2.1. New staff and employees will be made aware of the safety/health requirements of their workplace
- 2.2. LFE will provide staff and employees with the necessary protective clothing needed to carry out their jobs safely in hostile areas, laundry /work crew (e.g. latex gloves, steel capped boots, hats, safety glasses, ear muffs, sunscreen etc.)
- 2.3. Before starting any assigned job/task staff and employees should ensure that they are wearing/using all the necessary equipment needed to carry out their task safely

3. Sun Protection

- 3.1. All staff and employees will have access to a broad spectrum Sunscreen - SPF 30+ is recommended for those who work outdoors
- 3.2. Sunscreen should be applied to all areas of exposed skin before going outdoors and reapplied at least every 2 hours, or as recommended by the manufacturer
- 3.3. Sunscreen should be used in conjunction with broad rim hats, sunglasses and appropriate clothing e.g., long or ¾ length sleeves, loose fitting trousers or knee length short
- 3.4. Sunglasses should comply with the Australian Standard AS 1067

Sunscreen

It is recommended you apply sunscreen to your face, ears, neck and areas of skin not covered by clothing. Make this part of your morning routine to provide protection against the harmful effects of everyday sun exposure.

However if you are planning to be outdoors for longer periods of time, it is recommended that sunscreen be used in combination with other sun protection methods including clothing that covers as much skin as possible, e.g. rash vest, a broad brimmed hat, sunglasses, seeking shade and where possible scheduling outdoor activities outside of peak UVR exposure periods.

Choose a broad-spectrum, water resistant SPF 30 or higher sunscreen; and look for an 'Aust L' number on the label to ensure the product has been passed by the Therapeutic Goods Administration.

Check the 'use by' date to ensure the product has not expired. The sunscreen may not be as effective if it has passed its expiry date. Contact the manufacturer if you have any concerns.

When applying sunscreen, you should:

- Apply on clean, dry skin 20 minutes before going outside. This gives you the greatest level of protection.
- Apply generously to ensure you get maximum protection. On an average-sized adult, 35 ml should be applied; this is equivalent to at least 1 teaspoon of sunscreen per limb (i.e. per arm, leg etc).
- Reapply sunscreen every 2 hours, and more regularly if swimming or sweating.

Don't leave sunscreen in hot places such as cars, as excessive heat can reduce its effectiveness. People who have had skin reactions to sunscreen should try a different brand. Look for products that are labelled as suitable for sensitive skin and fragrance free.

Hats

Shade your face, ears and neck with a hat. Choose a well-fitting broad brim hat which will protect the face and neck

Caps and visors are not recommended as they don't provide protection for the face, ears, and neck – places where skin cancers are often found.

- **Broad brimmed hats** should have a brim of at least 7.5 centimeters wide. The brim width for children under 10 years should be proportional to the size of the child's head, and ensure that their face is well shaded.
- **Legionnaire hats** have a flap that covers the neck and meets the sides of the front peak to provide protection to the side of the face.
- **Bucket or surfie style hats** should have a deep crown and sit low on the head. The angled brim should be at least 6 centimeters and provide the face, neck and ears with plenty of protection from the sun.

Shade

Get in the shade when you can—seek shade under trees and buildings, or bring an umbrella or portable shade structure.

General Policy Statement:

LFE is committed to providing the necessary support for all staff and employees, who suffer from a work related injury or illness, to enable them a safe and productive return to work.

1. Responsibility

- 1.1. A staff person or service user/employee who suffers, witnesses or is told of a workplace injury, illness or physical assault is responsible for:
 - **Advising** their supervisor/ Executive/Manager **immediately (See Addendum)**
 - **Filling out** an Injury/Accident report and Workers Compensation Insurers 'Employee Injury Report'
- 1.2. A staff person who has been physically assaulted or witnesses a physical assault of a service user/employee, is responsible for ensuring the incident is reported to the **police**
- 1.3. The Department Executive/Manager is responsible for:
 - **Filling out** Workers Compensation Insurer's 'Employer Injury Report' and notifying Human Resources Executive and Return to Work Officer
 - **Forwarding** all documentation to the Quality Assurance Executive/Coordinator, or CEO in their absence
 - **Advising** the Return to Work Officer of any staff person or service user/employee, who is on restricted duties or who is unfit for work for a week or more
- 1.4. The Quality Assurance Executive/Coordinator is responsible for:
 - **Ensuring** all documentation is forwarded to the Return to Work Officer **in a timely manner**
 - **Notifying** the CEO if injury is of a serious nature and/or preventative action is required,
 - And forwarding copy of Injury/Accident report to WHS Safety Officer if applicable
- 1.5. The Rehabilitation Officers are responsible for:
 - **Notifying** LFE's Workers' Compensation Insurer within **48 hours** (including weekends) of reported injury/accident/assault
 - **Supporting** staff/employees to any Doctor's appointment/s required as a result of a workplace injury
 - **Overseeing and coordinating** the return to work planning/programs for injured staff or service users/employee; in consultation with Department Manager and Human Resources Executive.
- 1.6. The injured person is responsible for:
 - Advising their Executive/Manager if their Doctor certifies him/her unfit for duties or fit only for suitable duties
 - Any **medical expenses** incurred until such time LFE's Workers Compensation insurer accepts responsibility for claim (once accepted Insurer should reimburse)
 - **Participation and co-operation** in approved return to work plans
 - Ensuring **renewal of medical certificates** by the expiry date and forwarding of up to date certificates to their Department Manager

2. Procedures for injured staff

- 2.1. **All work related** injuries, illnesses and physical assaults **must be reported** and documented **immediately** on LFE's internal Injury Accident Report form and both LFE's Workers Compensation Insurer Reports; the Employee Injury Report and the Employer Injury Report – **refer paragraph 1 for individual responsibilities**

- 2.2. Except in unusual circumstances, in the event of injured staff/employees having to seek medical attention for their workplace injury, a Return to Work officer or staff person will **support the person** to the initial and/or ongoing Doctor's appointment/s
 - 2.3. All **physical assaults** must also be reported to the police – also refer to Management of Critical Incidents Policy and Procedures, page 103 of this document
 - 2.4. **Liability** for an injury or any medical expenses occurred is dependent upon Work Cover investigation (if needed) and/or LFE's Workers Compensation Insurer accepting responsibility for claim
 - 2.5. **Certification** is needed from a medical practitioner before an injured worker can return to work
 - 2.6. The injured person must **sign** the Work Cover Medical Certificate in order for it to be accepted for processing
 - 2.7. The injured person must **forward** any Work Cover medical certificates, together with sick leave forms to their Department Executive/Manager/Return to Work Office as soon as possible
- 3. Return to work plan**
- 3.1. Return to work plans shall be **initiated** for any injured staff person or employee who is medically certified fit to return to work
 - 3.2. Where appropriate the return to work plan will be **arranged** with the person and the treating Doctor; or an accredited Rehabilitation Provider in consultation with the treating Doctor
 - 3.3. Return to work plans will normally be in line with a **graduated return to pre-injury duties**
 - 3.4. Return to work plans will be **time-framed and reviewed** prior to expiry date
 - 3.5. **Suitable duties** will abide by medical restrictions, and be considerate of the training, skills and dignity of the staff person or employee, and wherever possible be provided within usual programs and program needs

Addendum:

All accidents/injuries (minor and major) **must be** immediately reported to management, as LFE's insurer has a **48 hour time limit** (including weekends) to register all injuries/accidents.

N.B. As failure to register injuries/accidents within the 48hr timeframe incurs a **substantial fine** for LFE – equivalent to a week's wages of the injured employee - any blatant breach of policy by the injured person, i.e. non-reporting for no acceptable reason, will be viewed most seriously by management and could result in a warning.

Name :

Signature :

Date :

Smoking in the workplace

General Policy Statement:

In line with LFE's philosophy of providing staff and employees with a healthy work environment, smoking in the workplace is recognised as a health hazard; therefore, LFE operates in a non-smoking environment. However, the organisation recognises the need to accommodate the needs of both smokers and non-smokers.

1. Responsibility

- 1.1. All staff are responsible for not exposing themselves, colleagues or the participants to the dangers of passive smoking
- 1.2. All staff /employees are responsible for not smoking in LFE businesses or on LFE property
- 1.3. It is the smoker's responsibility to dispose of cigarette butts and other litter carefully and cleanly

2. General

- 2.1. No smoking is allowed by staff or the participants in any LFE workplace, on LFE owned property or in any LFE vehicle. (This includes staff smoking in the participants homes)
- 2.2. Staff and the participant who smoke outside the premises, e.g. on the footpath, should do so away from doors and windows to avoid cigarette smoke entering the premises
- 2.3. In the event of a staff member being contracted to work in the home of a participant who smokes, it is the duty of the staff member not to expose them self to the dangers of passive smoking
- 2.4. Smoking breaks should be taken so as they do not impact on service delivery and/or staff and employee performance

Pandemic Health Threat

General Policy Statement:

LFE aims to minimise risks to the participants, staff, volunteers and customers in the event of a pandemic health threat. LFE acknowledges the right of staff/ participants to stay at home if they feel threatened by a pandemic and are fearful of contamination. However, it is expected that staff will be dutifully mindful of ways/steps needed to be taken to avoid neglect of the participant.

An influenza pandemic occurs when a new influenza virus emerges and, because there is little or no immunity in the human population, it spreads rapidly from person- to-person over a wide geographical area causing serious illness and sometimes death in a significant proportion of those infected.

1. Responsibility

- 1.1. Management is responsible for ensuring continuity plans are in place to deal with increased staff absences, changed demand from the participants, changed availability of consumables, increase stress in the workplace, and short and long term impact on organisation's financial stability
- 1.2. Staff are responsible for taking appropriate precautions to prevent infection, refer paragraph 3 - Preventative measures
- 1.3. All staff are responsible for maintaining their own health and wellbeing – refer Health and Well Being Policy and Procedures

2. Impact on community

- 2.1. Possible community impacts may include:
 - 2.1.1. Restrictions on movement of people and social gatherings
 - 2.1.2. Temporary closure of venues and cancellation of events
 - 2.1.3. Shortage of products and services
 - 2.1.4. Reduced availability of supplier services, including medical treatment
 - 2.1.5. Government closures of schools/colleges, child care centres, and public transport

3. Preventative hygiene measures

- 3.1. Practice good hygiene:
 - 3.1.1. Wash your hands regularly, drying thoroughly when using soap, alternatively, antibacterial hand wash will be available in all workplaces
 - 3.1.2. Carry antibacterial hand gel for when you can't use soap and water
 - 3.1.3. Avoid coughing and sneezing on others. Don't cough or sneeze in your hands but rather into your sleeve or shoulder to minimise the spread of germs. Dispose of used tissues in the nearest bin – not your pocket or handbag
 - 3.1.4. Don't shake hands
 - 3.1.5. Don't share personal items such as towels, bedding, toothbrushes and eating and drinking utensils, cigarettes, lipstick, pens
 - 3.1.6. Clean surfaces, such as benches, tables, desks, keyboards, phones, door knobs and handles regularly
 - 3.1.7. Keep 1 – 2 metres distance from everyone that you come into contact with
 - 3.1.8. Stay at home and avoid direct human contact
 - 3.1.9. Wear a simple surgical mask or other covering for the nose and mouth

4. Continuity Planning

4.1. General preparations

- 4.1.1. Department Executives/Managers will plan for higher levels of staff absences and develop multi-skilling personnel for key positions
- 4.1.2. Staff are encouraged to maintain health and wellbeing – refer to Health and Well Being Policy and Procedures
- 4.1.3. Staff/participants will be encouraged to have seasonal influenza vaccinations. Although this will not protect against pandemic influenza, it will aid in staff/participants being less susceptible to contamination from influenza pandemic by keeping them well

4.2. Confirmation of pandemic outbreak overseas

- 4.2.1. Management will be alert to the rate of progression/spread of pandemic
- 4.2.2. Pandemic Risk Management Plans will be activated
- 4.2.3. Staff/ participants will be made aware of possible threat and the organisation's plans in the event of pandemic reaching Australia/Young

4.3. Confirmation of pandemic reaching Australia

- 4.3.1. Stockpiling essential items, e.g. non-perishable food supplies, ready supplies of soap, tissues, hand cleanser, will be implemented
- 4.3.2. Travel to affected geographic areas will be restricted. Staff/ participants who are required to travel into a restricted area shall obtain written approval from Management
- 4.3.3. Staff /participants will be supported in managing additional stressors related to the pandemic, e.g. personal or family illness; grief related to loss of family, friends or co-workers
- 4.3.4. Participants will be encouraged to have pandemic specific vaccinations if available. Mandatory Covid vaccinations are in place under NSW Health and Aged Care and Disability for all workers. LFE have a directive in place that all staff are to be fully vaccinated and to maintain an annual or 6 monthly boosters.
- 4.3.5. Staff with flu- like symptoms will consult a medical practitioner
- 4.3.6. Department Executives/Managers will remind staff and the participants of good hygiene practices –refer paragraph 3 above
- 4.3.7. Department Executives/Managers will ensure contingency plans, for any disruption to operations, are ready to be implemented

4.4. Confirmation of pandemic in Young and/or district

- 4.4.1. Business services will notify customers of the strong possibility of not being able to maintain services
- 4.4.2. Human service departments will notify the participants/families/carers of the strong possibility of service closures
- 4.4.3. Staff, the participants and volunteers displaying influenza-like symptoms will be sent home immediately – no matter how critical their job is – and will not be allowed to return to work without documented clearance from a medical provider. The person's workstation/equipment will be disinfected using an approved anti-bacterial cleaning agent
- 4.4.4. Practices to minimise face-to-face contact will be implemented. These may include:
 - Flexible work arrangements and hours to reduce number of staff/ participants who must be at work at one time or in a specific location
 - Closure of Activity Centres and EI services

- Where practical the 1-2 metre 'social distance' will be adhered to between staff, the participants and customers
 - Skeleton staff will man shifts and the same staff will work with the same participants (to help maintain a pool of healthy workers)
 - Staff who can work from home should be identified and encouraged to do so
- 4.4.5. Situations where groups of people are crowded together, e.g. meetings, will only occur if absolutely necessary. Proper ventilation will be ensured
- 4.4.6. Redeployment of staff to unfamiliar tasks may be necessary as an emergency measure
- 4.4.7. Staff will be discouraged from using other people's phones, desks, office, tools or equipment.

Vaccination for Covid-19 (under current policy)

As per NSW Health guidelines, when working within the Disability Industry you are required to have three doses of the Covid -19 Vaccination.

It is a directive from the CEO that all LFE staff also have the annual boosters following on from your first three doses and an up to date record of this must be provided to the HR Department at your earliest convenience. If Staff are not following this directive for any reason, this must be discussed with the CEO on a case by case basis. Individual considerations may be given and the following considerations may apply:

- Personal health
- Underlying health concerns
- Other staff
- Not in direct contact with our Participants – if so, wear a mask
- Leave balance
- Not attending the workplace when feeling unwell
- Regular testing
- Isolate within the office space if required and if possible

Due to the ever-changing environment of the pandemic and subsequent variants, the above considerations may be revoked at any time at the CEO discretion.

Transmittable Diseases

General Policy Statement:

LFE is committed to minimising the risk of infection to staff, the participants, volunteers, customers and visitors from the spread of transmissible diseases by taking all reasonable precautions. Staff, the participants or volunteers affected by a transmissible disease will be treated with compassion and understanding, and given the necessary support to assist them to deal with their illness.

1. Responsibility

- 1.1. **Induction and training** in relevant health safety issues and procedures is the responsibility of the relevant Department Executive/Manager
- 1.2. Adherence to health safety **protocols and procedures** is the responsibility of all staff, the participants and volunteers
- 1.3. Reporting of any circumstances which may put staff, the participants, customers or visitors at risk is the responsibility of all staff and participants
- 1.4. The CEO is responsible for making decisions where there is a conflict of any policy, e.g. confidentiality

2. Control

- 2.1. Universal Infection Control Guidelines and procedures will be followed at all times, e.g. hand washing, use of PPE
- 2.2. Strict adherence to 'universal precautions' is the single most important measure to prevent transmission of infections
- 2.3. Any identified source of the infection, such as person or machinery, will be isolated in a timely manner, e.g. person exited from workplace until cleared for return by medical practitioner
- 2.4. Good housekeeping rules will be followed in workplaces to establish and maintain a hygienic environment, including regular cleaning and maintenance of air-conditioning equipment
- 2.5. PPE, such as gloves, will be readily available to all staff and isolation of the source of the infected employees/ participant
- 2.6. Staff will be offered immunization, e.g. Hepatitis B, Hepatitis C
- 2.7. Staff, employees/the participants and volunteers will be educated in infectious disease control and the need for PPE, e.g. the need for using gloves when sorting dirty linen at the laundry

3. Confidentiality

- 3.1. All medical information obtained from staff, the participants and volunteers will be treated in a confidential manner
- 3.2. If a situation arises where a real threat of infectious disease transmission is likely, Duty of Care may make it difficult to maintain confidentiality, and necessary to breach Policies i.e. Privacy, Dignity and Confidentiality, and Human Rights – Harassment, Discrimination and Sexuality

Children in the Workplace (Family Sick Leave)

General Policy Statement:

LFE understands the need of most staff and employees to care for family members in times of illness and emergencies. LFE will endeavour to facilitate these needs in line with its responsibilities under the NSW Occupational Safety Act.

1. Responsibilities

- 1.1. Executives/Managers are responsible for approving the presence of staff's child/children in the workplace
- 1.2. Executives/Managers are responsible for arranging a suitable waiting area
- 1.3. Staff are responsible for obtaining permission to bring children into the workplace
- 1.4. Staff are responsible for supervising their child/children in the workplace
- 1.5. Staff are responsible for keeping their sick child/children out of the workplace

2. General

- 2.1. Due to inherent dangers within the workplace staff are not encouraged to bring children to their place of work
- 2.2. LFE understands that at times it may be necessary for staff to bring children to the workplace. However, it is expected that this will be **occasional**, when **no other arrangement** can be made, and only with the agreement of the relevant Department Executive/Manager
- 2.3. For reasons of 'confidentiality' no child/children should wait in office areas The Department Executive/Manager will designate a suitable waiting area for the child/children
- 2.4. Staff must supervise their child/children and minimise WHS risks at all times, e.g. internal stair gate locked

3. Family sickness

- 3.1. Staff and employees are **not permitted** to bring sick children to the workplace
- 3.2. Staff and employees may have time off work to care for family members using Carer's Leave or personal Leave entitlements
- 3.3. A medical certificate is required in circumstances where more than one days leave is taken to care for a sick child/family member
- 3.4. The Department Executive/Manager should be told as soon as possible

Disaster Management

General Policy Statement:

Management of LFE is mindful of the possibility of natural or man-made disasters occurring (e.g. bush fire, flood, earthquake, toxic emission/spill, military conflict etc.) and is committed to ensuring the safety of its participants.

1. Responsibility

- 1.1. The CEO, in conjunction with Executives/Managers, is responsible for the safe evacuation of the participants in the case of impending disaster or in the aftermath of disaster occurring
- 1.2. There is an expectation that off-duty Executives/Managers have a responsibility to respond to the need for assistance when the participant's lives are at risk. This is dependent upon the person's own circumstances at the time and their ability to safely access transport, roads etc.
- 1.3. All staff have a Duty of Care to ensure the safety of the participants
- 1.4. SIL staff on duty are responsible for attending to the needs of the participants who live independently in the community

2. Preliminary precautions

- 2.1. Disaster procedures and contact numbers (e.g. local Emergency Service, Police, and Fire Service) should be displayed near all phones
- 2.2. All offices and homes of the participants using the LFE Accommodation services, should be equipped with a transistor radio, candles, matches, torch, bottled water and light food supplies
- 2.3. In the event of a threat of pending disaster, all Accommodation participants should have a bag packed containing identification, medication, and list of medication/medical needs, change of clothes, toiletries and torch
- 2.4. All Accommodation participants will be trained in procedures to follow in the event of staff not being present at the time of the disaster occurring
- 2.5. Staff will be made aware of Disaster Management procedures

3. General response

- 3.1. Staff on duty to **confirm** accuracy of information, i.e. observe and ring local Emergency Services etc.
- 3.2. Staff on duty to **assess** the danger, including:
 - What is the disaster? (Has the worst happened, can it get worse)
 - Where is it? (Is it close enough to be a threat)
 - How is it behaving? (E.g. it bush fire getting closer, bigger, smaller, moving quickly etc.)
 - Who is at risk? (Are people or property already involved; are they likely to become involved?)
- 3.3. Staff on duty should identify safe areas (e.g. which areas and access routes cannot be used should people remain indoors or leave)
- 3.4. Time and conditions permitting, staff should contact the CEO to bring him/her up to date with the situation and also to receive instructions/advice/assistance
- 3.5. The CEO in consultation with Executives/Managers will co-ordinate safety procedures to be followed. This may include:
 - Evacuation
 - Following instruction from the local ES, Police or Fire Service
 - Sealing building in the case of toxic spill/emissions

- Contacting parents/carers
- Staff driving employees home from workplaces
- Attending to the needs of the participants, who live independently in the community, especially those who are sight/hearing impaired
- Contacting other Executives/Managers for assistance with transport

4. Evacuation from workplaces

- 4.1. The CEO in consultation with Executives/Managers and/or local ES/Police/Fire service will co-ordinate the evacuation process. This may include:
- Finding out from local ES where the nearest safe location is and how to get there, in case the participants are cut off from their homes
 - Advising the local ES/Police/Fire service of decision to evacuate
 - Following instruction from the local ES, Police or Fire Service
 - Contacting parents/carers
 - Staff driving the participants home from workplaces
 - Contacting other Executives/Managers for assistance with transport
- 4.2. If possible, in the case of flood, arrange to stack furniture, equipment, records, electrical items, garbage and chemicals to a high secure place; as well as heavy items that could float and cause damage
- 4.3. Turn off electricity and gas prior to last staff person/employee leaving

5. Bushfires

- 5.1. Pre-warned - preliminary precautions
- 5.1.1. Fire breaks should be maintained and garden rubbish, shrubs and tree branches should be kept well clear of buildings
- 5.1.2. Eaves should be enclosed and guttering kept clear of leaves and twigs
- 5.1.3. Wire screens should be fitted to doors, windows, vents and enclose areas underneath buildings
- 5.1.4. Long garden hoses should be kept on hand near taps, close to buildings
- 5.1.5. The media should be monitored for bushfire/weather warnings and alerts
- 5.2. When bush fire approaches
- 5.2.1. **If safe** to travel, evacuate the participants to safe ground – be advised by local ES/Police/Bush Fire Service
- 5.2.2. **If unsafe to travel** and **early evacuation advice is not issued**, everyone should remain in the building after the following precautions have been taken:
- Phone the Bushfire service
 - Plug down pipes and fill all roof gutters with water using hoses
 - Check taps are working and fill all available containers with water
 - Hose down walls, garden etc. on the side facing the 'fire-front and leave sprinklers on
 - Move everybody inside close all windows, doors and block crevices, cracks and gaps
 - Stay inside, clear windows, until main fire front passes (usually 10 – 20 minutes)
 - Staff should extinguish fires which may have started on or near the building
 - Listen to the radio for local information

6. Earthquake

- 6.1. During the earthquake
- 6.1.1. If **indoors**,
- Stay there and ensure nobody moves about the building or leaves

- Get everyone to take cover under tables, benches, beds, internal door frames
- Keep people away from windows, shelves and overhead fittings

6.1.2. If **outside**,

- Keep everybody well clear of buildings, walls, power lines and trees, etc.

6.2. After earthquake

6.2.1. Check for injuries and apply first-aid

6.2.2. Call the ambulance if necessary

6.2.3. Do not move the seriously injured unless in immediate danger

6.2.4. Turn off electricity, gas and water – Do not light matches

6.2.5. Evacuate everybody by the safest route, clear of buildings, walls, power lines and trees

6.2.6. Be prepared for aftershocks and do not re-enter even slightly damaged buildings until they have been checked for damage

7. Other

- 7.1. In the event of other disaster occurring that would require evacuation, e.g. invasion, biological or nuclear attack or epidemic, any or all of the points at 1 to 6 should be followed as appropriate

Driver Safety

General Policy Statement:

LFE recognizes that there are hazards associated with driving, especially when driving for long periods and/or in varying environmental conditions. To minimise the risks involved there is an expectation that all staff/employees/volunteers shall act lawfully and sensibly by following rules, regulations and procedures in place, to keep themselves, the general public and the participant as safe as possible.

Definition:

Fatigue is the term used to describe the feeling of weariness from bodily or mental exertion. Fatigue can be defined as feeling tired, drained or exhausted. Fatigue influences an individual's physical, mental and emotional state. When feeling fatigued, alertness is impaired, which is accompanied by poor judgment, slower reactions to events and decreased motor skill. (workcover.nsw.gov.au)

1. Responsibility

- 1.1. Department Executives/Managers are responsible for ensuring vehicles are maintained in roadworthy condition
- 1.2. All staff/employees/volunteers are responsible for maintaining current driving licenses
- 1.3. All staff/employees/ volunteers are responsible for reporting any driving offences/charges to the CEO
- 1.4. All staff/employees/volunteers are responsible for keeping themselves: up to date on current road rules; driving safely; and obeying the road rules
- 1.5. All staff/employees/volunteers are responsible for their own health and safety when driving by monitoring their fatigue levels and driving to environmental/road conditions
- 1.6. All staff/employees/volunteers are responsible for not driving while under the influence of alcohol or any other drug
- 1.7. All staff/employees/volunteers are responsible for reporting vehicle faults or defects

2. Traveling – preparation and safety precautions

- 2.1. Staff and the participants should go prepared when travelling longer distances, in case of fatigue or breakdown
 - pack toiletries and change of clothes – if travelling with participants the same should apply
 - ensure they have mobile phone and charger/car charger
 - take water/drink bottle
 - medication to be packed accordingly, e.g. (cooler bag in summer)
- 2.2. **Before travelling** staff/employees/volunteers should:
 - Try to ensure they are well rested, and feeling fit and healthy (and not taking medication which indicates it causes drowsiness)
 - Plan the journey to include regular rest breaks (at least 15 minutes at least every two hours)
 - Have comfort/safety items, e.g. sunglasses, prescription glasses, navigational aids
 - Allow adequate time to arrive at the destination without having to rush
 - Check environmental conditions in which they will be driving, e.g. rain, fog, flooding, black ice, bush fires; and allow extra time for delays
 - If necessary, plan an overnight stop
 - Avoid setting out on a long drive after having worked a full day

- Avoid driving into the period when they would normally be falling asleep
 - Avoid driving in the hours that tired drivers are more likely to have an accident (between 2am and 6am; and 2pm and 4pm – especially after eating)
- 2.3. Staff/employees/volunteers should not ignore the **early warning signs of fatigue**, which include:
- Yawning
 - Poor concentration
 - Tired eyes
 - Restlessness
 - Drowsiness
 - Slow reactions
 - Boredom (especially on expressways)
 - Over-steering
 - Head nodding
 - Blurred vision
- 2.4. If **feeling sleepy** during a journey, **stop** somewhere safe, take drinks containing caffeine and take a short nap. Drinking at least 150 mg of caffeine and taking a nap of around fifteen (15) minutes are the only measures that help to reduce sleepiness. But even these are temporary measures; sleepiness will return if the driver does not stop driving within a fairly short period of time (Safe Driving (Roads & Maritime Services website))
- 2.5. In line with staff 's responsibility **to monitor their own fatigue levels**, if staff person has attended out of town appointment/conference/workshop etc. and does not feel fit to return home as planned, they should seek approval from their Executive/Manager to stay overnight

Working in Isolation or Remote Areas

General Policy Statement:

Exposure to violence and poor access to emergency assistance are the main hazards that increase the risk of remote or isolated work. LFE is proactive in attempting to eliminate, minimise and/or control risks involved when staff/employees are required to work in isolation or remote areas. It is acknowledged that community locations are varied and the variables involved are not always known. However, the implementation of simple practices including risk assessment processes as part of everyday practice help to ensure the safety of staff/employees.

Objective of policy is to provide guidance to Executives/Managers for the development of systems of work, to reduce the likelihood of injury from hazards associated with remote or isolated work.

Definition of remote or isolated work:

Remote or isolated work is work that is isolated from the assistance of other people because of the location, time or nature of the work being done. Assistance from other people includes rescue, medical assistance and emergency services.

(Safe Work Australia "Managing the Work Environment and Facilities" Code of Practice)

1. Responsibility

- 1.1. Department Executive/Managers are responsible for maintaining up to date risk management procedures for their staff/employees, who work in isolation or in remote locations
- 1.2. Executives/Managers are responsible for ensuring their staff/employees know and understand protocols in place for when they work in isolation or in remote locations
- 1.3. All staff/volunteers are responsible for their own health and safety by:
 - Ensuring they work safely so as to not endanger themselves or others
 - Following the requirements of this policy and specific procedures their department has in place when working in isolated or remote areas
 - Report any hazards associated with working in isolation or remote areas
 - Obeying any reasonable instructions to ensure their health, safety and welfare, and that of others
 - Identifying hazards and risks in external locations

2. Assessment of risks

- 2.1. Risks to be considered include:
 - **Staff person's experience and training**, including first aid and behavioural issues
 - **Communication** aids that may be needed - mobile phones cannot be relied upon as an effective means of communication. Coverage in the areas where staff should work should be confirmed before the commencement of service delivery
 - **Characteristics of person receiving a service** - is there likelihood of violence?
 - **Location** – length of travel to and from; serviceability of roads, consequence if care breaks down
 - **Transport** – Are participant transfer procedures in place? Are vehicles maintained regularly? What happens if car breaks down?
 - **Nature of work** – are there fatigue or heat issues? Risk of animal attack? Machinery issues?
 - **Activity /venue** – is it accessible? Is parking available?

3. Risk Management – general procedures: also refer to your department’s specific procedures in Appendix at end of manual

- 3.1. Staff/ employees working in isolation or remote areas will be provided with suitable means of communication, e.g. mobile phone, personal alarm and/or protective clothing (e.g. sun protection); refer Protective Equipment policy
- 3.2. Managers/Supervisors will be aware of staff person/employee’s daily schedule
- 3.3. Staff should contact Manager/Supervisor before proceeding to destination; on arrival at destination and when departing destination
- 3.4. If a client, participant and/or location is known to be hostile, staff/employee should make regular contact with Supervisor/office
- 3.5. If staff/employees suffers an injury whilst working in isolation or remote area and is able to use the means of communication, contact is to be made immediately their Executive/Manager/Supervisor
- 3.6. If attempts to make contact with staff/employees working in isolation or a remote area are unsuccessful, the Executive/Manager/supervisor is to arrange an immediate visit to the work area

Staff policies and procedures

EEO (Equal Employment Opportunities) and Affirmative Action

General Policy Statement:

LFE respects the dignity and worth of all individuals and acts in accordance with EEO and Affirmative Action legislation, to provide equal employment opportunities for all its employees/staff, and applicants for employment.

1. Responsibility

- 1.1. The CEO and Department Executives/Managers are responsible for the fair and legal employment of staff
- 1.2. Department Executives/Managers are responsible for ensuring all new staff/employees receive training and education in EEO and related issues (Affirmative Action, discrimination, harassment and the Grievance Procedure)
- 1.3. All staff/employees have a responsibility for treating each other fairly and with respect
- 1.4. All staff/employees are responsible for reporting discrimination or harassment matters

2. Employment of staff

- 2.1. Selection is based solely on the applicant's ability to be able to perform the inherent requirements of the job
- 2.2. The organisation encourages people from all cultural backgrounds to apply for jobs
- 2.3. The organisation does not discriminate against applicants for employment for any reason including:
 - Sex (including pregnancy)
 - Race, colour, ethic or ethno-religious background, or nationality
 - Marital status
 - Disability
 - Homosexuality
 - Age
 - Transgender status
 - Carer's responsibilities

3. Disciplinary action

- 3.1. Disciplinary action, which may lead to dismissal, will be taken against anyone responsible for any form of discrimination
- 3.2. Staff/employees could be **held legally responsible** for their unlawful acts

Workplace Diversity

General Policy Statement:

LFE values diversity in the workplace and endeavours to be flexible and adaptive when managing diversity in the workplace. LFE respects the concept that each person is a unique individual, who has different attributes that can benefit the organisation as a whole. To this end, the organisation works towards sustaining an inclusive, supportive, safe, flexible and fair work environment (free from harassment, bullying and discrimination) where staff are encouraged and provided with opportunities to develop and achieve their full potential.

Definition:

Workplace diversity refers to the variety of differences between people in an organisation, and encompasses acceptance and respect. Differences can include: gender, ethnicity, sexual orientation, age, physical abilities, family status, religious beliefs, perspective, experience or other ideologies. (Australian Government Department of Immigration and Citizenship) Diversity also refers to the other ways in which people are different, such as educational level, life experience, work experience, socio-economic background, personality and marital status.

1. Responsibility

- 1.1. The CEO has ultimate responsibility for fostering the principles of Diversity within the organisation, and to utilize the diversity of staff to achieve organisational outcomes
- 1.2. Executives/Managers are responsible for treating all staff/employees fairly, and respectfully, without harassment, and to deal promptly and effectively with any grievance/complaints of harassment, bullying or discrimination
- 1.3. Executives/Managers are responsible for increasing individual awareness of and sensitivity to differences of race, gender, social class, sexual orientation, physical ability, age, etc.
- 1.4. Executives/Managers are responsible for effectively and fairly managing differences in the workplace
- 1.5. All staff/employees are responsible for following legislative requirements, LFE's Code of Conduct and values, and acting with respect towards people they come into contact with as part of their job role

2. Managing diversity

- 2.1. LFE understands that Diversity in the workplace allows for staff to think differently, leading to increased creative thinking and decision making, and increased productivity. Therefore, the organisation will acknowledge staff differences and recognizes these differences as being an asset to the organisation
- 2.2. LFE endeavours to ensure good management practices by preventing harassment, bullying and discrimination and promoting inclusiveness
- 2.3. LFE endeavours to maximize the ability of all staff to contribute to organisational outcomes
- 2.4. Staff will receive awareness training during their induction period re: the need to be sensitive to people's differences and the impact these can have in the workplace
- 2.5. Executives/Managers/Supervisors will take immediate action with staff who behave disrespectfully to others, e.g. offensive terms, inappropriate jokes
- 2.6. Grievance/complaints will be dealt with in a fair and timely manner

3. Gender

- 3.1. LFE recognizes the experiences, as well as attitudes, of both men and women that subsequently contribute unique input into the workplace

- 3.2. LFE bases its employment/recruitment practices on the principles of EEO, Affirmative Action and Anti-Discrimination. The recruitment and selection processes provide fair access to all potential candidates
 - 3.3. LFE believes Gender equality is achieved when people are able to access and enjoy the same rewards, resources and opportunities regardless of whether they are a woman or a man
 - 3.4. LFE promotes the same career, training and development opportunities for both men and women
- 4. Culture**
- 4.1. LFE respects the attitudes, customs, and beliefs of staff from varying cultural backgrounds
 - 4.2. LFE encourages staff to draw on each other's skills and abilities to assist the inclusion of staff from different cultures e.g. language skill
 - 4.3. Executives/Managers will consider cultural differences as possible reasons for problems or misunderstandings in the workplace.
- 5. Religion**
- 5.1. LFE is tolerant and accepting of staff's differing religious beliefs and tries to accommodate their varying needs, e.g. Ramadan (Islamic fasting period)
 - 5.2. Leave for religious observances will be given sympathetic consideration by Executive/Managers
 - 5.3. LFE respects staff right to wear religious dress at work, e.g. yarmulkes (Jewish skull caps), hijabs (veils that covers the head and chest) or crosses, unless it creates a safety hazard. If your religious dress covers your face, you can be asked to show your face for reasonable identification purposes
- 6. Sexuality**
- 6.1. LFE has a strong belief in Human Rights, and respects the rights of all individuals of any sexual orientation or gender identity
 - 6.2. LFE endeavours to ensure the workplace environment is free from harassment, bullying and discrimination and supports and respects the rights of individuals to not disclose their sexual orientation or gender identity
- 7. Generational**
- 7.1. LFE promotes a culture that supports the abilities of all employees regardless of age
- 8. Disability**
- 8.1. LFE will accommodate reasonable workplace adjustments to ensure staff, who have a disability, have a safe work environment
 - 8.2. LFE promotes equal career, training and development options for all staff
- 9. Workplace flexibility**
- 9.1. LFE supports staff to maintain their work and life balance and responsibilities while developing or maintaining a career
 - 9.2. LFE will consider all reasonable requests for flexible work arrangements including:
 - Time in lieu and part-time work
 - Flexible maternity and paternity leave arrangements that provide opportunities to balance work and family needs

Privacy and personal information

General Policy Statement:

LFE is firmly committed to protecting the privacy of its staff. Any personal information collected by LFE is used in accordance with both the NSW Privacy and Personal Information Act 1998 and the Federal Privacy Act 1988 and its incorporated principles.

What is personal information?

Personal Information is defined in the NSW Privacy and Personal Information Act (1998), as information or an opinion (including information or an opinion forming part of a database and whether or not recorded in a material form) about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion

1. Responsibility

- 1.1. All staff are responsible for providing LFE with their correct information/details
- 1.2. Management is responsible for ensuring the personal information of staff and customers is stored confidentially and securely, e.g. pass worded data bases, locked cabinets
- 1.3. All staff are responsible for not passing on other staffs' personal details, e.g. phone numbers, addresses
- 1.4. Administration staff are responsible for maintaining the utmost confidentiality regarding staff pay records, tax file numbers etc.

2. Information LFE collects

- 2.1. LFE collects information necessary for the ongoing operations of its businesses and services, and in order for it to fulfil its legal and mandatory requirements. Information collected is aligned to: recruitment, administration duties, staff performance, client support, and business operations. Information collected includes:
 - Name
 - Mailing or street address
 - Email address
 - Telephone number
 - Next of kin
 - Date of birth
 - Position; job title
 - Tax file no
 - Bank account details
 - Driving record
 - Criminal record check and information required for same (proof of identity documents)
 - Referee checks
 - Information in relation to annual appraisals, staff performance counselling and/or disciplinary action
 - 360 Degree Staff Surveys
 - Training records
 - Grievances and complaints
 - Injury Accident details

3. Collection and use of information

- 3.1. Initially, information is obtained directly from the person
- 3.2. Other information is gathered in the course of the person's ongoing employment
- 3.3. Personal information provided by a person to LFE will be used for the primary purpose for which it is provided

4. Staff rights

- 4.1. Staff have a right to:
 - **Access** their personal information held by LFE
 - **Request** amendment to that information they believe is incorrect
 - Make a **complaint** about LFE's information handling practices or breaches of your privacy by LFE

Recruitment process

General Policy Statement:

Recruitment and selection is based on the principle of the best person for the job and carried out within the guidelines of EEO, Affirmative Action and Workplace Diversity.

1. Responsibility

- 1.1. The CEO is responsible for determining membership of the recruitment panel
- 1.2. The CEO, in consultation with Executives, is responsible for the hiring of staff
- 1.3. The Human Services Executive is responsible for following up on new Job Application forms
- 1.4. Executives/Managers are responsible for ensuring all new staff have filled out a Job Application form

2. Job applicants

- 2.1. Applicants will be asked to fill out a Job Application form
- 2.2. The Job Application form is to be filled out on LFE premises. If possible, under the supervision of an Executive/Manager/ Assistant Manager, who will also explain the procedure
- 2.3. Once filled out, the form will be placed in envelope and forwarded to the Human Services Executive for follow up

3. Recruitment

- 3.1. Positions that become vacant will usually be advertised both internally and/or externally. However, it is recognised that at times the CEO may need to use his/her discretion to employ staff outside the usual processes such as in the case of emergencies or short term jobs needing specific skills/credentials
- 3.2. If the CEO needs to employ staff outside the usual processes:
 - Executives will be consulted
 - Principles of the best person for the job, EEO, Affirmative Action and Cultural Diversity will be followed
 - The decision will be communicated to all staff
- 3.3. Job advertisements must contain the title of the job, job description, essential and desirable skills needed and any information the applicant should provide with their application, e.g. resume

4. Internal recruitment

- 4.1. In line with LFE's commitment to career pathing, positions that are advertised externally will also be advertised internally
- 4.2. If an internal applicant is selected for a position the person's current Executive/Manager must be informed prior to any offer being made to the person
- 4.3. The person's new Executive/Manager and current Executive /Manager should agree on the amount of notice needed for the person changing positions. Ideally this should not exceed four (4) weeks
- 4.4. Unless the new position involves a promotion, the person will be transferred at their current rate of pay
- 4.5. Entitlements will be reviewed annually at the person's review date – changes in duties will be taken into consideration
- 4.6. The usual induction process and probationary period will apply - **refer Induction & Probation Policy**

5. Selection panel

- 5.1. The CEO will determine the membership of the recruitment panel
- 5.2. The panel should be made up of at least three people, preferably one should be the Executive/Manager of the department where the new staff person will be working
- 5.3. Panel membership should also include participant representation, however, due to the nature of the organisation's service i.e. intellectual disability, this may not always be possible and/or practical
- 5.4. The recruitment panel will review the applications and make a short list of the best applications – those who meet the essential criteria and have addressed all issues in their application
- 5.5. The recruitment panel will prepare relevant questions to be asked at the interviews
- 5.6. Applicants' answers to interview questions are to be documented and an Interview Rating form filled out
- 5.7. The agreed upon successful applicant will be notified by the CEO
- 5.8. Unsuccessful applicants will also be notified of the result

6. Medical Information - refer to Medical Details Policy

Recruitment conflict – Nepotism and Cronyism

General Policy Statement:

LFE acknowledges that running a company within a small country town will, at times, result in relatives and friends of its employees applying for jobs within the organisation. The organisation recognizes the negative impact nepotism and cronyism can have on workplace tension and team morale, and acts to minimise any detrimental effects by ethically adhering to its formal recruitment processes.

Explanation:

Nepotism - Favouritism shown to a relative by employment on the basis of relationship

Cronyism - Favouritism shown to friends by employment on the basis of relationship

Nepotism and cronyism in the workplace occur when employers favour relatives and friends in making employment decisions with no, or little, consideration of the qualifications, experience and merits of other candidates or employees; this can have legal repercussions for the organisation if interpreted as discrimination

1. Responsibility

- 1.1. All staff are responsible for disclosing any conflict of interest that may occur when a friend/relative is employed
- 1.2. All staff are responsible for maintaining professional conduct in relation to staff, who are relatives/friends, and for meeting reporting responsibilities for any breaches of LFE Policies, common law, and/or government legislation

2. Hiring process

- 2.1. EEO and Discrimination principles will be adhered to at all times
- 2.2. All relatives/friends will undergo LFE's formal recruitment process
- 2.3. If management is aware of a relationship involving existing employer/employees and an applicant, it will be made known to the applicant that this will not influence the process by favouring him/her for the position
- 2.4. An interviewer who is a relative/friend of an applicant, will not be included on the Interview Panel
- 2.5. It is recognised that the CEO may have to, in times of crisis, hire people at their discretion. However, once the crisis has past, if the position is to remain, the position will be advertised in line with LFE's recruitment process – the person hired at the time of crisis will be able to apply for the position along with other candidates

3. Employment process

- 3.1. A relative/friend employed as staff should not be managed/supervised by their relative or previous friend. However, if employment or promotion unavoidably places a person under the supervision of a relative/friend, the next highest manager/supervisor will be responsible for the person's supervision; this procedure also includes performance appraisals
- 3.2. It will be made known to the successful applicant, the expectations of company rules in relation to nepotism and cronyism, e.g. professional standards, policy and procedures, problems related to nepotism and/or cronyism

4. Discipline

- 4.1. Relative/friends of employers/employees will be subject to the same disciplinary procedures as other staff - refer **Discipline & Termination Policy**

Employment conditions

General Policy Statement:

Adherence to relevant government legislation, such as the National Employment Standards (NES) and relevant Awards, is central to LFE creating a mutually beneficial working environment, in which staff/employees are skilled, motivated, valued and supported. Long term employment is encouraged through a variety of means, including staff development and training, staff benefits and performance management.

1. Responsibility

- 1.1. The CEO, in consultation with Executives, is responsible for staff contracts
- 1.2. The Human Services Executive is responsible for carrying out Exit Interviews
- 1.3. Executives/Managers are responsible for ensuring staff have up to date Job Descriptions
- 1.4. Executives/Managers are responsible for ensuring all relevant information needed upon employment is obtained in a timely manner and returned to the CEO
- 1.5. Executives/Managers, in consultation with staff, are responsible for ensuring Time In Lieu (TIL) is taken, as detailed in paragraph 3 below
- 1.6. Staff are responsible for providing Management with information requested, in a timely manner
- 1.7. Staff are responsible for performing duties in line with their Job Descriptions, Contracts, Code of Conduct, Policies and Procedures and Government legislation, e.g. WHS
- 1.8. Staff are responsible for informing Management if they are unable to perform their duties or attend for work
- 1.9. Staff are responsible for informing Management of their intention to terminate their employment

2. Employment conditions

- 2.1. **Job Descriptions and contracts** will be provided for all positions with the organisation
- 2.2. **Changes** to employee/staff's **contractual conditions** can occur at times, e.g. variation to hours; changes in employee pay rates due to workplace assessments; promotion to higher duties etc., if this happens a 'Changed Condition' clause will be added to the contracts of staff/employees affected
- 2.3. Award conditions will be met for those staff who are covered by an Award, or appropriate standards for staff not so covered
- 2.4. All staff will be entitled to the conditions of the Award under which they work (e.g. holiday leave etc.)
- 2.5. The onus is on staff to supply the CEO with **proof of qualifications**:
 - Any entitlement related to qualifications, e.g. higher Level or pay point, will be reliant on the CEO sighting of proof of qualifications
 - Entitlement/s will be dated from the day proof of qualifications is sighted, and will not necessarily be retrospective
- 2.6. All staff have the right to join a union or association appropriate to their employment
- 2.7. LFE will encourage and support long term employment through the utilisation of:
 - Staff appraisals - **refer Performance Management Policy**
 - Fringe Benefits - **refer Staff Benefits and Assistance Policy**
 - Career pathing i.e. encouraging and supporting the continuing professional development of staff - **refer Staff Benefits and Assistance, and Staff Training Policies**
 - Job sharing
 - Flexible working times

3. Time in lieu (TIL)

- 3.1. The underlying principle of TIL is that it will be mutually beneficial and reasonably flexible for both LFE and staff and is commensurate with the employer's duty of care to the employee. Commencement of TIL is to be approved by the CEO
- 3.2. Staff to complete a Pre-approval for variation of hours (TOIL) and lodge with timesheet for approval
- 3.3. TIL should not be accrued because of poor time management practices
- 3.4. TIL must be kept to a minimum at all times
- 3.5. TIL, including penalty rates as per Award or union agreement, shall be conditional upon:
 - **Written Approval/Agreement** between the staff member and manager using the "Variation of Hours" form
 - Unavoidable
 - Being taken within (approx.) three months of it being accrued (discretionary per Department)
 - Being taken, where possible, before annual leave
- 3.6. Any planned reduction schedule must be adhered to
- 3.7. Failure to comply with of the above procedures may result in one of the following:
 - Forfeiture of TIL
 - Reprimand

4. Paid personal leave (sick and carer's leave)

- 4.1. Staff are entitled to paid personal leave as outlined in the NES
- 4.2. Staff are responsible for notifying their workplace, at the first opportunity, that they will be absent from work due to illness or injury
 - Staff will be allocated 4.6 hours may be taken as personal leave if substantiated by such things as another appointment e.g. x-ray (based on 7.6 hours)
 - All other time of 3 hours will be taken as time-in-lieu or annual leave
- 4.3. If a person is absent for more than two consecutive working days, the person's Manager/supervisor will ask for a Medical Certificate or Statutory Declaration, stating that they were unable to attend work because of injury or personal illness

5. Abandonment of employment

- 5.1. Staff are generally considered to have abandoned their employment if they are absent from their employment, continuously for three working days, without notification, or their Department Executive/Manager's consent
- 5.2. Once established the staff person's absence is unauthorised the CEO must then attempt to contact the person, either personally or by registered mail, to determine the reason for the absence, and if the person intends to return to work
- 5.3. At this time, it should be made known to the person that failure to return to normal duty or give an acceptable explanation for the absence, will be regarded as the person terminating his/her employment without notice
- 5.4. If a reasonable explanation is not forthcoming within fourteen days from the date of the first day of absence, then the CEO should take steps to terminate the person's employment

6. Termination of employment / Exit Interview, Procedure

- 6.1. **Staff** resigning from their position should do so **in writing** to the CEO
- 6.2. The **CEO** will:
 - Notify the Department Executive/Manager
 - Prepare a letter of response to resignation and forward it to the Human Services Executive along with employees file

- The **Human Resources Executive** will **deliver** to the employee the letter of response and offer the person the opportunity to have an exit interview and **either**:
 - **Carry** out the interview, at an arranged time and place, using the organisation's Exit Interview form
 - **Discuss** findings with the **CEO**
 - Notify Admin of termination date or (if the staff person does not wish to carry out an exit interview):
 - Return documents to the CEO
 - **Notify** Admin of termination date
 - **Admin** will prepare person's entitlements and ensure all LFE property has been returned, e.g. key

Medical details

General Policy Statement:

LFE is committed to minimizing business risk by ensuring the health, safety and welfare of all prospective and current staff

1. Responsibility

- 1.1. Staff are responsible for disclosing any information that may adversely affect their work performance. This should be done on commencement of employment and/or as the situation arises

2. General

- 2.1. LFE will endeavour to make reasonable adjustments to a position to accommodate a person's individual medical needs
- 2.2. Any medical information requested by LFE must relate exclusively and directly to the requirements of a position
- 2.3. The CEO, in conjunction with the appropriate Department Executive/Manager, is responsible for determining if a medical assessment is a prerequisite for a position/ongoing employment
- 2.4. Factors determining the requirement of a medical assessment may include:
 - Disclosure of information that may adversely affect work performance, such as (but not limited to) ill-health, injuries, addictions, crises/stressors (home or work related) and /or taking of medication
 - The specified physical requirement needed to perform the job, e.g. level of hearing or sight
 - Aids needed for the person to perform the job adequately, e.g. glasses, hearing aid or different software packages
 - An applicant's previous medical history
 - Financial burden on the organisation
- 2.5. Medical information may be requested in three stages:
 - A health declaration – outlining the physical requirements of the position and the staff person's understanding and compliance
 - Pre-employment health assessment – to ascertain if an applicant can fulfil the physical requirements of a position
 - Annual health assessment – to monitor physical requirements identified in the health declaration or pre-employment assessment

3. Storing information

- 3.1. All medical information will be treated as strictly confidential
- 3.2. Medical information will be filed with the staff person's personnel record or with the applicant's employment application record

Induction & Probation

General Policy Statement:

LFE recognises the benefits to the organisation of staff who are motivated, skilled and committed. To this end, the organisation will give all new staff sufficient time and support to meet the expectations their job.

1. Responsibility

- 1.1. Executives/ Managers are responsible for the induction of new staff into their department
- 1.2. The Human Services Executive is responsible for co-ordinating the Staff Induction Training Course
- 1.3. Executives/Managers are responsible for ensuring two staff appraisals are carried out in a timely manner during the trial period

2. Induction

- 2.1. All new staff will go through the induction process over a one to two week period, any longer is at the discretion of individual Executives/Managers
- 2.2. Induction includes:
 - Departmental orientation
 - Organisational orientation
 - Familiarisation with: Staff Induction Manual; Policy and Procedures; Disability Services Standards, Code of Conduct; WHS requirements (including Risk Management, evacuation procedures, Manual Handling and First Aid (including epilepsy); principles of Behaviour Management; EEO; Protection of Human Rights and Freedom from Abuse; the Australasian code of Ethics for Direct Support Professionals
 - Completion of Induction and WHS Checklists
 - Training technique fundamentals - methods and recording
 - Behaviour Management training
 - Shadowing and support
 - In some areas, work experience in other departments/workplaces
- 2.3. The Staff Induction Course will be carried out when new staff numbers make it practicable to do so

3. Probation

- 3.1. All new staff, including those who transfer internally, will be employed for a six (6) month probationary period, which commences at the start of their employment
- 3.2. Continued employment is dependent upon their successful completion of the probationary period
- 3.3. The person's performance will be assessed by their Executive/Manager/Supervisor throughout the probationary period via two monthly appraisals, and feedback about their performance during the course of their job
- 3.4. If a person's performance does not meet the standard required for the job, and concerns about performance cannot be rectified, their employment may be terminated - **refer Discipline and Termination Policy**

General Policy Statement:

LFE Community Supports

Staff Procedures:

**CODE OF CONDUCT AND RIGHTS OF STAFF
(Code of Ethics)**

Reviewed February 2018

General Policy Statement:

LFE requires that all staff meet the highest standards of honesty, integrity, respect and fairness when dealing with each other, participants/employees, customers and the wider community in general.

To be read in conjunction with the Seven Elements of the NDIS Code of Conduct and the Australian Code of Ethics for Direct Support Professionals, a copy of which can be obtained from the Human Services Executive.

1. Expectations of staff**1.1. Service to members and people with challenged abilities, and relationships with other organisations.** It is expected that you will:

- Treat members, participants/employees, and people from other organisations with respect and dignity
- All staff, volunteers and board/Management Committee members must respect and keep confidential internal matters of the organisation, and respect the privacy of others.
- Be fair, reasonable, equitable and responsive in your dealings, acting with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions
- Perform your duties with professionalism and integrity, providing supports and services in a safe and competent manner, with care and skill
- Act with Integrity, honesty and transparency
- Declare any potential or actual conflict of interest
- Be conscientious in the performance of your duties and exercise honesty, sound ethics and sensitivity in your work, respecting the privacy of people with disability
- Be alert to areas in which services could be improved or in which difficulties are experienced, take steps to raise and act on concerns about matters that may impact the quality and safety of supports and service provided to people with disability
- Strive to continually improve the services provided
- Take all reasonable steps to prevent and respond/raise concerns to all forms of violence against, and exploitation, neglect and abuse of , people with disability; and
- Take all reasonable steps to prevent and respond to sexual misconduct

1.2. Conduct towards people who use our services. It is expected that you will:

- Display a positive attitude towards people with challenged abilities, their families, carers and advocates
- Respect the rights and opinions of people who use LFE's services and encourage their participation in decisions which affect them
- Give people who use LFE's services the opportunity to gain knowledge and learn new skills, as well as the right to self determination
- Not engage in mistreatment of, cruelty or inappropriate behaviour in any form towards people who use LFE's services

- Not strike or use physical force (use of passive self –defence must be used as per SDI guidelines)
- Refrain from offensive, loud or abusive language
- Ensure the highest standard of professional conduct at all time, i.e. refrain from any physical contact
- Ensure people who use LFE’s services are informed of their rights and responsibilities and what they can do if they have a grievance with an individual of LFE
- Immediately report any incident that appears to involve mistreatment of, or cruelty to people who use LFE’s services
- Maintain confidentiality on matters relating to people who use LFE’s services
- Not take advantage of people who use LFE’s services or their families/carers in financial or other way

1.3. Conduct towards fellow staff. It is expected that you will:

- Treat other staff with respect and courtesy on any grounds (i.e. gender, marital status, pregnancy, race, age, impairment or religious or political conviction)
- Only discuss concerns involving another staff member with that staff member, management or appropriate staff, i.e. not with other staff members or anyone else (see Grievance & Dispute Handling Policy & Procedures)
- Maintain confidentiality on matters of a personal nature relating to staff
- Not allow personal relationships, inside or outside the work environment to adversely affect your work performance or that of other staff

1.4. Conduct towards commercial customers. It is expected that you will:

- Value LFE’s customers and treat them with politeness, respect and honesty
- Deliver what LFE promises, when it is promised
- Deliver products and services which meet customer requirements, and work as they should
- Act on customer complaints immediately and resolve them to the satisfaction of the customer whenever reasonable

1.5. Compliance with policy and lawful directions. It is expected that you will:

- Observe LFE’s policies and procedures at all times
- Obey any lawful direction given by your supervisor or any other person having authority to give direction
- Adhere to the legislative obligations placed on LFE
- Be aware that the use of social media, e.g. Facebook or Twitter, to post any information and/or comments about LFE, including its businesses/services or staff/participants is a serious breach of confidentiality and disciplinary action will be taken against those who transgress

1.6. Conflict of interest. It is expected that you will:

- Not allow private interests to adversely affect your performance or impartiality
- Not give preference to any person or organisation as a result of any private association with that person or organisation
- Make an immediate disclosure to your supervisor when it is considered that a conflict of interest might arise for you or other members of staff
- Advise your supervisor or manager where any benefit has been offered or received from an outside source

- Not seek to unduly influence any person to obtain promotion, transfer or other advantage
- While employed with LFE, not accept any employment with another organisation that is a supplier or competitor of LFE, or any other employment that is in conflict with your position at LFE

1.7. Dress Standards. It is expected that your dress and personal presentation will:

- Enhance the community perception of the people we are supporting
- Be appropriate to the work setting, giving full effect to occupational health and safety requirements
- Enhance the professional and business standing of LFE

1.8. Use of alcohol and drugs. It is expected that you will:

- Not at any time allow the consumption of alcohol or drugs to adversely affect your work performance
- Not consume alcohol or illicit drugs while on duty
- Drink only in moderation and within legal limits when representing LFE at official functions
- Recognise that LFE has a smoke- free policy and that smoking is limited to recognised breaks, and only off LFE plant and premises

1.9. Use of official information. It is expected that you will:

- Not use information gained about LFE's operations to improperly gain any kind of advantage for yourself or for another person or organisation
- Maintain confidentiality regarding the activities of the organisation
- Not contact or discuss issues pertaining to LFE with the media without the appropriate authorisation
- Not comment publicly on issues pertaining to LFE without authorisation

1.10. Workplace health and safety. It is expected that you will:

- Co-operate in ensuring that the highest possible health and safety standards are maintained throughout LFE's activities
- Take reasonable care to ensure your own safety at work and avoid adversely affecting the health, safety and welfare of any other person
- Use or wear any protective equipment or clothing required to be used or worn, e.g. dependent on workplace: either safety shoes/boots or appropriate low- heeled footwear, which enclose toes and heels and are made of leather or a suitably strong, protective material
- Immediately report any situation at the workplace which may constitute a hazard to any person
- Immediately report any accident or incident

1.11. Use of LFE property and equipment. It is expected that you will:

- Treat the private use of LFE property and equipment as a privilege and not a right
- Use LFE property and equipment for its proper purpose
- Ensure that LFE property and equipment is properly cared for and maintained
- Don't use LFE property and equipment without authorisation (e.g. see policy on Computer Use)
- Only give away, lend, destroy or otherwise dispose of LFE property if this action is authorised by, no matter how old or damaged the property

1.12. Use of LFE vehicles. It is expected that you will:

- Only drive LFE vehicles when authorised by LFE and legally licensed to do so

- Use LFE vehicles for their authorised purposes
- Ensure that LFE vehicles are regularly and properly cleaned and maintained
- Not smoke in LFE vehicles
- Drive LFE vehicles with care and safely at all times and in accordance with LFE policies and the road traffic code
- **Inform Management of any infringement of your driving record** incurred either during work hours **or** out of work hour
- Promptly settle any fine incurred as a result of traffic and parking infringements occurring while you are a drive of an LFE vehicle
- Report all damage to an LFE vehicle in your control and vehicle malfunctions to the Department Manager/Executive responsible for that vehicle as soon as practicable, no matter how small

2. Your rights as an employee of LFE

2.1. You have a right to:

- Work in an environment which, as far as is practicable, is free from exposure to hazards
- Refuse to work where there is a risk of imminent and serious injury or harm
- Be given clear expectations of required performance
- Object to directions which you believe, on reasonable grounds, are illegal, improper or against your particular religious beliefs or philosophy
- Work in an environment that is free from discrimination, bullying or harassment on any grounds (i.e. gender, marital status, pregnancy, race, age, impairment, religious or political conviction)
- Equal opportunity of employment and to have applications for positions treated on merit
- Raise grievances in an atmosphere which is not threatening and without fear of retribution in accordance with the Grievance and Disputes Policy and Procedures
- Have all grievances and allegations made by or against you dealt with in a confidential and prompt manner
- Participate in public life, including joining trade unions, political parties and interest groups
- Be given adequate training and equipment to do the job
- Be treated with respect and dignity and receive clear and honest communication from supervisors and managers
- Have information about you kept confidential unless you give permission for it to be passed on
- Fairness and equity in the way management administers the policies and procedures of LFE

Receive urgent, personal messages from family, friends or general public via such means as visits, phone calls, e-mails etc

I have read and understood the above document:

Staff person's name:

Staff person's signature:

Date:

Performance Management

General Policy Statement:

Performance management recognises that staff are the organisation's most valuable resource and the key to successful service delivery and positive outcomes for the participant. In line with this, LFE aims to provide a fair and equitable environment for improving staff performance to enhance job satisfaction and support the career development of staff.

Explanation of poor work performance:

Poor work performance occurs when a staff member consistently fails to meet agreed, documented work responsibilities that are fair and reasonable. The consequences of this can impact on the organisation as a whole, the participant, the individual staff person, and their team.

1. Responsibilities

1.1. Executives/Managers/Supervisors are responsible for:

- Managing department/business in line with government legislation, e.g. Industrial Relation laws; EEO etc.
- Treating staff in a fair and equitable manner
- Providing staff with details of work expectations, including performance criteria
- Discussing work performance with staff on an on-going basis, including identifying and clarifying underperformance issues
- Addressing underperformance issues when they arise
- Carrying out annual staff appraisals in a timely manner, developing strategies for performance enhancement and career development
- Identifying staff training needs and facilitating learning opportunities
- Maintaining up to date staff records

1.2. Staff are responsible for:

- Regularly consulting with supervisor, seeking advice and expressing views about any aspect of work/concerns
- Seeking clarification, as appropriate, on work expectations
- Constructively taking part in the appraisal procedure
- Working collaboratively with others, including the following: working positively with people of different backgrounds, status and education; listening to and considering the thoughts and opinions of other people in the workplace; dealing positively with any criticism; and anticipating the concerns and feelings of colleagues
- Maintaining professional standards by: taking personal responsibility for own actions – including any personal/private factors effecting work performance; exhibiting self-control, calm and restraint even in stressful situations; demonstrating high degree of ethics and sound judgment; adhering to LFE Policies and Procedures and government legislation and common law; carrying out work in line with work expectations; and following directions from supervisor/s which are reasonable and fair
- Seeking out opportunities for ongoing learning and development
- Being proactive in maintaining their health and wellbeing to ensure optimum job performance, e.g. taking regular leave breaks

2. Performance criteria

2.1. Staff are expected to carry out their work in line with:

- LFE's Mission statement
- LFE 's Policies and Procedures, including the Code of Conduct
- Australian code of Ethics for Direct Support Professionals
- Workplace job descriptions
- Departmental daily programmes/shift duties
- Government legislation and common law
- Duty of Care founded on sound judgment

3. Performance assessment

3.1. Staff performance will be assessed by and through:

- Annual staff appraisals
- 360 Degree surveys
- Participant annual survey
- Job description KPIs
- Supervisory feedback
- Facilitator responsibilities – participant goal achievement
- Documentation and reporting
- Grievance/complaints procedure
- Management supervision

4. Unsatisfactory performance

4.1. Unsatisfactory staff performance can be in relation to any of the following:

- Breach of policies and procedures
- Failure to meet job description/workplace requirements
- Misbehaviour and misconduct, which includes failure to comply with reasonable instruction from supervisor/manager
- Action/poor judgment which effects the health, wellbeing or safety of others

5. Managing under performance

5.1. All staff will be provided with the opportunity and assistance to address underperformance

5.2. Executives/Managers/Supervisors will not wait until the annual appraisal to address unsatisfactory performance issues

5.3. If performance issues are of concern, the staff person's Executive/Manager/supervisor will address them with the person; giving clear evidence; giving the person a chance to respond; and setting objectives and reasonable timeframes within which improvements are to be achieved

5.4. The person's Executive/Manager/supervisor will closely monitor the person's work

5.5. A written record of each step of the unsatisfactory work performance process will be recorded on the person's file

5.6. If there is evidence that the staff person has failed to improve their performance, then the relevant formal procedures for managing unsatisfactory performance will be followed.

Refer Disciplinary and Termination Policy page 97

6. Managing performance relating to serious breaches of policy/misbehaviour

6.1. The Disciplinary procedure will be followed, in the first instance, for staff who have seriously breached the required standard of performance, e.g. abuse, harassment, theft etc. refer Discipline and Termination Policy for procedures to be followed

Conflict of Interest

Policy and Procedures

General:

LFE Community Supports is committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. This Conflict of Interest Policy deals with situations in which our employees may have an actual, perceived or potential conflict of interest between their public role and their personal interests.

The purpose of this policy is to set out a framework for employees and relevant persons to identify, disclose, manage and monitor conflicts of interest.

1. Policy

LFE Community Supports aims:

- 1.1 To act in accordance with its values;
- 1.2 To comply with its general and specific obligations as a registered provider of supports under the National Disability Insurance Scheme.

2. Procedures

As a registered provider of supports under the National Disability Insurance Scheme, LFE Community Supports has responsibilities in relation to:

- 2.1 Managing conflicts of interest generally
- 2.2 Managing conflicts of interest in plan management and support coordination, and
- 2.3 Offering or receiving gifts, benefits and commissions

3. Managing conflicts of interest generally

LFE Community Supports and its team members will ensure that when providing supports to customers under the NDIS, including when offering plan management or support coordination services, any conflict of interest is declared and any risks to customers are mitigated.

All employees will act in the best interests of NDIS participants and other customers, 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.

Employees will ensure that LFE Community Supports proactively manages perceived and actual conflicts of interest in service delivery. Employees will:

- 3.1 Manage, document and report on individual conflicts as they arise, and
- 3.2 Ensure that advice to a participant about support options (including those not delivered directly by LFE Community Supports 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".

4. Managing conflict of interest in Plan Management and Support Coordination

- 4.1 The LFE Community Supports Support Coordination Team and Plan Manager is responsible for plan management and support coordination only.
- 4.2 The team reports to LFE Community Supports Executive Plan and Support Executive Managers.
- 4.3 Customers will be presented with a range of choices about providers of supports and not only LFE Community Supports and staff will not seek to influence the customer to select LFE Community Supports.
- 4.4 Brief notes will be made in SupportAbility confirming the advice given to the customer.

4.5 LFE Community Supports - Support and Plan Management teams will ensure that:

4.6 They declare to customers the potential conflict of interest of LFE Community Supports being both Plan Manager and 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

4.7 Customers will be presented with a range of choices about providers of supports and not only LFE Community Supports and staff will not seek to influence the customer to select LFE Community Supports.

4.8 Brief notes will be made in SupportAbility confirming the advice given to the customer.

5. Gifts and benefits

LFE Community Supports and 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 LFE Community Supports

Staff appraisals

General Policy Statement:

LFE is committed to developing and encouraging the individual skills and motivation of staff via the Performance Appraisal System. The Performance Appraisal System is not used as a disciplinary process or to replace regular feedback to staff.

1. Responsibility

- 1.1. The CEO is responsible for organising and conducting Executive appraisals
- 1.2. Executives are responsible for organising and conducting Managers' appraisals
- 1.3. Executives/Managers, in collaboration with the Human Services Executive, are responsible for organising staff appraisals during their six month trial period
- 1.4. Executives /Managers, in collaboration with the Human Services Executive, are responsible for organising staff's annual appraisals

2. Frequency

- 2.1. Appraisals are conducted at 2 and 5 months for staff during their 6 month trial period. Thereafter, appraisals are conducted annually

3. General Procedures

- 3.1. On commencement of employment, staff will be given the dates of their trial period appraisals, HR Manager to organise dates for appraisals, dates to be given to staff member
- 3.2. Two weeks prior to the appraisal meeting the relevant Department Executive/Manager/Supervisor will:
 - Notify the staff person of the impending appraisal
 - Arrange a suitable date and time for the meeting
 - Give the staff person a copy of the relevant Appraisal form to be completed
 - Explain the Appraisal system
 - Explain the expectations for filling out the form, i.e. staff are to follow the instructions on the relevant Appraisal form, completing each section **in detail**, using **examples** to clarify their comments
 - **Distribute** a copy of **360 Degree Survey** to the person's team members to complete; usually for Trial Period 1c appraisal and then annually
- 3.3. Staff will be given time during work hours to complete their appraisal
- 3.4. The staff person will bring their completed form to the Appraisal meeting
- 3.5. The Executive/Manager/Supervisor responsible for appraising the staff person will also bring a completed form to the meeting
- 3.6. The meeting is based on the questions contained in the relevant Appraisal form
- 3.7. During the meeting the person and their Department Executive/ Manager/Supervisor will compare and discuss both perspectives on the staff person's performance. A plan will be developed to reflect the person's agreed upon goals or targets for the next 12 months (two months during the 6 month trial period), and also the staff person's long term career- path aspirations (annual appraisals). The plan will also identify the timeline of when and how these goals/targets will be achieved
- 3.8. At the completion of the performance review the Department Executive/ Manager/ Supervisor and the person will sign off on the Appraisal form
- 3.9. Both copies of the completed Appraisal are forwarded to the Human Services Executive, who will forward to the CEO
- 3.10. A copy of the staff person's goals will be given to the person and a copy will be put in the person's Department Executive/Manager/s personnel file

- 3.11. During the next twelve months (two months during the trial period), the relevant Department Executive/ Manager/Supervisor will meet regularly with the staff person to review progress on goals/targets
- 3.12. If dissatisfied with their appraisal, the person has the right to appeal by utilizing the Organisation's Grievance/Complaints procedures

Discipline and Termination

General Policy Statement:

LFE is committed to the fair, just and lawful treatment of staff/employees when discipline and termination issues arise. Staff/employees will be given the opportunity to respond to any allegations or concerns.

1. Responsibility

- 1.1. The CEO/Department Executive will decide on the course of action to be taken
- 1.2. The CEO/Department Executive is responsible for signing all written warnings
- 1.3. The CEO is responsible for the dismissal of staff
- 1.4. Executives are responsible for informing the CEO of any disciplinary procedures taken in the CEO's absence

2. Disciplinary procedures

2.1. Courses of action may include:

- Verbal warning/counselling
- A first written warning
- A second/final written warning
- A third written warning - only if concern/issue is of a minor nature and staff person fails to heed warnings
- Dismissal

3. Verbal warning/counselling

- 3.1. The relevant Department Executive/Manager should organise a suitable meeting time with staff person or employee as soon as possible after the event
- 3.2. The person will be given the opportunity to have a representative present
- 3.3. The Executive/Manager will verbally advise the person that their work performance or behaviour is unsatisfactory, indicating the reason for the dissatisfaction and inform the person of the standard required
- 3.4. The person will be given the opportunity to respond to any allegation
- 3.5. If explanation is justified no further disciplinary action will be taken
- 3.6. If the explanation is not justified the Executive/Manager and person will agree on specific action to be taken to rectify the problem and set a review date
- 3.7. The Executive/Manager will advise the person that failure to improve will result in further disciplinary action or dismissal
- 3.8. A written record of the meeting, will include those present, issues discussed, course of action agreed upon and review date, and will be signed by both the Executive/Manager and the person

4. First written warning

- 4.1. A first written warning will be issued as a result of the person failing to comply with the agreed upon action resulting from the verbal warning
- 4.2. Notification outlining the allegation, meeting date and time, and the person's right to have a support person present will be given to the person not less than 24 hours in advance of the meeting
- 4.3. A third party will be present at the meeting as a neutral minute taker
- 4.4. At the meeting the CEO/Department Executive will outline the nature of the problem/s and allow the person an opportunity to respond
- 4.5. If the response is not justifiable the CEO/Department Executive will present the person with an official written warning stating:
 - The problem/s

- All previous verbal warnings, counselling, etc.
 - An agreed upon course of further action and review date
- 4.6. The first written warning will be filed in the person's personnel file
- 4.7. A written record of the meeting will include those present, issues discussed, course of action agreed upon and review date
- 5. Second written warning**
- 5.1. Failure of the person to comply with agreed upon actions resulting from previous written warning/s will result in a Second/Final Written Warning
- 5.2. Notification outlining the allegation, meeting date and time, and the person's right to have a support person present will be given to the person not less than 24 hours in advance of the meeting
- 5.3. A third party will be present at the meeting as neutral minute taker
- 5.4. The CEO/Department Executive will outline the nature of the problem/s and allow the person an opportunity to respond to any allegation
- 5.5. If the response is considered inadequate the CEO will present, the person with an official Second Warning and possibly a Final Warning – see paragraph 7
- 6. Third written warning**
- 6.1. It is not a legal requirement that a third written warning be issued – it is a safe work practice where the transgression is minor in nature. If it is decided to give the person a third written warning the same procedures as outlined in 5 will be followed
- 7. Termination**
- 7.1. Dismissal – failure to comply with previous warnings
- 7.1.1 In the instance of dismissal resulting in failure to comply with previous warnings, the person will receive written advice of termination stating effective from time and date, any remuneration owing and right of appeal
- 7.1.2 A copy will be placed on the person's personnel file
- 7.2. Instant dismissal – Gross misconduct
- 7.2.1. In the instance of instant dismissal for gross misconduct Management will ensure any allegations are thoroughly investigated and substantiated
- 7.2.2. The CEO will organise a meeting with the person, advising the person of their right to have a support person present
- 7.2.3. A third person will be present as neutral note taker
- 7.2.4 The CEO will ensure the person is given clear details of allegations and given every opportunity to explain/defend themselves
- 7.2.5. Termination must be communicated to the person at the time of the termination
- 7.2.6. The person will be advised of their right of appeal
- 7.2.7 A written report of the meeting will be placed in the person's personnel file

Grievance/Complaint and Feedback Handling

General Policy Statement:

LFE believes that anyone has the right to lodge a grievance/complaint, without fear of retribution, if they are unhappy with service or treatment they receive from LFE. LFE strives to provide a confidential, effective and timely means of dealing with grievance/complaints. LFE also acknowledges the right of staff and the participant to seek external support and/or intervention in the resolution of grievances if necessary, details of NDIS Quality and Safeguards Commission will be given. All complaints are welcomed, acknowledged, respected and well-managed.

LFE also recognises that it can only be responsible for providing the appropriate system, based upon interactional justice, for dispute handling, but cannot be responsible if complainant(s) remain dissatisfied.

1. Responsibility

- 1.1. If possible the persons involved in the grievance/complaint have responsibility for trying to resolve the situation in the first instance. If this fails-
- 1.2. The relevant Department Executive has responsibility for responding to, and attempting to resolve the grievance/complaint
- 1.3. If the grievance/complaint is unresolved, or the grievance/complaint involves the person's Department Executive, then the CEO is responsible for resolving the grievance/complaint
- 1.4. The CEO has overall responsibility for attempting to resolve grievance/complaints
- 1.5. The Board of Directors has responsibility for resolving grievance/complaints involving the CEO
- 1.6. All staff are responsible for informing the participant, customers and community members of their right to lodge a grievance/complaint
- 1.7. LFE will ensure that all external complaints will be dealt with in a professional manner, and recorded in the complaints register
- 1.8. The appropriate Executive is responsible for maintaining the Grievance/Complaints Register

2. General

- 2.1. No action will be taken without the prior knowledge and consent of the person lodging the grievance/complaint, unless disciplinary procedures, criminal action or notification of abuse is involved
- 2.2. Grievances/complaints will be handled confidentially
- 2.3. Parties involved in a grievance/complaint will be kept up to date regarding its process
- 2.4. Parties involved in a grievance/complaint will be offered support throughout the process as required
- 2.5. A person making a grievance/complaint is entitled to withdraw the grievance/complaint at any point throughout the procedure
- 2.6. Each grievance/complaint will be dealt with on its own merits. If a conflict of interest exists between any of the parties involved in a grievance/complaint and the Department Executive responsible for resolution, the grievance/complaint will be assigned to another Executive/CEO. If the grievance/complaint involves a conflict of interest for the CEO then an independent mediator will be used to resolve the grievance/complaint

3. Lodging of a grievance/complaint:

- 3.1. From an internal source

- The person making the grievance/complaint should fill out a Grievance /Complaint Register form - if assistance is needed, ask the Department Manager/Supervisor, facilitator or Union Representative
- Give the Grievance/Complaint Report form to the Department Manager
- If the grievance/complaint involves the Department Manager, then it should be given to the Department Executive/CEO
- If the grievance/complaint involves the CEO then it should be given to the Human Services Executive for referral to the Board of Directors
- If the grievance/complaint involves both the CEO and the Human Services Executive the complaint will be referred to an independent mediator

3.2. From an external source

- The person receiving a grievance/complaint from an outside source (e.g. community member or customer) should fill out a Grievance/Complaints Report form where appropriate
- The Grievance/Complaint Report form should be forwarded to the appropriate Department Executive/Manager
- If the grievance/complaint involves the CEO then it should be forwarded to the Human Services Executive

4. Investigation/resolution

- 4.1. Grievance /Complaints will be followed up within three working days of receipt and, under normal circumstances, resolved within a maximum of four weeks of receiving a Grievance/Complaint Report form
- 4.2. Executives are responsible for investigating and resolving of grievance/complaints in the first instance
- 4.3. The person delegated the responsibility of dealing with grievances should ensure that any special needs of the people involved are met e.g. interpreter
- 4.4. People involved will be advised of their right to have an advocate (of their choice) present during the investigation and resolution process
- 4.5. Written records must be maintained during the investigation and resolution process, detailing all action undertaken to resolve the grievance/complaint and the outcome of the procedure
- 4.6. In the event of the matter remaining unresolved, or any of the people involved feeling that the process was unfair, or the outcome unjust, the matter will be referred to the CEO. Except in the instance where the matter involves a complaint about the CEO; then the Human Services Executive will refer the matter to an independent mediator or the Board, whichever is more appropriate
- 4.7. Should the grievance remain unresolved after referral to the CEO an independent mediator may be appointed
- 4.8. It is up to the independent mediator to ascertain if the matter should be referred to the Board of Directors
- 4.9. If a grievance/complaint continues to remain unresolved after the above procedures have been followed, or either party is dissatisfied by the outcome or process:
 - independent external advice should be sought
 - an appeal can be lodged to the Board of Directors or
 - Contact the NDIS Quality and Safeguards Commission

5. External intervention

5.1. If a satisfactory resolution is not achieved the person concerned will be advised of the external channels available to them to lodge their complaint, such as:

- NDIS Quality and Safeguards Commission
- Complaints, Resolution and Referral Centre (CRRS)
- The appropriate workplace Union
- Employee Assistance Scheme
- NSW Anti-Discrimination Board
- Human Rights and Equal Opportunity Commission
- Disability Complaints Tribunal
- Ethnic Affairs Commission of NSW
- Affirmative Action Agency
- Self-Advocacy Committee
- Disability Advocacy Network (DAN)
- Redfern Legal Centre
- Public Guardian Tribunal

Service Delivery Evacuation

As part of LFE's continued improvement process, the organisation is committed to providing the participant with the opportunity to provide input relevant to the service they receive

1. Responsibility

- 1.1. The Quality Executive is responsible carrying out the annual Participant' Service Evaluation Survey
- 1.2. The Intake Officer is responsible for informing new Participants of the opportunities available to them to have a say in how their services are delivered
- 1.3. The Participants are responsible for informing Management if they are not happy with service delivery

2. Opportunities for the Participant to have a say

- 2.1. Opportunities available for the Participant and/or families to have a say in service delivery include:-
 - Workplace meetings
 - Resident meetings
 - Annual Participant Service Evaluation Survey
 - Grievance/complaints procedure
 - Daily contact with staff
 - Internal audit process
 - External audit process

3. Distribution of Service Evaluation Surveys

- 3.1. Participant Survey Evaluation forms will be distributed to all Participants annually
- 3.2. It is at the discretion of the Participant whether they wish to identify themselves on the survey form and or complete
- 3.3. An independent advocate will be available to those Participants that need support to fill out the survey

4. Review and assessment of Service Evaluations

- 4.1. All returned Evaluation Survey Forms will be forwarded to the Quality Executive for review

- 4.2. The Quality Executive will contact any participant/employee who has requested follow-up
- 4.3. Information collected will be collated by the Quality Executive and used to identify any areas of service provision that may require improvement
- 4.4. If needed, the Quality Executive will complete an Improvement Request and forward it to the respective Department Executive/Manager

Reporting Misconduct

General Policy Statement:

LFE is committed to establishing a culture that promotes the prevention, detection and resolution of instances of conduct, which do not conform to the Organisation's policies and ethos or government laws and regulations. The Organisation encourages staff/stakeholders to report cases of misconduct or suspected misconduct.

1. Responsibility

- 1.1. All staff are responsible for reporting incidents of misconduct/suspected misconduct
- 1.2. The relevant Department Executive/Manager has responsibility for responding to and attempting to resolve reports of misconduct/suspected misconduct
- 1.3. The CEO is ultimately responsible for resolving issues of misconduct/suspected misconduct

2. General

- 2.1. The confidentiality and/or the identity of any staff person reporting misconduct/suspected misconduct will be maintained as far as it is practical/possible to do so. The legal necessity to divulge and/or need for precise clarification of details, being examples of such possible practicalities
- 2.2. The person who reports misconduct/suspected misconduct in good faith will not be subject to any form of retaliation
- 2.3. The person making the report should be prepared to provide:
 - Description of the misconduct/suspected misconduct, which should be as comprehensive as possible
 - The dates, times, names, departments etc. involved
 - The names of other staff who might be able to give further information

3. Reporting of staff member

- 3.1. Staff who have a concern regarding misconduct/suspected misconduct, even if they are not sure that there is a problem, should report it to their Department Manager/Supervisor
- 3.2. Manager/Supervisor who receives a report of misconduct/suspected misconduct should immediately inform the Department Executive, who will in turn inform the CEO
- 3.3. If the staff person has previously raised the issue with their Department Manager/Supervisor and believe it has not been addressed, should then inform their Department Executive/CEO

4. Reporting of Manager, Executive or CEO

- 4.1. If the concern involves the Department Manager then it should be given to the Department Executive/CEO
- 4.2. If the concern involves a Department Executive it should be given to the CEO
- 4.3. If the concern involves the CEO then it should be given to the Human Services Executive

5. Investigation

- 5.1. The Department Manager/Executive/CEO, as appropriate, will look into the information provided and then take the necessary action
- 5.2. If misconduct is proven the person responsible will face disciplinary procedures and the required reporting channels followed, e.g. police, FaCS
- 5.3. The person reporting misconduct/suspected misconduct will be informed of the outcome, as far as it is legally possible to do so

Incident Management

Management of critical incidents

General Policy Statement:

LFE is committed to the prevention of critical incidents, however, in the event of a critical incident occurring, the organisation will take all reasonable steps to respond quickly, compassionately and supportively to the individual needs of those involved. All incidents are acknowledged, responded to documented and learned from.

1. Responsibility

- 1.1. The relevant Department Executive/Manager has the responsibility of responding to incidents, investigating and maintaining the relevant register located in each department and follow up and documentation required.
- 1.2. The relevant Department Executive/ Manager must advise the CEO when a critical incident occurs
- 1.3. The Department Executive/Manager, in conjunction, with the CEO is responsible for ensuring all reasonable steps are taken to address the individual needs of those involved in any incident

2. Responding to a critical incident – involving abuse

- 2.1. The first priority is to prevent the participant from being injured. Staff members are not expected to jeopardise their own safety to do this
- 2.2. If other participants are in the vicinity ensure they are moved to a safe area
- 2.3. Try to defuse the situation – **refer to The Prevention and Management of Seriously Disruptive Incidents Manual**
- 2.4. If you are on your own and cannot defuse the situation withdraw
- 2.5. If possible call for help, e.g. another staff person, ambulance or the police

3. Police involvement - **refer to Injury and Rehabilitation Policy**

- 3.1. Staff and/or the participant are obliged to call the police if their safety is threatened, or they have been assaulted, or if it is recommended to do so in accordance with a The participant Behaviour Management Programme

4. Procedures following critical incident

- 4.1. Attend to any emergency action required, including medical assistance, and notifying staff person's or participant/employee's emergency contacts if necessary
- 4.2. Contact Department Executive/ Manager as soon as possible
- 4.3. Relevant Department Executive/Manager should ascertain the following:
 - Any injuries sustained
 - Staff person's account of incident
 - Staff person's response to incident
 - Immediate practical support needs
- 4.4. The Department Executive/Manager is to take all reasonable steps to accommodate the staff person/s' or participant/'s support needs
- 4.5. The Department Executive/Manager is to advise staff person and participant/employee of professional debriefing or counselling, and Worker's Compensation
- 4.6. If police notification and interview are required external debriefing should be postponed until any such interviews or statements have been completed
- 4.7. The Department Executive/ Manager is to ensure all relevant documentation is kept

5. Return to normal duties

- 5.1. Return to pre-incident duties should be considerate to the timing of critical incident debriefing
- 5.2. If staff or the participant require time off work due to a critical incident, they should be advised of their right to place a Claim for Worker's Compensation and encouraged to obtain a Work Cover Medical Certificate from their doctor
- 5.3. Where appropriate, an Injury Management Plan is to be activated in accordance with Agency Procedure: Staff Injury and Rehabilitation – refer to Injury and Rehabilitation Policy

Reportable Incidents

Incident Means acts, omissions, events or circumstances that occur in connection with providing supports or services to a person with disability; and that have, or could have, caused harm to a person with disability.

General

All NDIS providers have a responsibility to ensure that they are delivering safe and quality supports and services to people with disability. All providers – registered and unregistered – must comply with the NDIS Code of Conduct.

Responsibility

- 1.1 All staff of LFE are responsible for ensuring that supports and or services to a person with a disability are meant to a high standard
- 1.2 All staff are to report incidents to their Senior staff/Managers/Executive Managers and complete the incident report form located in document control
- 1.3 Manager/Executive Manager to access the on line form on the NDIS Quality and Safeguard Commission web site and lodge within 5 days

Staff Training & Professional Development

General Policy Statement:

LFE endeavours to facilitate positive outcomes for the participant as well as the long term employment of staff, by providing staff with opportunities to acquire the necessary skills to consistently carry out their duties at the level required.

1. Responsibility

- 1.1. Executives are responsible for ensuring that staff's individual training and development needs are met
- 1.2. Staff are responsible for informing their Executive/Department Manager if they feel they need, or want to undertake, further training and development
- 1.3. The CEO, in consultation with the relevant Executive/Department Manager, is responsible for authorising all training (internally and externally)

2. Determining the skills and competency needs of staff members

- 2.1. Staff training needs are determined through a variety of measures including:
 - The initial interview process
 - Outcome of induction training
 - The Staff Performance Appraisal Process
 - Outcome of six month trial period
 - Staff feedback
 - Annual Staff Survey

3. Training/Professional Development

- 3.1. Staff must strive to stay abreast of changing socio/technological environment
- 3.2. Training may be carried out internally or externally
- 3.3. LFE may require staff to undertake specific training related to their current job or as a pre-requisite for performing a different job
- 3.4. It is mandatory for all new staff to acquire knowledge of LFE and the skills necessary to perform their job roles, by participating in LFE's internal Staff Induction Training Course (which covers LFE Policies and Procedures) and the Seriously Disruptive Incidents (SDI) course. **Refer to Staff Induction Manual for subjects covered in courses**
- 3.5. Attendance at conferences/courses/workshops is subject to approval from CEO, in consultation with relevant Executives
- 3.6. **A Course Agreement form** must be filled out detailing Course particulars, staff contribution and LFE's contribution – see paragraph 4 below
- 3.7. Once an agreement has been made on LFE and staff's contribution, all parties sign the form
- 3.8. LFE welcomes suggestions regarding any training courses etc. that may be useful to staff
- 3.9. LFE recognises the time and effort that staff put in to updating their skills. In line with this, once an industry related Certificate/Diploma/Degree is successfully completed the person's increment date may be brought forward, according to the level of qualification, at the discretion of the CEO, in consultation with the Human Resource's Manager
- 3.10 The Human Resource Management is responsible to ensure that participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centre support, or organise external training for each new staff person.

4. Course Agreement/expectations

- 4.1. The CEO in consultation with the relevant department Executive/Manager will decide on the organisation's contribution to courses/workshops/conferences, e.g. payment of course costs, payment of staff hours
- 4.2. All details shall be contractually agreed upon
- 4.3. If LFE pays for accredited courses:
 - Staff may be expected to attend in their own time
 - Staff who fail to complete the course may be expected to reimburse LFE for the cost of the course
 - Staff may be expected to work for the organisation for a period of up to twelve months following the completion of the course. If not, they may be required to reimburse LFE for the cost of the course
 - In the event of exceptional circumstances the CEO may decide to waive the need for reimbursement
 - On the successful completion of the course the onus is on the staff person to present proof of qualifications to the CEO to ensure they receive any entitlement due to them, e.g. advancement to another Level/Pay Point. Any such entitlement will be dated from the day proof of qualifications is sighted, and will not necessarily be retrospective

Staff Health and Well Being

General policy Statement:

LFE places high value on both the physical and mental health of its staff, and seeks to promote good practice in relation to staff health. The Organisation strives to provide an environment and culture that optimises the balance between work and personal needs; it supports the responsibility of each staff member to own their own health and well-being.

1. Responsibility

- 1.1. Management is responsible for actively promoting exercise, healthy eating and a smoke free environment to improve and/or maintain staff well being
- 1.2. Management is responsible for ensuring that no person commences or continues to work if it is known they are not fit for a specific position
 - Department Executives/Managers are responsible for monitoring fatigue levels hours of work and leave accrual
- 1.3. Staff are responsible for maintaining their own health and wellbeing, so they are able to contribute meaningfully and purposefully in all aspects of life and work
- 1.4. Staff are responsible for successfully achieving a balance between work and personal needs
- 1.5. All staff are responsible for adhering to the organisation's Policies and Procedures and Government legislation, including WHS and Harassment, which underpin the health and well-being of all individuals

2. General Health and Safety

- 2.1. New staff may be asked to undertake a medical assessment as a prerequisite to employment; refer to **Medical Details Policy**, of this manual, for determining factors
- 2.2. New staff will receive awareness training/education in WHS issues; Workplace harassment/bullying; Grievance and Complaints Procedure
- 2.3. New staff will be made aware of the potential impact of medication, illicit drugs, alcohol and fatigue to their general well-being and work performance during the Staff Induction Training Course
- 2.4. Principles of **confidentiality** will be adhered to at all times when dealing with staff health issues
- 2.5. The organisation will not condone bullying or harassment under any circumstances

3. Stress

- 3.1. Stress can be good when it is a balance of arousal and relaxation that helps you concentrate, focus and achieve what you want. However, LFE recognises that chronic, excessive stress can lead to serious mental and physical health problems, resulting in sick leave, reduced productivity and staff turnover. Department Executives/Managers and staff will endeavour to recognise stressors that may lead to increased stress. Stressors may include, but not be limited to: excessive workloads, bereavement or family problems.

Indicators can include:

- Behavioural- social withdrawal; frequent sickness absence; uncharacteristic behaviour; increased mistakes; abuse of alcohol and illicit drugs
- Physical – disturbed sleep; fatigue; upset stomach; headaches or agitation
- Emotional- irritability; anxiety; tearfulness
- Cognitive- reduces concentration; forgetfulness
- Other – trouble focusing; unjustified fear of dealing with people; panic attacks, rapid breathing or heartbeat; changing eating habits; working unusually long hours

3.2. Department Executives/Managers will proactively minimise the risk of excessive staff stress by:

- Ensuring workloads are in line with the person's capabilities and resources
- Providing job descriptions which clearly define staff's responsibilities
- Providing opportunity for staff to participate in decision-making, e.g. via departmental/general staff meetings
- Providing timely performance management, including annual Appraisals; every second month during six month trial period
- Providing training in areas of non-competence and/or performance shortfalls when they are identified
- Ensuring Policies and Procedures are adhered to
- Providing safe and friendly workplaces, which comply with the principles of EEO, WHS, ergonomics and environmental issues, e.g. adequate heating and cooling, appropriate lighting
- Providing flexible employment arrangements where and when necessary and/or appropriate
- Ensuring staff are kept up to date on Behaviour Management Strategies and programmes in place
- Ensuring debriefing takes place after serious incidents
- Encouraging staff to take periodic annual leave

4. Related Policies and Procedures

4.1. Please familiarise yourselves with these related LFE Policies and Procedures located in this manual

- WHS Risk Management
- Workplace Behaviour
- Manual Handling
- Protective Equipment
- Injury and Rehabilitation - including physical assault
- Smoking in the Workplace
- Pandemic Health Threat
- Transmissible Diseases
- Medical Details
- Performance Management
- Grievance /Complaints Handling
- The participant Health and Well- Being

5. Breach of Policies and Procedures

5.1. Failure to adhere to Policies and Procedures may result in disciplinary action being taken

6. Support Mechanisms

6.1. It is recognised that a staff person's health and wellbeing reflects in their job performance. Therefore, Management is proactive in putting mechanisms in place to support staff in taking responsibility for their own health and wellbeing; these include:

- Encouraging staff to regularly take their accrued annual leave
- Alerting staff when their accrued annual leave entitlements rise to a high level
- The introduction of a Human Resources Management system, KIOSK, which enables staff to readily assess information regarding their leave entitlements
- Grievance and Complaints procedure

- Departmental Manager/Direct Supervisor, Human Resources Manager and Rehabilitation Officer/s
- 6.2. External support mechanisms include:
- Your treating GP
 - Community Health Services for: general counselling; dietary advice; sexual abuse counselling; Mental Health Services – phone: 02 63821522
 - Sport and recreation groups
 - Hotline services including:

Service:	Phone number
Al-Anon	02 6368 3090
Alcohol & Drug Information Service -confidential counselling, advice and referral	1800 422 599
Alcoholics Anonymous – Young Branch	0477 973 736
Beyond Blue – depression, anxiety, postnatal, bipolar	1300 224 636
Credit and Debt counselling, advice and referral	1800 808 488
Dads in Distress – counselling	1300 853 437
Domestic Violence	1800 656 463
Family Drug Support	1300 368 786
Family and Relationship Counselling	02 6360 0895
Gay and lesbian counselling	1800 184 527
G Line, for problem gambling	1800 633 635
Life Goes On, counselling for serious illness	1300 364 673
Lifeline	1300 131 114
Mensline Australia	1300 789 978
Mental Health information service	1300 794 991
Mental Health Triage	1800 677 114
Parent Hotline	132055
Quit, for help with giving up smoking	137848
Rape Crisis Centre	1800 424 017
Suicide Prevention	1300 360 980

Staff Benefits and Assistance

General Policy Statement:

LFE promotes the long term employment and self-development of staff through a range of programmes, including: educational, training, personal development opportunities, fringe benefits and personal assistance.

1. Responsibility

- 1.1. Fringe benefits are at the discretion of the CEO
- 1.2. The CEO is responsible for deciding if a staff person is eligible for educational assistance and what the assistance should encompass

2. Fringe Benefits

- 2.1. Benefits can include flexible working hours, the use of company vehicle (refer Motor Vehicle Policy and Procedures), Salary Sacrificing, Training and Development Packages, Study leave etc.

3. Training and development – Refer Staff Training & Development Policy

4. Educational assistance

- 4.1. Approval will be provisional. Agreed upon eligible costs will be reimbursed on evidence of satisfactory academic achievement and work performance
- 4.2. Staff wanting to study should apply in writing to their Department Executive/Manager regarding their intentions. Details should include:
 - Course qualification to be attained
 - Course completion time
 - Subjects for year
 - List of compulsory textbooks
 - Copy of academic record in the course
 - Costs involved
 - Relevancy to job role

5. Personal assistance

- 5.1. If deemed necessary by the CEO, LFE will provide a workshop or organise offsite professional guidance and counselling for staff
- 5.2. Staff wanting personal assistance should talk to their Department Executive/Manager or CEO
- 5.3. Assistance could include guidance/counselling for grief, drug addiction, gambling addiction, emotional stress, work related problems, family problems, relationship problems etc.

Retirement

General Policy Statement:

In line with the Equal Opportunity Act 1984, which notes there is no compulsory retirement age, LFE supports the optimum level of retirement age. However, because retirement can demand considerable changes in a person's lifestyle, LFE is committed to supporting staff to adjust to this period of change, by assisting them to plan for their transition from work to retirement.

This Policy should not be used to address staff performance issues. However, in some cases a Retirement Plan may be brought into effect earlier than anticipated.

1. Responsibility

- 1.1. Staff are responsible for informing the Human Services Executive of their sixtieth (60) birthday
- 1.2. Staff are responsible for notifying the CEO in writing of their intention to retire (refer 2.2)
- 1.3. The Human Services Executive is responsible for assisting relevant staff to develop a Phasing-in Retirement Plan
- 1.4. The CEO is responsible for approving Retirement Plans before implementation
- 1.5. Staff are responsible for making adequate arrangements with the relevant superannuation fund and/or Centrelink for payment of a lump sum and/or pension upon retirement

2. Retirement

- 2.1. Staff have the choice to take up retirement options when they so desire – in line with their Superannuation plan. However, the organisation shall use Centrelink's 'Basic Conditions of Eligibility for Age Pension' as a guideline
- 2.2. Once a decision to retire has been made, staff must put their intention in writing to the CEO – the desired period of notice is 3 months
- 2.3. The appropriate documentation shall be completed for referral to the staff's superannuation scheme and/or Centrelink

3. Phasing-in Retirement Planning

- 3.1. Staff approaching retirement may have a preference not to enter into full retirement in one step. Therefore, the offer of retirement planning shall be available to all staff who wish to transition from work to retirement gradually
- 3.2. Options to allow a 'phasing-in' of retirement will be based on the gradual reduction of days worked per week, e.g. from full time to four (4), from four (4) to three (3), from three (3) or two and half (2 ½), from two and half (2 ½) to retirement
- 3.3. Reduction in work time shall be based upon the mutual benefits to both staff and the organisation, and that it can be reasonably accommodated within the resources and staffing requirements of departments/businesses
- 3.4. The plan may be adjusted, brought forward or postponed according to specific needs or circumstances

Travel and expense reimbursement

General Policy Statement:

Staff of LFE will not be financially disadvantaged for attending to LFE business in the course of their duties.

1. Responsibility

- 1.1. The CEO, in conjunction with the relevant Department Executive/Manager is responsible for authorising all staff expenses
- 1.2. Executives/Managers are responsible for authorising the use of private vehicles for travel purposes
- 1.3. Executives/Managers are responsible for advising staff prior to leaving, the current rate available for meal allowance
- 1.4. Staff are responsible for keeping receipts for expenses

2. Reimbursement – General

- 2.1. Reimbursement will be in cash / payment into personal account or cheque
- 2.2. Small claims will be payable from petty cash, at the discretion of Department Executive/Manager. Larger Claims will be payable from Administration following authorisation from Department Executive/Manager
- 2.3. All claims for reimbursement must be accompanied by relevant receipts and paper work

3. Reimbursement – Vehicle expenses

- 3.1. If staff have to use their own car for work purposes they will be reimbursed at the rate per kilometre outlined in the Award under which they work
- 3.2. To make a claim a 'Travel Form' needs to be completed and authorised by the relevant Department Executive/Manager

4. Reimbursement – Trips away

- 4.1. Generally, the Administration Department makes all necessary arrangements for authorised business trips (e.g. conferences, training etc.) and give staff enough money/credit card to cover expenses. Staff will need to complete the appropriate paperwork, attach receipts etc. and return to Admin
- 4.2. If staff need to pay any expenses out of their own pocket they will need to fill in the appropriate paperwork, attach all receipts, have expenses authorised by their relevant Department Executive/Manager and return to Admin. Meal allowance will be paid in accordance with current rate at time of trip

Volunteers

General Policy Statement:

LFE recognises the invaluable contribution volunteers make to our society, and pro-actively encourages the use of volunteers to complement the activities of paid staff. The organisation strives to promote and support our working partnership with volunteers in order to benefit the lives of volunteer(s), the participant and their carers/families.

1. Responsibility

- 1.1. Human Services Executives/Manager, is responsible for the recruitment, interviewing and registration of volunteers
- 1.2. Executive Manager and Individual Department Executives/Managers, are responsible for the training and supervision of volunteers
- 1.3. Individual Department Executives/Managers are responsible for the regular evaluation and recognition of volunteers
- 1.4. The Human Services Executive is responsible for carrying out Criminal Record Checks
- 1.5. All volunteers are responsible for adhering to LFE Policy and Procedures (including Code of Conduct, Confidentiality) and Government legislation (including the Disability Service Standards, Workplace Health and Safety)

2. Engagement of Volunteers

- 2.1. Volunteers are not used to replace paid positions. Criteria considered in determining the engagement of volunteers includes:
 - Will engaging volunteers enhance opportunity for positive participant/carer outcomes?
 - Will engaging volunteers supplement the staff position but not replace it?
 - Will volunteering benefit the community and the volunteer?
- 2.2. Before a person can become a volunteer they must:
 - Fill out an application
 - Sign a Prohibited Employment Declaration
 - Undergo a Criminal Record/Working with Children Check
 - Provide the names of two (2) referees, who can be readily contacted
 - Provide proof of good driving record and current driver's license
 - If, applicable, access to a reliable, registered vehicle with comprehensive motor vehicle insurance

3. Training/Supervision

- 3.1. All volunteers will receive 1:1 training and induction and ongoing training and support to meet the identified needs of the volunteer and/or participant/carer **refer Volunteer's Handbook, Induction Policy and Training Policy**

4. Workplace health and safety

- 4.1. LFE takes the safety of all volunteers seriously
- 4.2. Executives/managers will ensure that volunteers are familiar with:
 - LFE's general WHS procedures
 - Their department's Working in Isolation procedures
 - Their WHS responsibilities
 - Any behaviour management programmes/strategies in place

Service Delivery Policies and Procedures

Rights and Responsibilities – Standard 1

General Policy Statement:

LFE is committed to ensuring that each participant accesses supports 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. The legal and human rights of the participant are upheld, and acts to prevent the discrimination, abuse, injury, neglect or exploitation of the participant. Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.

Person –centred supports

1. Responsibility

- 1.1. All staff of LFE are responsible for upholding the legal and human rights of all participants and are incorporated into everyday practice., and also ensuring that all observed or suspected cases of abuse, neglect, exploitation or discrimination are reported
- 1.2. Communication with each participant about the provision of supports is responsible to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand.
- 1.3. Each participant is supported to engage with their family, friends and chosen community as directed by the participant.
- 1.4. The CEO, in conjunction with the relevant Executive/Manager, is responsible for responding to all allegations of abuse or neglect – refer paragraphs 3 and 4 below for further details
- 1.5. Executives/Managers are responsible for ensuring all new staff receive training in Duty of Care, Dignity of Risk, Protective Behaviour and the reporting and recording of incidences of discrimination, abuse, neglect or exploitation during the Staff Induction process
- 1.6. Executives/Managers are responsible for ensuring The participant are made aware of their rights in matters of Human Rights, Abuse and Neglect, freedom of expression, freedom from discrimination, exploitation, abuse, harm, neglect and violence
- 1.7. Each participant will be given information about the use of an advocate (including an independent advocate) and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation or discrimination have been made.

2 Individual values and beliefs

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

2.1 At the direction of the participant, the culture, diversity, values and beliefs of the participant are identified and sensitively responded to.

2.2 Each participant’s right to practice their culture, values and beliefs while accessing supports is supported.

2. Preventative procedures

- 2.1. Relevant polices and referee checks will be carried out on all new staff/volunteers
- 2.2. All new staff will receive training in Protective Behaviours, Duty of Care, Dignity of Risk, and WHS and the reporting and recording of injuries, accidents and abuse, during their induction period
- 2.3. The participant will receive information in Grievance/Complaint Handling and how to access help from other services, such as The Abuse Hotline

2.4. All staff will undergo regular Performance Appraisals. Refer Performance Management – Appraisals Policy and Procedures

3. **Disciplinary action**

- 3.1. Disciplinary action, which may lead to termination, will be taken against any staff attempting to cover up, or failing to report an incident of actual, alleged or potential abuse
- 3.2. Staff accused of abuse/assault will be stood down pending investigation
- 3.3. Staff found to be guilty of abuse/assault will be dismissed, and the matter will be referred to the police

4. **Person's less than 18 years of age**

- 4.1. Each child with a disability has the same right and freedoms as all other children. The child's best interests will be taken into account when providing services
- 4.2. If it is suspected that a child or young person is at risk of harm the matter will be reported to the Department of Family Community Services- as per The Children and Young Persons (Care and Protection) Act 1998
- 4.3. Allegations of abuse or conviction made against a staff person will also be reported to the NDIS Quality and Safeguards Commission using the form provided on the Commission Site (Reportable Incident – Immediate Notification)

5. **The Management of Assault, Abuse or Neglect**

5.1. Response to assault/abuse

- 5.1.1. Ensure the person's immediate safety. This includes the person's emotional, physical and medical needs – extra staff may need to be called in
- 5.1.2. In the case of sexual assault, encourage the participant not to shower/bathe or wash clothing, if the alleged assault has occurred within the past 24 hrs
- 5.1.3. Record **exactly** what the person making the disclosure says – **do not question the person**
- 5.1.4. Report the matter immediately to the Department Executive/Manager, who will inform the CEO. The CEO will inform the Board of Directors in due course
- 5.1.5. The Department Executive/ Manager will advise the person that they have the same **legal rights and duties** as other members of the community including:
 - Right to due process within the criminal justice system
 - The right and duty to report the assault to the police
- 5.1.6. The Department Executive/ Manager will advise the person of their right:
 - To an advocate
 - To access the Department of Health Sexual Assault Service
 - To receive counselling
- 5.1.7. The Department Executive/Manager will arrange all necessary support required (e.g. sexual assault counselling)
- 5.1.8. The Department Executive/Manager will ascertain if the person wishes to tell their family/carer/advocate etc. about the assault
- 5.1.9. If the person is unable to give consent to receive medical intervention the Department Executive/Manager will contact 'the person responsible', or the Guardianship Tribunal if necessary
- 5.1.10. Relevant Government departments will be notified as per requirements
- 5.1.11. All matters of abuse, neglect or injury involving The participant will be dealt with in a private and confidential manner

5.2. Reporting to the police

- 5.2.1. Any witnessed or known incidents of sexual or physical assault, which constitutes a serious offence, must be reported to the police under the Crimes ACT 1900 S.316 (1)
- 5.2.2. If the person is unwilling to have the police involved in the matter, it is the responsibility of the police to make decisions regarding the future of the investigation
- 5.2.3. Where the person or their legal guardian wish to lay charges, the CEO, in conjunction with the Department Executive/ Manager, is responsible for notifying the police

6. Management of issues relating to alleged perpetrator

6.1. Assault/abuse/neglect/discrimination of a participant/employee involving a staff member/employee

- 6.1.1. Where the alleged perpetrator is a staff member/employee the CEO will be notified immediately
- 6.1.2. The CEO may instruct that the person whom the allegations are being made to be stood down from their position, pending the outcome of investigations of the allegations
- 6.1.3. The person will be stood down on full pay pending such an investigation

6.2. Assault/abuse/neglect involving another participant

- 6.2.1. Department Executive/Manager will ensure the ongoing safety of the accused person
- 6.2.2. The Department Executive/Manager, in conjunction with the CEO, will assess the accused person's needs in light of the assault, and develop strategies to address any needs, these may include:
 - Advocacy support
 - Legal representation
 - Counselling
 - Development of Behaviour Intervention Programme
 - Increased supervision
 - Notification of family/carer etc.

6.3. Assault/abuse/neglect/Exploitation and Discrimination involving another service provider

- 6.3.1. The relevant Government body (e.g. DOCs, NDIS Commission etc.) will be advised of the situation
- 6.3.2. CEO will contact the service provider and advise of any action taken

7. Independence and informed Choice

LFE ensures that each participant is supported to make informed choices, exercise control and maximise their independence relating to the supports provided.

7.1 Each participant is given individual choice and is supported with information using the language, mode of communication and terms that the participant is most likely to understand.

7.2 Each participant's right to the dignity of risk in decision-making is supported. Each participant is supported to make informed choices about the benefits and risks of the option under consideration

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

Each participant has sufficient time to review their options and seek advice if required

7.4 Each participant's right to access and an advocate (including an independent advocate of their choosing) is supported, it is their right to have the advocate present

Early Childhood/Child Protection

General Policy Statement:

LFE is committed to the welfare of children, who use its service, and their right to live free from abuse, neglect and exploitations. Each child participant accesses supports that promote and respect their legal and human rights, support their development of Functional skills and enable them participate meaningfully and be included in everyday activities with their peers. The organisation acknowledges its responsibility to have informed and educated staff, who can identify indicators of neglect and/or abuse and fulfil their legal and professional requirements to respond in a timely manner, to report any child who may be at significant risk of harm.

Definitions:

- **At risk of significant harm**
Means there are concerns for a child's safety, welfare or well-being as a result of **what is done** (physical, psychological or emotional) or **what is not done** (neglect), by another person. 'Significance' can result from a single act or omission or an accumulation of acts or omissions. Significant means something which is sufficiently serious to warrant a response by a statutory authority irrespective of a family's consent
 - **Neglect**
Means the intentional failure by parents/carers to provide, arrange, or allow the provision of, adequate care, effective medical, therapeutic or remedial treatment. It includes abandonment, failing to provide adequate food or shelter and/or care, nurturance or supervision to a severe and/or persistent extent
 - **Reasonable grounds**
Means that you suspect a child may be at risk of significant harm based on: your observations and/or what you have been told (e.g. by the child, parent, carer) – it does not mean you have to have proof before making a report.
 - **Mandatory reporting**
Staff and volunteers are required to report to the Child Protection Helpline if they have reasonable grounds to suspect a child is at risk of significant harm
1. **Responsibility:**
 - 1.1. All staff working with children are responsible for their care, safety and protection. This responsibility includes the identification and timely response to concerns regarding the possible sexual, physical, psychological and emotional abuse or neglect
 - 1.2. All staff working with children are responsible for responding to reportable matters in accordance with legislative requirements
 - 1.3. The Department Executive/Manager is responsible for ensuring staff understand their: legal responsibilities; reporting procedures; and indicators of neglect and/or physical/emotional/sexual abuse
 2. **Risk management**
 - 2.1. All staff working with children will have a Working with Children check clearance, a Criminal Record check, and reference checks, prior to the commencement of employment
 - 2.2. All staff working with children will be informed of their legal responsibilities related to child protection, mandatory reporting, documentation etc.
 - 2.3. All staff working with children will receive training/education in child protection issues including:
 - Recognising child abuse neglect

- Professional and personal responsibilities
- Mandatory reporting – steps and procedures
- Compliance with the NDIS Quality and Safeguards Commission

3. Procedures for reporting

3.1. **External concern** - in the event of staff member suspecting an incident of abuse or neglect by parents/family/other:

- Assess as to whether the child is presenting with indicators of harm, abuse or neglect, refer to 'Indicators of Neglect and Abuse' form- located in Communal Files/Policies and Procedures/Child Protection
- Report concerns to Department Executive/Manager immediately and document concerns in writing
- Complete Docs' 'Report Checklist'
- The Teacher or Therapist should contact FACs on the Community Care Helpline 13 2111 as soon as possible

3.1..1. In the event of an emergency, e.g. urgent concerns for a child's health or life, contact the police immediately by ringing 000

3.1..2. DO NOT

- Interview the child or
- Inform the family that a report has been made or
- Discuss with parents/family if they question you about a report – refer them to the FAC's case worker

3.1..3. Ensure all necessary relevant documentation is completed

3.2. **Internal concern** - in the event of an allegation made about a staff member:

3.2..1. Take the allegation of abuse or neglect seriously and clarify what is being alleged with the person making the allegation

3.2..2. Inform the CEO and department Executive/Manager immediately

3.2..3. The CEO, in consultation with Executive/Manager will:

- Develop and investigation plan and determine if the police need to be notified
- Determine if the allegation is a reportable allegation Instruct the person whom the allegation has been made against, to stand down from their position, pending the outcome of an investigation. The person will be stood down on full pay
- Inform the person ,verbally and in writing, of the outcome of the investigation and any action to be taken, including disciplinary action

3.2..4. If the allegation is investigated by Family and Community Services (FaCS)/NDIS Quality and Safeguards Commission or the police, staff will be guided by their advice as to whether they should independently investigate the allegation

4. Responding to parties involved in an allegation abuse

4.1. To the child disclosing abuse:

- React calmly
- Listen attentively and later write down the child's exact words
- **DO NOT** interview the child
- Provide comfort and care to the child
- Follow reporting procedures in paragraph 3 above
- Reassure the child it is not their fault and it was right to tell and it is not ok for adults to harm children

- Explain what will happen now – that it is part of your job to tell people who can help them

4.2. To staff person whom an allegation has been made against:

- Treat the person fairly at all time
- Arrange to inform the person immediately – although be guided by FaCS or police if they are involved
- Arrange for the person to have a support person at any meetings
- Offer counselling or support to the person

5. Rights of all parties

- 5.1. The decision making process throughout the investigation process will be based on the safety and well-being of the child/children and the staff/carers/family/relevant others
- 5.2. Actual or potential conflicts of interest will be taken into consideration during any investigations
- 5.3. Parties carrying out the investigation will act without bias
- 5.4. The person against whom the allegation is made will be notified of the appeal procedures if they are not satisfied with the investigation process or the outcome
- 5.5. All parties will be advised of the option of lodging a complaint with the Ombudsman if they are not satisfied with the conduct of the investigation

6. Confidentiality – Exchange of information

- 6.1. LFE will handle any allegation of child abuse in a confidential manner. However, Chapter 16A in the Children and Young Persons (Care and Protection) Act 1998 allows agencies and NGOs to share information that helps deliver services and supports to promote the safety, welfare and wellbeing of a child or young person. Chapter 16A allows for the exchange of information between prescribed bodies without any Community Services involvement

7. Early Childhood Supports

The Child

Each child participant access supports that promote and respect their legal and human rights, support their development of functional skills and enable them to participate meaningfully and be included in everyday activities with their peers

- Staff are to implement practices to manage risk with a focus on creating a safe environment for children.
- Compliance with all relevant state and territory legislation relating to the reporting of risk of harm to children
- Facilitation of the active involvement of the participant's support networks in the participant's development.

The Family

Each family receives family-centred supports that are culturally inclusive, responsible, and focus on their strengths.

- Each support plan is based on child and family choice and control and is undertaken with the family
- The family's expertise and knowledge about their child is recognised and respected
- The family's strengths, needs and priorities are identified by working in partnership with the family
- Each support plan is flexible and individualised to reflect the child's family member's preferences and learning styles

- Each support plan is culturally responsible and respectful of the family's cultural beliefs and their community
- Information and supports are provided in a clear, easy to understand and flexible manner by integrating the support into the child's everyday routine.
- The strengths of the family are promoted and developed and the family is assisted to develop their own network of formal and informal resources, promoting positive outcomes for children
- Work with the family to strengthen their participation in, and contribution to the child's learning and development.

8. Inclusion General

8.1.1 Each participant accesses supports that engage their natural environments and enable inclusive and meaningful participation in their family and community life.

9. Collaboration General

9.1.1 The assessment of each child's development focuses on the child's functions in their everyday routines and activities in their natural learning environments.

9.1.2 To promote the child's inclusive, meaningful and active participation in their family life, community life and natural environments is promoted.

9.1.3 Links with each family's community and other support agencies are enabled and built upon

9.1.4 Each child's inclusion, meaningful and active participation in their family life, community life and natural environments is promoted

9.1.5 Links with each family's community and other support agencies are enabled and built upon

9.1.6 Each child's inclusion through participation in daily routines in their natural learning environments is promoted.

9.1.7 Each participant receives coordinated supports from a collaborative team comprising their family, the provider and other relevant providers, to facilitate their development and address the family's needs and priorities

10. Collaboration General

10.1 Each participant receives coordinated supports from a collaborative team comprising their family, the provider and other relevant providers, to facilitate their development and address the family's needs and priorities

10.2 If the family wishes to engage a key worker, work is undertaken with the family and other providers to identify a suitable key worker

10.3 Close collaborative links with the family and other collaborating providers are established to coordinate the team around each child

10.4 With the consent of the family, information, knowledge and skills are communicated and shared between the family, the provider, and other collaborating providers.

10.5 Where relevant, collaboration between supports and services is undertaken to ensure that transition/exit planning meets the needs of each child and their family.

11 Capacity Building

Each participant receives supports that build the knowledge, skills and abilities of the family and other collaborating providers in order to support the child's learning and development.

11.1 Work is undertaken with the support network in each child's life to build their capacity to achieve the functional outcomes identified in the support plan

11.2 Each family's confidence is built to understand how their family routines and everyday activities can support their child's development

11.3 The capacity of the child, family and collaborating providers involved with the child is built through coaching, capacity building supports and collaborative teamwork

11.4 Collaboration is undertaken to affirm, challenge, and support the child, family and collaborating providers to further develop their skills and to improve practice and relationships

11.5 Feedback and learnings from the child, family and other professionals is used to improve support delivery

12 Evidence General

Each participant receives evidence-informed supports from providers with quality practices

12.1 Intervention strategies are based on explicit principles, validated practices best available research and relevant laws and regulations

12.2 Appropriate information, knowledge skills and expertise are in place to deliver quality supports to families

12.3 Knowledge and skills are maintained through continuing relevant professional development, ongoing self-reflection, self-assessment and monitoring of practices

Privacy, Dignity and Confidentiality

General Policy Statement:

LFE recognises and respects the right of all people to privacy, dignity and confidentiality in all aspects of their lives. LFE fosters and promotes the right to receive a service that is free from discrimination, abuse, neglect and exploitation.

Also refer to Standard 1 Rights Policies: Protection of Human Rights and Freedom from Abuse and Child Protection

1. Responsibility

- 1.1. All staff/volunteers are responsible for treating The participant with dignity and respect in all aspects of their lives
- 1.2. All staff/volunteers are responsible for maintaining confidentiality about participant/employee issues/business, and ensuring records/files are secured

2. General

- 2.1. **Intrusions** into all aspects of The participant' personal lives will be **minimised**
- 2.2. All new staff and The participant will receive **training** relating to Privacy and Confidentiality procedures during their induction programme
- 2.3. Persons making a complaint against the service have the opportunity to remain anonymous
- 2.4. All information
- 2.5. The organisation will take reasonable steps to implement practices, procedures and systems that will ensure compliance with the APP's and that will enable them to deal with inquires and complaints about privacy.
- 2.6. Staff will deal with The participant in a **tolerant and respectful** manner at all times
- 2.7. All new staff will receive **training**, during their induction period, in the respectful handling of persons with challenging and/or difficult behaviour
- 2.8. The participant requiring physical assistance, such as tasks of a personal nature (e.g. hygiene) will be afforded as much **privacy** as possible, and not touched without the person's permission and/or informing the person of what will be happening
- 2.9. The participant will have their **own keys** and be able to lock their own home/room/locker. However, although the underlying principle is that people have a right to a safe environment and provides a suitable cupboard or lockers in the workplaces, LFE discourages people from bringing anything of value to work
- 2.10. Staff will **knock and seek permission** before entering the homes/rooms of The participant
- 2.11. The participant will have access and **control** over their **own finances**, with support as required (except in cases where a Public Trustee has been appointed)
- 2.12. Personal **friendships, visits, telephone** conversations and mail will be the private business of the person and will not be interfered with unless assistance is requested
- 2.13. Staff will **ensure** that information relating to a participant/employee is **not be** discussed with or near other The participant

3. Collection of participant/employee information

- 3.1. The participant will be advised, during their application interview and induction, of the types of information collected and the purpose for collecting and retaining such information
- 3.2. The participant will be advised of any new information needed obtaining and the reasons why

- 3.3. The participant/employee information will only be obtained from the person and/or family/carer/advocate or other service providers, as agreed to by the participant/employee
- 3.4. Only information relevant to LFE's service provision will be obtained
- 3.5. The collection of sensitive information (including health information) will be obtained if the individual consents to the collection

4. Access and provision of participant/employee information

- 4.1. Information will be accessed/provided on a strictly needs to know basis
- 4.2. Disclosure and use of a person's personal information which will be consistent with the National Privacy Principles contained in the Privacy Amendment (Private Sector) Act 2001
- 4.3. Any personal information released will be accurate, complete and up to date
- 4.4. Before information about a person is released to an unauthorised person or another organisation, the person will need to agree and sign an LFE Consent Form
- 4.5. If a person is unable to give informed consent approval will be sought from a significant other e.g. guardian, advocate or person responsible
- 4.6. In the event of information being required as a matter of urgency and appropriate approval is not available, the reasons for the information exchange will be recorded
- 4.7. Information may be **released without the person's consent** in exceptional circumstances such as:
 - The disclosure is necessary to prevent or lessen a serious and imminent threat to the life, health or safety of the person, or of another person (e.g. threat of bodily injury, mental health, illness or death)
 - The disclosure is required or authorised by law
 - The disclosure is reasonably necessary for the enforcement of the law
- 4.8. If there is doubt in regards to the transfer of information relevant bodies (e.g. Solicitor, Guardianship Tribunal) will be consulted

5. Security of information

- 5.1. Participant/employee paper files will be maintained in a secure and lockable location
- 5.2. Information maintained on database will have restricted access and will need individual passwords
- 5.3. In line with the mandatory data breach notification laws (February 2018) any data breach notification will be required to be reported to the OAIC (Office of the Australian Information Commissioner) further information (<https://www.oaic.gov.au/about-us/>)

6. Retention and disposal of information

- 6.1. Information will be disposed of, or de-identified, in ways that are in keeping with the need for confidentiality e.g. in house shredding
- 6.2. Participant/employee information which is no longer needed for the reasons it was collected for will be shredded or de-identified
- 6.3. The files of the participant who have exited LFE will be maintained for twelve months from date of exit. After twelve months files will be archived at Administration for further six years – a minimum of seven years in total

Participation and Inclusion – Disability Services Standard 2

Integration

General Policy Statement:

LFE actively promotes interdependency and community acceptance by providing the participant with encouragement, support, training and opportunities, in line with individual needs and wishes, to participate in meaningful community activities and employment.

Also refer to Standard 2 Participation and Inclusion Policies: Valued Status; Family Relationships and Social Networks; and Sexuality and Relationships

1. Responsibility

- 1.1. Each department will address the individual training and support needs relevant to all aspects of integration
- 1.2. All staff/volunteers are responsible for encouraging The participant to participate in community groups and activities, and individual skill development needed to achieve open employment
- 1.3. All staff/volunteers are responsible for supporting people from culturally and linguistically diverse backgrounds in line with their specific cultural needs and beliefs

2. Supporting inclusion - also refer Participation- Valued Status Policy

- 2.1. LFE will provide appropriate support and monitor outcomes for The participant' participation in, and integration into, the community
- 2.2. The ISP process will include strategies for addressing barriers that may limit a person accessing and participating in the community (e.g. communication, inappropriate behaviour etc.)
- 2.3. Feedback from The participant, family and/or carers will be used to better understand the person's needs in accessing and participating in the community
- 2.4. The participant will be encouraged and supported to develop age appropriate social and recreational contact with mainstream community groups and individually
- 2.5. The participant will receive support and training to enable them to pursue community involvement as independently as possible
- 2.6. The participant will receive support to develop and maintain valued relationships, within the community
- 2.7. LFE will promote positive images of people with challenged abilities (e.g. articles in local paper, advertising – on TV, radio, billboard, local cinema)
- 2.8. Where possible generic services will be used
- 2.9. The participant will be provided with relevant information about generic facilities/services and community groups, including how to access them
- 2.10. Staff will have an awareness and understanding of cultural protocols which could affect a person's participation in and integration into the community

3. Employment

- 3.1. The participant's plan (goals) will identify what area needs to be developed to gain skills for capacity building, and plan the development of the skills needed, and the steps necessary, for individual employees to achieve open employment
- 3.2. Where possible, LFE employment opportunities will enhance physical and social contact with people without a disability (e.g. Gardening services, Drink Run, Laundry deliveries and pickups, LFE Breakout etc.)
- 3.3. When appropriate, employees will be referred to an open employment agency

Valued Status

General Policy Statement:

LFE is committed to the philosophy of Social Role Valorisation (SRV), and offers the participant training and support to develop and maintain skills, in the belief that the more competent a person is the more accepting society will be of any negatively valued differences he/she may possess.

Also refer to Standard 2 Participation and Inclusion Policies: Integration; Family Relationships and Social Networks; and Sexuality and Relationships

1. Responsibility

- 1.1. All staff/volunteers are responsible for promoting positive images of people with disabilities
- 1.2. All staff are responsible for encouraging and assisting The participant to understand and practice good grooming and appropriate dressing
- 1.3. All staff/volunteers are responsible for interacting with participants with respect, at all time
- 1.4. All staff/volunteers are responsible for supporting people from culturally and linguistically diverse backgrounds in line with their specific cultural needs and beliefs

2. Promoting opportunities – also refer Participation- Integration Policy

- 2.1. Staff will encourage the development of people's self-confidence and self-esteem (e.g. good grooming, appropriate dress, self-management of financial affairs, communication skills)
- 2.2. The participant will have opportunities to access, develop and maintain skills, lifestyles and employment opportunities, which are valued in the community and in line with their cultural beliefs, rights and choices
- 2.3. The participant will be encouraged and supported to access and participate in age appropriate, outcome based activities (e.g. join local community groups/clubs such as Camera Club, Men's Shed, Bowling Club, Services Club)
- 2.4. The participant will have opportunities and support to express their needs and aspirations and exercise some control and choice in their lives
- 2.5. The participant will be encouraged and supported to develop and maintain relationships with other community members
- 2.6. The participant will be encouraged and supported to participate in activities that contribute to the community (e.g. Clean up Australia Day, Meals on Wheels)
- 2.7. The participant will be supported in the development and exercising of their rights and responsibilities as citizens (e.g. the right to make a complaint; education for voting; voting; obtaining a Tax File No)
- 2.8. LFE will take into account and act upon, whenever possible, the advice and suggestions of The participant
- 2.9. All organisational documentation and promotional material will reflect the skills, values and contribution of people with challenged abilities

3. Staff awareness

- 3.1. Staff selection criteria will reflect the organisation's commitment to employing people who exhibit empathy with the experience of people with challenged abilities
- 3.2. Staff will receive awareness/knowledge training in the principles and application of Social Role Valorisation (SRV) during the Staff Induction Course
- 3.3. Staff will have an awareness and understanding of cultural protocols which could affect a person's participation in and integration into the community

Family Relationships and Social Networks

General Policy Statement:

LFE understands the importance of the participant maintaining family relationships and developing meaningful social networks. In line with this, the organisation encourages and supports the participant to form friendships and to maintain positive relationships with family and friends.

Also refer to Standard 2 Participation and Inclusion Policies: Integration; Valued Status; and Sexuality and Relationships

1. Responsibility
 - 1.1. All staff/facilitators are responsible for encouraging and assisting the participant / employees to make friends and to maintain friendships and relationships with families
2. General
 - 2.1. Personal development training and/or access to generic services (e.g. counselling) will be available to the participant to encourage the maintenance of healthy relationships.
 - 2.2. Capacity building and support will be available to assist The participant in using different forms of communication (e.g. phone, computers, written) and/or transport to access family and friends as independently as possible
 - 2.3. Individual cultures, customs and beliefs will be taken into account when fostering relationships and implementing training/support programmes for same
 - 2.4. The participant using the Accommodation service will be encouraged to have their own phones installed and/or mobile; the variety of options available from phone companies will be explained. Training/support programmes will be implemented when needed
 - 2.5. The participant will be encouraged to visit, and have visits from, family and friends, particularly if they have moved to LFE from another area
 - 2.6. The participant, who use the Accommodation service will be entitled to have visitors
 - 2.7. in their units/rooms and their privacy respected
3. **Relationship Conflict**
 - 3.1. Staff should respect the person's informed decision not to maintain contact with family, friends and guardians
 - 3.2. If there is conflict between a participant/and family, friends or guardian, staff will ensure the rights of the participant/employee are ensured

Sexuality and Relationships

General Policy Statement:

Sexuality rights are recognized in state and commonwealth law and international human rights documents. Experiencing a variety of relationships helps people to develop the social skills, confidence and self-esteem that underpin their ability to make, sustain or break more personal relationships, and as well, enables people to express their sexuality.

LFE recognizes sexuality as being a central aspect of being human and subsequently, the right of people with challenged ability to form and maintain relationships of a sexual nature. The organisation supports the participant to enjoy sexual relationships and express their sexuality in the same way as others in society. This includes: the right to develop consenting intimate relationships; the right to have a de-facto partner or to marry; the right to have children; and the right to have sexual preferences respected.

Also refer to Standard 2 Participation and Inclusion Policies: Integration; Valued Status; and Family Relationships and Social Networks.

1. Responsibility

- 1.1. All staff are responsible for supporting the rights of the participant
- 1.2. All staff are responsible for encouraging and assisting The participant to make friends and to maintain friendships and relationships with families
- 1.3. ATSS staff are responsible for ensuring that residential participant (SIL) have access to sexual education and health care
- 1.4. All staff are responsible for directing The participant to appropriate sexual health services when needed, e.g. family planning, Community Health educators
- 1.5. All staff are responsible for supporting The participant in a way that respects the person's sexuality, privacy and confidentiality

2. General

- 2.1. Confidentiality will be maintained at all times, unless there is evidence of abuse or significant concern about the possibility of abuse
- 2.2. Under normal circumstances, consent should be obtained from the person before passing on information of sensitive nature regarding the person's sexuality issues/preferences

3. Education

- 3.1. The participant will have access to information and education on sexuality, including: sexual development; sexual preferences and appropriate expression of sexuality
- 3.2. The participant will have access to information and education from health professionals on issues such as, contraceptive use, reproduction, sexually transmitted diseases, sexual health; sex aids; sex workers; sexual harassment and abuse

4. Expressing Sexuality

- 4.1. Participant/employees will be supported: to express their sexuality and make choices in all areas of human sexuality
- 4.2. Staff will respect the right of participants/employees to enjoy sexual experiences/relationships
- 4.3. A Participants choice and right to use a sex worker or sex aids will be respected and treated with confidentiality by staff
- 4.4. Staff supporting The participant to access a sex worker should:
 - Work within the realms of **statutory law**, e.g. it is illegal to advertise for a sex worker

- Ensure the person's decision making capacity. The Decision Making Capacity Tool Kit (see Key documents below) can be used for this. If a person does not have 'capacity' a substitute decision maker, e.g. Guardian, may need to make decision for them
- Work with reputable disability sex worker organisations, e.g. Touch Base Inc., to ensure safe practices and compatibility

5. Consent

- 5.1. By NSW law, to have sex, people need to be over 16 years and have the capacity to give consent
- 5.2. Consent is different from willingness, co-operation or compliance
- 5.3. Both parties need to have similar knowledge about:
 - What is being proposed
 - The possible negative consequences (punishment for improper/illegal behaviour, pain, pregnancy or disease)
 - Family, peer and community standards for the behaviour (what others think about it)
 - The capacity to consent
 - Being able to say no at any time
 - Consent needs to be voluntary without threat or duress
 - The person should be able to communicate their consent (does not need to be verbal)

6. Risks

- 6.1. The participant will have the freedom to take informed risks
- 6.2. Staff will assist participant/employees to identify and address associated risks such as sexual abuse, sexually transmitted diseases

Individual Needs – Standard 3

Continuity of Supports

General Policy Statement:

LFE will determine its service provision on the basis of individual needs and personal goals, and in line with providing the least restrictive environment and that each participant has access to timely and appropriate support without interruption.

Also refer to Individual Outcomes Policy – Decision Making

1. Responsibility

- 1.1. Executives/Managers, in consultation with Facilitators and staff, is responsible for ensuring goals set at The participant' NDIS meetings are implemented
- 1.2. Facilitators, in consultation with Executives/Managers, are responsible for the development of any training and support needed to assist the person to achieve their individual goals, and reach their full potential
- 1.3. All staff are to record and monitor the training and support of each individual

2. Identifying individual needs

- 2.1. The training, support and personal needs (including emotional, cultural, religious and social) of individuals will be identified and recorded
- 2.2. The person will be encouraged to be an active participant in the identification of individual needs
- 2.3. The person will be provided with relevant information required to enable them to make informed decisions
- 2.4. The person's preferences and personal goals will be considered
- 2.5. The person's strengths and abilities will be considered
- 2.6. Cultural and religious needs of individuals will be taken into consideration

3. Meeting individual needs

- 3.1. Once the individual needs and preferences of the person have been identified and agreed upon, the person's facilitators (workplace and/or accommodation) will ensure that all relevant information is passed on to Executives and staff
- 3.2. Special Wage Assessments will be carried out in the first three months of employment and thereafter annually
- 3.3. Reports will be forwarded to the relevant persons within the NDIS

Decision Making

General Policy Statement:

LFE respects the right of the participant to exercise control over their lives, and encourages and supports them to participate as fully as possible in making decisions and choices about the services and support they receive

1. Responsibility

- 1.1. All staff/volunteers are responsible for encouraging and supporting the participant to make informed decisions and choice
- 1.2. All staff/volunteers are responsible for documenting relevant information about significant decisions and choices participant/employees make
- 1.3. The participant will be encouraged to take responsibility for their own decision making, unless Duty of Care issues dictate otherwise

2. Informed decision making

- 2.1. The participant will be provided with training and information to enable them to make informed decisions
- 2.2. To aid a person in the decision making process, all staff/volunteers should be flexible and innovative when supporting The participant to make decisions, such as providing information will be provided in different formats (e.g. pictorials, photographs, information technology)
- 2.3. Each person will be supported to involve their family/carer in the decision making process if they wish
- 2.4. The views of family/career will be respected in the decision making processes. However, the participant will have the final say if he/she has the ability to make informed decisions – see paragraph 3 below
- 2.5. If a participant/employee chooses to undertake an activity that could harm him/her but understands the risks involved, staff will document the decision and relevant information
- 2.6. If appropriate, The participant will be given opportunities to choose between the alternatives available to them (including other services)
- 2.7. Individual cultures, customs and beliefs will be taken into account when supporting The participant to make decisions and choices
- 2.8. The participant will be encouraged and supported to be involved in decision making at all levels of the organisation via:
 - Workplace and/or resident meetings – held bi-monthly
 - Representation during the Employment Interview Process (when possible)
 - At initial meeting and discussion when Service Agreement is signed
 - Internal audit surveys and evaluations
 - Grievance/complaint procedure

3. Uninformed decision making

- 3.1. If it is recognised that a person cannot make an informed decision the person's 'person responsible' or independent advocate may be sought to ensure the best outcomes are achieved for the person
- 3.2. In the absence of a person responsible or independent advocate an application may be made to the Guardianship Tribunal for the appointment of a legal guardian and /or financial manager to protect the interests of the person

Service Access – Standard 5

General Policy Statement:

LFE is committed to providing equitable, non-discriminatory service access to all people referred. Access will be based on LFE's entry criteria, available resources and the potential participant/employee's relative needs and wishes

1. Responsibility

- 1.1. The QA Executive is responsible for ensuring that information about LFE services is readily accessible, e.g. social media, local service directories, brochures etc., and in suitable formats, e.g. communication options
- 1.2. All staff are responsible for having knowledge and understanding of the Entry and Exit process

2. Target group

- 2.1. Applications will be considered from any persons receiving an NDIS package
- 2.2. LFE's Strategic and Operational Plans make an effort to target under- represented groups or those who are 'difficult to reach'

3. Eligibility

- 3.1. An application for a service will be considered, on a non-discriminatory basis, from any person with an NDIS package
- 3.2. The service agreement is made for the purpose of providing supports under the participant's NDIS plan.

4. Responding to enquiries and/or applications for service

- 4.1. All enquiries and/or referrals for service will be welcomed, and be appropriately responded to in a timely manner, by the Intake Officer
- 4.2. Perspective participant will be offered the opportunity to meet with staff to discuss their wishes/needs for service, and to visit LFE premises to assess suitability of access and location necessary to meet the person's needs
- 4.3. When the participant has chosen LFE community Supports the completion of a service agreement stating
 - Parties
 - Service of supports
 - Schedule of supports
 - Responsibilities of the Provider
 - Responsibilities of the Participant/Participants Representative
 - Payments
 - Changes to service agreement
 - Ending this service agreement
 - Feedback, complaints and disputes
 - Goods and Services Tax
 - Contact Details
 - Cancellation Policy

5. Selection

General:

- 5.1. LFE reserves the right to determine its own capacity to provide an appropriate service

Accommodation Service:**6. Marketing of services**

- 6.1. LFE will advertise its services, including details of eligibility
- 6.2. Various forms for communication will be used to advertise services, e.g. social media, brochures etc.
- 6.3. Brochures/pamphlets will be displayed at the premises of other service providers
- 6.4. All information dispersed will be in a user friendly manner
- 6.5. Staff will liaise with other service providers, e.g. community Network meetings and Expos

7. Entry process

- 7.1. Entry criteria are made available to potential participant in an accessible format
- 7.2. Application forms, which collect only the information required to determine eligibility, available from the organisation
- 7.3. Completed application forms are forwarded to the Intake Officer for processing
- 7.4. If the Intake Manager/Coordinator is uncertain of the suitability of an applicant, the application will be referred to the CEO/Management team for a decision, as to whether the person will be offered a service
- 7.5. Applicants will be advised if successful with their application and a service agreement will be completed

Accommodation Service:**8. Non acceptance of an applicant**

- 8.1. Applicants not accepted into an LFE service will be advised, both verbally and in writing, of the reasons.

9. Exit Process

- 9.1. The decision to discontinue service provision may be instigated by the participant / LFE Community Supports
- 9.2. Wherever possible, the participant/employee and their advocate and/or family/carer will be involved in decisions regarding his/her exit
- 9.3. Any outstanding financial requirements shall be fulfilled within two weeks of the participant/employee leaving the service
- 9.4. A person will only be exited, without their consent, after all efforts have been made and opportunities explored, to maintain the participant within LFE services, and in consultation with the person's advocate and/or family/carer
- 9.5. In the event that a decision is made to exit a person without their consent or Compliance:
 - LFE shall give notice of the intended exit at the earliest possible opportunity
 - The person will be told of their right of appeal and the appeal processes available to him/her
- 9.6. All decisions and actions taken will be documented

10. Circumstances that may pre-empt the discontinuation of services

- 10.1. The person no longer wishes or needs support
- 10.2. LFE decides it is not the right service to support the person at that time
- 10.3. LFE is unable to provide the level of support required due to lack of resources
- 10.4.

Participant Risk Management – Standard 6

General Policy Statement:

Participant risk management is underpinned by the belief that in order to provide enhanced quality services and support programmes the safety needs of the participant, staff and others is paramount. Accordingly, LFE acts to identify, eliminate and/or manage all risks specific to individual the participant, including risks that they may cause harm to themselves and others, or risks that others may cause to them. When identifying and assessing risks, LFE will respect the person's right to 'Dignity of Risk' and not use 'Duty of Care' to unjustly deprive the person of opportunities to further their independence

1. Responsibility

- 1.1. The Intake officer/Early Intervention, in consultation with new participant/family/carer, is responsible for ensuring a Risk Assessment is conducted on all new applicants
- 1.2. Department Executives are responsible for developing and implementing Risk Management Plans, and the regular reviewing of Risk Management Plans
- 1.3. The ATSS Executive is responsible for ensuring Accommodation The participant' Risk Management Plans include managing risks associated with health care
- 1.4. Staff are responsible for following Risk Management procedures and reporting on same
- 1.5. The QA Executive is responsible for the annual auditing of Risk Management Plans
- 1.6. The ISP Co-ordinator/Respite/Early Intervention Manager is responsible for reviewing Risk Management Plans as part of the annual ISP review, to ensure relevancy

2. Risk Identification and assessment

- 2.1. The QA Executive/Early Intervention/Respite Manager will carry out an assessment of all new The participant, using an LFE Risk Assessment form
- 2.2. Risks to participant, staff and others – including the wider community- will be identified in consultation with participant, family/carer and/or other relevant persons, following instructions outlined in the Risk Assessment form. These include:
 - Identifying the risk/s to participant, staff and others
 - Assessing the likelihood of potential risks occurring
 - Assessing the severity of the risk, e.g. high, medium or low
 - Appraising how the risks can be controlled
- 2.3. Results of assessment will be disseminated to the appropriate departments Executives/Managers and/or Behaviour Management Programmer

3. Risk Control – management plan

- 3.1. A Risk Management Plan must be in place before the new participant/employee begins receiving a service
- 3.2. Department Executives/managers, using a participant Risk Management Plan form, will document actions to be taken to eliminate and/or control the risks
- 3.3. The management plan may include strategies/procedures for handling risks associated with, but not limited to:
 - Cultural, linguistic and religious needs
 - Eating and swallowing
 - Epilepsy
 - Manual handling
 - Medication
 - Behaviour
 - Transport

- Finances
- Health and well being
- Safety
- Living skills
- Emotional and personal issues

3.4. The service use/family/care and/or relevant others will have input into their Risk Management Plan

3.5. Staff will be trained in, and sign off on, all participant Risk Management plans

4. Monitoring

4.1. Monitoring will be carried out through:

- Observation
- Daily record keeping, e.g. case notes , BM forms
- Reports for NDIS review meetings
- Internal QA audit review

5. Reviewing

5.1. For new service users the first review will take place with the Intake officer. At other times reviews will be carried out:

- Following any incident and/or changes in participant needs/behaviours etc. or
- If severity and likelihood are high, as part of the departmental staff meeting process

Employment Conditions – Including Training and Support

General Policy Statement:

LFE is committed to offering employees conditions of employment that are comparable to those in the general workforce

1. Responsibility

- 1.1. Human Resources Executive/Manager is responsible for informing new employees of their conditions of employment
- 1.2. Human Services Executive/Manager is responsible for inducting new employees into their workplace
- 1.3. Department Executive/Manager, in conjunction with Human Resources Executive/Manager, the new employee and significant others, is responsible for ensuring the new employee gets the training and support needed/wishes in the workplace
- 1.4. Employees are responsible for following directives from their supervisor and Department Executive/Manager
- 1.5. Employees are responsible for adhering to workplace rules (e.g. signing on and off, appropriate behaviour)

2. General

- 2.1. All employees will start work as a casual, on a three month trial period
- 2.2. All employees will have access to the Employee Induction Manual and if desired a copy to take home
- 2.3. All employees will have a Job Description and Statement of Duties
- 2.4. All employees will have a Contract of Employment
- 2.5. All employees will be entitled to the conditions of the Award under which they work (e.g. holiday leave, sick leave etc.).
- 2.6. All employees will have the right to join the Union associated with the Award they work under
- 2.7. All employees will be able to have a say in the way their workplace is run and the conditions they work under during their workplace meetings, the Grievance/complaints Procedure and through their WHS representative

3. Training and support

- 3.1. Employees will be given a choice and say in their training and support needs/wishes
- 3.2. Employees will receive training and support based on the competencies/skills needed to achieve their individual employment outcomes. This may include recreation or independent living skills
- 3.3. Training and support needs/wishes will be reviewed regularly – refer 6 below, Performance Management

4. Wage Assessment process

- 4.1. Wages will be assessed every year (or as needed) by trained staff using the Business Services Wage Tool
- 4.2. Employees will be informed of the processes used to determine their wages. This will happen during workplace meetings prior to each assessment period

5. Wages

- 5.1. All employees will receive wages based on a relevant Award

5.2. All employees will commence employment with the award rate, inclusive of the casual loading. This rate will remain intact until the person's first wage assessment, which should be carried out within 3 to 6 months from the employee's start date

5.3. If employees work 'overtime', they will receive 'time in lieu' for the hours they work

6. Performance management

6.1. LFE will regularly review employees' progress through a variety of methods, including:

- Wage Assessments
- Responsibilities in the workplace

7. Sick leave

7.1. Employees are entitled to sick leave as outlined in their relevant work place Award

7.2. Employees are responsible for notifying their workplace, at the first opportunity, that they will be absent from work due to illness or injury

7.3. If a person is absent for more than two consecutive working days, the person's manager/supervisor will ask for a Medical Certificate or Statutory Declaration, stating that they were unable to attend work because of injury or personal illness

Cultural Competency

General Policy Statement:

LFE is committed to enhancing the cultural competency of the organisation, by increasing staff's knowledge, sensitivity and awareness of people from NESBs, Aboriginals or Torres Strait Islanders, enabling staff to work effectively in cross-cultural situations; thereby ensuring service access and delivery is equitable, and based on culturally specific mores, needs and beliefs

Definitions:

NESB – Non English Speaking Background

CALD - Culturally and Linguistically Diverse

1. Responsibility

- 1.1. Executives/Managers are responsible for keeping abreast of, and understanding the district's demographic needs
- 1.2. Executives/Managers are responsible for ensuring staff receive training in cultural awareness, cultural knowledge and cultural sensitivity, including specific mores, beliefs and celebration holidays etc.
- 1.3. All staff are responsible for ensuring service delivery to people from culturally and linguistically diverse backgrounds is carried out in line with specific cultural needs and beliefs

2. Service access/service planning

- 2.1. People from all cultures will have equal rights to apply for a service from LFE, ref Service Access Policy page 141 of Policy Manual
- 2.2. The principles of social justice: equity, access, participation and rights, will be applied to people from all cultures who seek a service from LFE
- 2.3. Every effort will be made to provide information about the service in the preferred language of the applicant; when possible the services of an interpreter may be sought
- 2.4. Staff/The participant will be given information regarding the availability of telephone interpreting services
- 2.5. Service planning will take into account specific cultural mores, religious beliefs, health care needs and celebration holidays

3. Service delivery

- 3.1. Every effort will be made to deliver all LFE services in line with cultural specific needs
- 3.2. The participant will be supported and encouraged to maintain community networks, including access to multicultural events and media
- 3.3. Residents under the SIL funding will be supported to ensure needs are being met, in line with specific cultural beliefs, including:
 - Religious - incorporating the observation of religious holidays; and spirituality
 - Preferences concerning diet and food preparation
 - Emotional, health care plans and personal care

4. Key Considerations

- 4.1. Staff will receive cultural awareness training
- 4.2. Staff will develop an understanding of:
 - Own cultural influences
 - Judging other people's behaviour and beliefs according to the standards of own culture

- Making assumptions about cultural influences and applying generalisations to individuals
- The behaviour and beliefs of people within each culture can vary considerably
- The extent to which people adopt practices of their new country and retain those from their cultural background can vary within communities, even within families
- Not all people identify with their cultural or religious background
- Culture, itself, is a fluid entity, undergoing transformations as a result of globalisation, migration and the diaspora influence (the forced or voluntary dispersal of any population sharing common ethnic identity to leave their settled territory, and become residents in areas often far removed from the former)
- The importance of appropriate communication
(Sourced from www.culturaldiversity.com.au)

5. Language Service Providers

5.1. Centrelink – phone 13202

- Telephone interpreting
- On- site interpreting
- AusLan interpreters
- Video conferencing
- Bilingual Services
- Translations – documents for purpose of determining eligibility

5.2. Community Relations Commission for a Multicultural NSW (CRC) (NSW Gov.) – phone 1300 651 500

- On- site interpreting
- AusLan interpreters
- Video conferencing
- Translations – documents , sales or marketing material, publications etc.
- Multilingual translations
- Transcriptions of tapes

5.3. Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) (Commonwealth Gov.) – phone 131 450

- Telephone interpreting
- On- site interpreting
- Video conferencing
- Extract translations

5.4. Commonwealth Carelink Centres – Phone: 1800 052 222

6. Advocacy Providers

6.1. MDAA (Multicultural Disability Advocacy Assistance)

Phone: 02 98916400

Email: mdaa@mdaa.org.au

PO Box 9381 Harris Park NSW 2152

Duty of Care

General Policy Statement:

LFE operates its services and businesses in ways that are genuinely enabling and empowering of The participant – supporting them to experience, as reality, all the rights that belong to citizens; including the right to self-determination and dignity. However, the organisation also recognises it has a Duty of Care to ensure that people are not unreasonably or foreseeably exposed to risks of physical injury and harm

1. Responsibility

- 1.1. The CEO/Executives are responsible for providing sufficient staff to properly support The participant
- 1.2. Executives/Managers are responsible for ensuring all new staff receive training in Duty of Care issues
- 1.3. All staff are responsible for exercising Duty of Care in a professional manner

2. Staff

- 2.1. All staff owe a Duty of Care to The participant and the people who could be harmed by a participant/employee, including other The participant, staff, customers and members of the community
- 2.2. Staff will receive training in Duty of Care issues during their Induction period
- 2.3. Staff will take reasonable care to avoid injury to those people who could be foreseeably harmed by something staff fail to do
- 2.4. Staff will not break the law or put themselves at risk in order to exercise Duty of Care

3. The participant

- 3.1. ISP's will prioritise participant/employee needs relating to safety
- 3.2. Training and/or support will be provided in line with individual needs
- 3.3. When implementing training and support programmes, due consideration will be given to the best interest of the person
- 3.4. The level of support required to keep the person safe will be maintained while programmes and plans are completed and reviews carried out
- 3.5. The least intrusive and most respectful manner will be adopted by staff in providing Duty of Care
- 3.6. In the event of a person making an informed decision to undertake an activity which involves an identified risk of harm, staff must record this decision
- 3.7. In the event of a person making an un-informed decision involving risk of harm, staff must exercise their Duty of Care and document accordingly
- 3.8. Following the identification of the risk of poor health, appropriate action (e.g. medical intervention, and/or referral) will be taken

Advocacy / Guardianship

General Policy Statement:

LFE encourages and supports The participant to access available forms of independent advocacy when required

1. Responsibility

- 1.1. All staff are responsible for encouraging and supporting The participant to seek independent advocates when needed
- 1.2. Executive/Managers/Senior staff are responsible for identifying when an application should be made for Guardianship and applying for same

2. General

- 2.1. The participant will be made aware that LFE responds positively to independent advocacy
- 2.2. Participant/employees will be told about the different agencies, that they can seek advice and help from, during their induction period
- 2.3. Names and phone numbers of advocacy agencies will be made available to The participant
- 2.4. The participant will be encouraged to choose their own advocate
- 2.5. LFE will respect the right of the person to change their advocate at any time
- 2.6. LFE will identify The participant who do not have personal networks, and who need assistance to make decisions about the service he/she receives, and actively seek the involvement of an independent advocate on the person's behalf
- 2.7. LFE will attempt to identify and contact groups or organisations representing people of specific cultural or religious backgrounds
- 2.8. LFE will encourage The participant to involve family/advocates to support or represent them in any aspect of their service delivery
- 2.9. Should LFE be concerned about the actions of an advocate, such concerns will be raised with the advocate and/or a public guardian sought

3. Guardianship

- 3.1. LFE will seek the services of the Guardianship Tribunal to appoint a legal guardian and/or financial manager only when:
 - A participant is unable to make their own informed decisions because of the nature or severity of their disability
 - When an appropriate decision cannot be made informally
 - When conflict prohibits the making of an appropriate decision
 - When there is a strict legal need
 - When the person is being exploited
- 3.2. Executive/Managers/Senior Staff will identify when an application to the Guardianship Tribunal is necessary
- 3.3. The process and application will be explained to the person's family and/or advocate
- 3.4. If a guardianship order is issued, details will be kept in the person's file

Inter-Agency and Community

General Policy Statement:

LFE promotes integrated and flexible service delivery. The organisation believes that building and maintaining relationships among many different agencies and community groups is important for optimizing interdependency outcomes and improving quality of life for the participant, families and carers

1. Responsibility

- 1.1. All staff are responsible for networking with other generic services and community groups in a professional manner
- 1.2. All staff are responsible for encouraging The participant, family and carers to use generic services and/or community groups when practicable
- 1.3. The participant' facilitators are responsible for linking The participant to generic services and/or community groups to achieve goal and or support outcomes

2. General

- 2.1. Links with other generic services/community groups will be developed, implemented and monitored to ensure desirable outcomes for The participant
- 2.2. Staff will maintain current information about disability, generic services and community groups, which may be offered to The participant, families and carers
- 2.3. LFE will respond to inquiries from other services and community groups to provide information about services offered by the organisation
- 2.4. Staff will be involved with relevant regional and local government inter-agency networks to ensure that services and resources are co-ordinated as effectively as possible, e.g. through attendance at Interagency Meetings, Transport Meetings, HAAC meeting
- 2.5. The intake process will include strategies for addressing barriers that may limit a person's access to community groups (e.g. improved communication, inappropriate behaviour etc.)
- 2.6. Staff will encourage and support The participant to access generic services and/or community groups as an alternative option when appropriate, e.g. Homecare, Meals on Wheels, counselling services, supported holidays, community clubs and sporting groups
- 2.7. Staff will have an awareness and understanding of cultural protocols which could affect a person's acceptance of generic services

Behaviour Support/Restrictive Practices

General Policy Statement:

LFE endeavours to give all participants every opportunity to become valued members of their workplace and community. In line with this, the organisation will support the participant to lead the least restrictive lifestyle possible, free of any limitations brought about by inappropriate or challenging behaviour. Behaviour support services will aim at promoting, establishing and maintaining environments and interactions which promote positive and sustainable outcomes for the participant

1. Responsibility

- 1.1. The Behaviour Support Programmer is responsible for writing, implementing and reviewing Behaviour Support Plans/strategies and placing details on organisational Behavioural register
- 1.2. The Behavioural Support Programmer is responsible to undertake a functional assessment and insure that each participants' quality of life is maintained and improved by a behaviour support plan that are responsive to the individual's needs.
- 1.3. The behavioural Support planner ensures each participant's behaviour support plan is implemented effectively to meet the participants behaviour support needs.
- 1.4. The Behaviour Support Programmer is responsible for ensuring the relevant participant/employee is advised of any Behaviour Support Plans/strategies that will affect him/her
- 1.5. Department Executives/Managers are responsible for ensuring new staff receive training in Seriously Disruptive Incidents and Challenging Behaviour during their induction
- 1.6. Department Executives/Managers are responsible for ensuring new staff are informed of any Behaviour Support Plans/strategies in place
- 1.7. Department Executives/Managers are responsible for ensuring staff adhere to Behaviour Support Plans/strategies
- 1.8. Staff are responsible for adhering to Behaviour Support Plans/strategies and recommendations
- 1.9. The Behavioural Support planner is responsible for each participant has a current behaviour support plan that reflects their needs, improves their quality of life and supports their progress towards the reduction and elimination of restrictive practices, where these are in place for the participant
110. The participant are responsible for adhering to any agreed upon strategies
- 1.11 All staff are responsible for ensuring Prohibited and Restricted Practices guidelines are adhered to

2. General procedures

- 2.1. All new staff will receive education/training in the management and reporting of inappropriate behaviour
- 2.2. All new the participant will be informed and trained in positive behaviour support and prohibited and restricted practices during their induction period

3. Behaviour reporting strategies

- 3.1. All instances of inappropriate behaviour should be documented on a Behaviour Management form, noting date, time, location, people involved, and description of behaviour, strategies used and consequences

- 3.2. Behaviour Management forms should be forwarded to the relevant Department Executive/Manager for comment and then to the Behaviour Support Programmer
- 3.3. The Behaviour Support Programmer will assess the situation, speak to those involved if necessary, note comments and forward sheet to the and CEO if applicable
- 3.4. The Behaviour Support Programmer will follow up, comment, forward copies of form to relevant people; file a copy and note incident on Behaviour Support Reporting Register

4. Behaviour support plans/strategies

- 4.1. If considered necessary the Behaviour Support Programmer will develop a Behaviour Support Plan and/or strategies in conjunction with significant others (e.g. staff, guardian, family/carer)
- 4.2. Where support strategies are used with the intention of influencing or changing behaviour they will be sanctioned by means of a documented Behaviour Support Plan/strategies
- 4.3. A 'Positive Approach' will be taken to behaviour support. Behaviour Support Plans/strategies will be person centred, reflect their needs, improve their quality of life and support their progress towards a positive change, solution- focused, holistic and skill based, aiming to provide a respectful environment, empowering The participant to achieve and maintain individual lifestyles
- 4.4. Behaviour Support Plans/strategies will follow guidelines for Prohibited and Restrictive Practices
- 4.5. Behaviour Support Plans/strategies will state the actions to occur and review dates; the programme/strategies will be monitored to establish effectiveness
- 4.6. The Behaviour Support Programmer will discuss any plan/strategies with the relevant participant
- 4.7. The Behaviour Support Programmer will bring all relevant staff up to date with the implementation and expectations of any programme/strategies

5. Interim Behaviour Support Plans

- 5.1 Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan based on evidence-informed practice, which minimises risk to the participant and others.
- 5.2 The behavioural support planner will collaborate when needed with mainstream service providers, e.g. 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

6. Reportable Instances

- 5.1 Each reportable incident will be recorded on the register
- 5.2 Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed

7. Crisis response to a critical incident

- 7.1. A Crisis Response may be required in situations where there is a clear and immediate risk of harm to a participant or others, due to behaviour (s), and there is no Behaviour Support Plan
- 7.2. A Crisis Response may require the use of a Restricted Practice in order to prevent serious self-injury or harm to another person. In such cases the response should involve the minimum amount of restriction or force necessary, the least intrusion, and be applied only for as long as is necessary to manage the risk

7.3. The incident must be recorded as a Critical Incident and fully documented

7.4. A Crisis Response should never be used as a de facto routine behaviour support strategy

8. Restrictive and Prohibited Practices

LFE recognises that each participant is only subject to a restrictive practice that meets the NDIS Quality and Safeguards Commission requirements. The decision to undertake the restrictive practice will be based on supporting information including behaviour support documentation, such as a behaviour support plan (BSP) informed by a functional assessment of behaviour. A behavioural panel which incorporates executive/senior managers/senior staff will be available to sit on the panel and the organisation will lodge the submission in appropriate time.

8.1. Under the NDIS (Restrictive Practices and Behaviour Support) rules there are five (5) categories of regulated restrictive practice.

- Seclusion
- Physical Restraint
- Mechanical Restraint
- Chemical Restraint
- Environmental Restraint

8.2. Behavioural Assessment and development of Behavioural Plan

- Each participant's quality of life is maintained and improved by tailored evidence-informed behaviour support plans that are responsive to their needs
- Each participant's behaviour support plan is implemented effectively to meet the participant's behaviour support needs
- Each Participant is only subject to a restrictive practice that is reported to the Commission
- Each participant has a current behaviour support plan that reflects their needs and works towards improving their quality of life

8.3. Prohibited Practices, practices that constitute abuse or wrongful imprisonment are criminal offences and civil wrongs, and may lead to legal action. Unethical practices, such as: restricted access to basic needs or supports; harassment or vilification; corporal punishment or punishment intended to humiliate or frighten; and practices which are degrading or demeaning to the participant, e.g. over correction, are also considered to be Prohibited Practices

9. Consent

9.1. The informed consent of the participant is required before the implementation of behaviour support plans. If the participant is unable to consent their guardian or person responsible will be required to do so

9.2. If the legality of a practice or strategy is unclear, information will be sought from the Guardianship Tribunal

Management of Supported Independent Living (SIL)

General Policy Statement:

LFE strives to provide flexible accommodation options and training and support programmes, based on individual needs, within the Accommodation service. Every effort is made to provide services in the least restrictive environment, whilst at the same time supporting and encouraging the participant reach their full potential

1. Responsibility

- 1.1. The Department Executive/Manager is responsible for ensuring staffing levels on each shift are adequate
- 1.2. The Department Executive/Manager/Senior staff are responsible for ensuring that staff maintain and adhere to formalised training/support programmes; including Behaviour Management programmes
- 1.3. Staff are responsible for ensuring The participant receive training/support as directed by Department Executive, Manager or Senior staff, and indicated on shift duties
- 1.4. Staff are responsible for monitoring The participant, well being
- 1.5. Staff are responsible for the daily reporting and documenting of information, including: supportability, training/support, behavioural issues, WHS issues
- 1.6. Staff are responsible for exercising Duty of Care in a professional manner

2. Staffing

- 2.1. The number of rostered staff employed to cover shifts will vary according to the level of disability and the individual behavioural and support needs of The participant
- 2.2. All attempts will be made to ensure that there is an acceptable number of staff on duty to carry out programmes
- 2.3. Staff support numbers for outings and trips away will depend on the individual behaviour management programmes and support needs of those involved

3. Training and support

- 3.1. The participant' training and support programmes will be in line with the participants goals and the participant' individual needs and aspirations
- 3.2. Staff will maintain and monitor the participant training and support programmes, documenting and recording as required
- 3.3. Support programmes will be as flexible as possible and take into account cultural values, beliefs and custom, e.g. CALD and aboriginal
- 3.4. Staff will not be expected to incur any expenses associated with the training and support of The participant

4. Accommodation

- 4.1. LFE houses/units rented by The participant will be considered to be the resident's own home
- 4.2. Residents will be afforded the same rights as anyone renting in the community, e.g. rental agreement
- 4.3. Residents will be encouraged and supported to have a home like atmosphere that is as least restrictive and structured as possible
- 4.4. The participant are responsible for supplying their own furniture and white goods
- 4.5. The participants wishes and needs, including CALD and aboriginal, will be considered at all times when offering them a placement

- The utmost care will be taken to ensure that The participant who need to share, or wish to share, are compatible
 - Sharing will be based on informed decision making and the agreement of those involved
- 4.6. The participant is expected to pay own ongoing costs, e.g. food, electricity, excess water etc.
 - 4.7. The participant who share accommodation, will contribute to the cost of household expenses including: electricity, gas, telephone, water, cleaning etc.
 - 4.8. The participant will be encouraged and supported to take part in household chores and decision making, e.g. menu planning, grocery shopping, rec & leisure outings etc.
 - 4.9. The participant will be afforded privacy at all times, including: phone calls, hygiene, visitors etc. In cases where supervision/support is deemed necessary because of Duty of Care issues, it will be carried out in the least restrictive manner – refer Rights: Privacy & Confidentiality Policy
 - 4.10. The participant who make an informed decision to have a relationship will be given the appropriate opportunity and privacy to pursue the relationship
5. **Nutrition** – refer Health and Well Being Health Policy
 6. **Medication/Health Care** – refer Health and Well Being Policy and Management Medication Policy
 7. **Finances** – refer to Management of The participant Financial Affairs Policy
 8. **Well-being/spirituality** – also refer Health and Well-being Policy
 - 8.1. The Department Executive/Manager and staff will ensure that there is effective communication between the Supported Independent Living department, and other departments/businesses to maintain continuity to each person's support needs
 - 8.2. The participant will be encouraged to become physically, emotionally and socially independent
 - 8.3. LFE will ensure The participant have opportunity to participate in activities within the local community
 - Participant's specific cultural and religious needs will be respected. Every effort will be made to support The participant to fulfil their individual cultural and religious needs/wishes

Management of Day Activity Centres

General Policy Statement:

LFE supports the need for people with challenged ability, who have diverse backgrounds, needs and aspirations, to have the opportunity to participate fully in the life of our society.

Every effort is made to provide services in the least restrictive environment. Programs and support are designed to facilitate participation in the person's community and for them to enjoy a range of purposeful recreational, work and/or leisure activities.

Explanation:

SMART goals are specific, measurable, attainable, realistic and timely. Specific goals are used to build towards achieving the general goal, e.g. the general goal is to be a more assertive, this is then broken down into measurable more specific objectives, e.g. the person being able to tell others how they feel about situations - I feel.....; giving others clear signals, such as saying yes and no.

1. Responsibility

- 1.1. The Department Manager/Co-ordinator in consultation with Snr Manager/Executive is responsible for delivering services in line with budget requirements
- 1.2. The Department Manager/Coordinator is responsible for ensuring staffing levels for shifts are adequate
- 1.3. The Department Manager/Co-ordinator/Senior staff is responsible for ensuring that staff maintain and adhere to formalised training/support programmes; including Behaviour Management programmes and/or CALD and aboriginal specific
- 1.4. Department Manager/Co-ordinator/Senior staff is responsible for ensuring the participant's goals are indicated on daily training/support programmes
- 1.5. Staff are responsible for ensuring The participants receive training/support in line with their goals
- 1.6. Staff are responsible for monitoring The participants' well being
- 1.7. Staff are responsible for the daily reporting and documenting of information, including: supportability, training/support, behavioural issues, WHS issues
- 1.8. Staff are responsible for exercising Duty of Care in a professional manner at all times

2. Staffing

- 2.1. The number of rostered staff employed to cover shifts will vary according to the level of disability and the individual behavioural and support needs of The participants, as well as goal achievement requirements
- 2.2. All attempts will be made to ensure that there is the necessary number of staff on duty to carry out programmes
- 2.3. Staff shall make every effort to assist the participants to achieve their goals in a purposeful, interesting and positive way possible, employing ingenuity and creativity to deliver service results
- 2.4. The staff support ratio will be dependent on the participant's' needs, e.g. personal care 2:1.
- 2.5. Staff support numbers for outings and trips away will depend on the individual behaviour management programmes and the support needs of those involved

3. Training and support

- 3.1. The participants' training and support programmes will be in line with goals and the participants' individual needs and aspirations

- 3.2. Supports and activities will be suitable for the person's age and life stage
- 3.3. As training and support are based on individual needs and aspirations, the participants are entitled to change their mind about the goals they set, as well as training and support they receive. However, in some circumstances this may not be able to happen immediately, due to resource constraints, prescheduled/organised activities and/or support need to be taken into account before programs can be adjusted/alterd
- 3.4. Staff will maintain and monitor the person's training and support programmes, documenting and recording as required
- 3.5. Support programmes will be as flexible as possible and take into account cultural values, beliefs and custom, e.g. CALD and aboriginal
- 3.6. Staff will not be expected to incur any expenses associated with the training and support of The participants
4. **Nutrition/swallowing** – refer Health and Well Being Health Policy
5. **Medication/Health Care** – refer Health and Well Being Policy; Management Medication Policy
6. **Well-being/spirituality** – also refer Health and Well-being Policy
 - 6.1. The Department Manager and staff will ensure that there is effective communication between the participant/family/carer/advocate, and other departments/businesses to maintain continuity to each person's support needs
 - 6.2. The participants will be encouraged to become physically, emotionally and socially independent
 - 6.3. LFE will ensure The participants have opportunity to participate in activities within the local community and broader region
 - 6.4. The participants' specific cultural and religious needs will be respected. Every effort will be made to support The participants to fulfil their individual cultural and religious needs/wishes
7. **Finances**
 - 7.1. All staff are responsible for the honest handling of The participants' and LFE monies, e. g. petty cash, program costs
 - 7.2. All staff are responsible for the keeping of accurate records involving monies
 - 7.3. Disciplinary and/or legal action will be taken against staff who knowingly misappropriate LFE or The participants' money

Continuity of Supports (CoS)

General Policy Statement

LFE is to ensure that all participants that currently receive services are not disadvantaged due to not meeting the NDIS access requirements for residence, (age or disability) and continue to be provide continuity of support that assists clients achieve similar outcomes to the outcomes they were achieving prior to the introduction of the NDIS and to ensure that the individual receives a client-centred service which maximises independence and are responsive to the changing needs of older Australians as they age.

1. Responsibilities

- 1.1 All staff to ensure that a high quality of support is provided within the home and community
- 1.2 LFE to provide a service that is socially and culturally appropriate and free from discrimination
- 1.3 LFE to facilitate the clients choice and enhance the independence and wellbeing of clients and ensure services are responsive to the individuals needs
- 1.4 LFE staff ensure that the protection and promotion of the human rights of the individual is up held
- 1.5 LFE staff to provide flexible, timely services that are responsive to local needs
- 1.6 LFE to support the individual and give information about aged care service options and support their transition into this care where appropriate
- 1.7 LFE to comply with all requirements outlined in the

2. Eligibility

- 2.1 The CoS program supports existing clients of state-administered specialist disability services who do not meet access requirements for the NDIS. These clients are older with a disability who are aged 65 years and over and Aboriginal and Torres Strait Islander people with disability aged 50 years and over.
- 2.2 CoS will support a person with disability who is 65 years and over when the NDIS commences implementation
- 2.3 Is an Aboriginal and Torres Strait Islander person aged 50-64 years at the time the NDIS commences implementation
- 2.4 Is an existing client of state-administered specialist disability services at the time the CoS programme commences

3. People with dementia

The department considers the provision of appropriate care and support of people with dementia, their families and carers to be core business for all providers of services to older people, given its prevalence amount this group. The department funds a range of advisory services, education and training, support programmes and other services for people with dementia, their families and carers. Clients of CoS may access these supports if appropriate to their needs

CoS recognises the following special needs groups, which align with those recognised under the Aged Car Act 1997 and by aged care programs:

- People from Aboriginal and Torres Strait Islander communities
- People from culturally and linguistically diverse backgrounds
- People who live in rural and remote areas
- People who are financially or socially disadvantaged
- Veterans
- People who are homeless, or at risk of becoming homeless
- People who identify as lesbian, gay men, bisexual, transgender and intersex people (including people who are perceived to be, or have in the past lived as such)
- People who are care leavers; and
- Parents separated from children by forced adoption or removal

CoS will:

- Ensure that support is accessible, appropriate and free from discrimination
- Ensure that grant recipients consider the requirements of special needs groups, and that services are delivered in a way that is culturally safe and appropriate for older people from diverse backgrounds; and
- Ensure that the inability to pay for services does not exclude anyone from receiving services

Health & Well-being

General Policy Statement:

LFE encourages all the participant to lead and maintain healthy lifestyles, by adopting a holistic approach when promoting practices that will enhance the health and well-being of the participant

1. Responsibility

- 1.1. The Intake Officer is responsible for addressing the participant' health and well-being issues when carrying out initial assessment of the participant
- 1.2. It is the responsibility of all staff to promote healthy lifestyles choices
- 1.3. It is the responsibility of all staff to inform their Department Manager if they have concerns regarding a participant's health or well being
- 1.4. The Supported Independent Living (SIL) Manager is responsible:
 - For safeguarding the physical and mental well-being of The participant using the (SIL) service
 - To ensure that (SIL) The participant undertake regular health care checks, and seek medical/health attention as needed
 - For the Health Care Facilitator arranging The participant' annual Health Assessments and appointments for annual Health Assessment reviews
 - Ensuring (SIL) staff are keeping their participant's medical and health care records up to date

2. General health care

- 2.1. LFE takes a preventative approach to health care by:
 - Giving The participant information, opportunities, training and support to help them understand and participate in a healthy lifestyle, and to practice preventative health care
 - Ensuring that all (SIL) participant have an individual Health Assessment which is reviewed annually
 - Supporting and encouraging The participant to have regular health care reviews including: dental, medical, optical, podiatry, dietary and medication (refer to Management of Medication Policy and Procedures)
- 2.2. The participant will have training/support in areas of need e.g. oral hygiene, general hygiene
- 2.3. The participant will be supported to access specialist health care as needed, e.g. Westmead Centre for Oral Health; Specialist Drs; Physiotherapist etc.
- 2.4. Recommendations made by health care professionals will be implemented in a timely manner
- 2.5. Staff will, at all times, endeavour to balance individual choice and self-determination with Duty of Care
- 2.6. Due consideration will be given to the person's cultural and religious background
- 2.7. Should a participant become ill, their family/carer, advocate or legal guardian will be informed - with the person's consent
- 2.8. Staff will be given opportunity to develop knowledge and awareness of health issues, e.g. nutrition

3. Well-being

3.1. LFE will endeavour to enhance The participant' well-being by supporting and encouraging:

- A concept of home, through personal control over their accommodation (who they live with and where), home environment and how they spend their time
- Personal development (including an awareness of self-concept and spirituality), through experience, education, and fulfilment of individual needs and aspirations
- Social inclusion, through the development of community roles, friendships/relationships, employment/Activity Centre and family interaction
- Material stability, by safeguarding against poverty through budgeting support and employment when applicable
- Physical health, through adequate medical support and leading a healthy life style (including nutrition and exercise)
- Self-determination, through autonomy and choice
- Rights, through education, training, facilitation and advocacy

4. Nutrition and physical exercise

- 4.1. The participant will be given information, support and encouragement to develop eating habits that promote their health and well being
- 4.2. When appropriate The participant will be encouraged to attend the Community Health dietician for assessment
- 4.3. The participant will have training/support in the purchasing of food, food preparation and other aspects of daily living related to food
- 4.4. The participant will be encouraged to exercise on a regular basis, e.g. walking, bike riding, attending gym
- 4.5. When appropriate, The participant will be encouraged to walk to shops and community activities
- 4.6. The participant will be encouraged to participate independently in community sporting activities, e.g. tennis, gym

5. Feeding and/or swallowing difficulties

- 5.1. Special attention will be paid to the participant who have physical or visual difficulties with eating, drinking and/or swallowing. This may include, but not limited to:
 - Assessment by speech therapist
 - Individual feeding and/or swallowing plans
 - Supervision
 - Changes to environment
 - Assistance to eat or drink
 - Special seating and/or positioning
 - Special utensils
 - New participant who have swallowing difficulties will be assessed by a speech therapist on entry into service

6. Consent

- 6.1. Consent will be sought from the participant (SIL) prior to any dental or medical treatment taking place
- 6.2. If a participant is incapable of giving informed consent, consent will be sought from the Person Responsible, legal guardian or the Guardianship Tribunal

7. Documentation

- 7.1. Accurate, up to date records will be kept of all health and medical matters including, medication, health screening, treatments, results, assessments, procedures etc.

7.2. The (SIL) staff person responsible for supporting a participant to an appointment must:

- Note all relevant information (in detail) in the person's correct file/s e.g. General Practitioner, Optometrist, Dietician, Dentist etc.
- Update Medication Chart if needed
- Update Health Assessment with dates of visit and future visits
- Arrange any follow up appointments that may be needed and enter date/s on calendar
- Note on calendar the date that results from any tests e.g. blood will be available; the staff person who gets the results is subsequently responsible for updating records, making necessary appointments etc.

High Intensity Daily Personal Activities (currently not used at LFE)

Complex Bowel Care Outcome: Each participant requiring complex bowel care receives appropriate support.

Enteral (Naso-Gastric Tube – Jejunum or Duodenum) Feeding and Management Outcome- Each participant requiring enteral feeding and management receives appropriate nutrition, fluids and medication, relevant and proportionate to their individual needs.

Tracheostomy Management - Outcome Each participant with a tracheostomy receives appropriate suctioning and management of their tracheostomy relevant and proportionate to their individual needs.

Urinary Catheter Management (In-dwelling Urinary Catheter, In-out Catheter, Suprapubic Catheter)

Outcome: Each participant with a catheter receives appropriate catheter management relevant and proportionate to their individual needs

Ventilator Management

Outcome: Each participant requiring ventilator management receives appropriate support relevant and proportionate to their individual needs and the specific ventilator used.

Subcutaneous Injections outcome: Each participant requiring subcutaneous injections receives appropriate support relevant and proportionate to their individual needs and specific subcutaneous injections and medication administered.

Complex Wound Management outcome: Each participant requiring complex wound management receives appropriate support relevant and proportionate to their individual needs

Management of Medication

General Policy Statement:

LFE adopts and promotes safe practices when assisting the participant with their medication needs

1. Responsibility

- 1.1. The Supported Independent Living (SIL) Senior Staff is responsible for arranging regular medication reviews for the SIL Participant
- 1.2. All staff are responsible for safeguarding The participant against medication errors

2. General

- 2.1. It will be established when a person begins to use LFE services if they need support to take their medication
- 2.2. Appropriate and necessary steps will be taken to ensure that medication is taken as prescribed
- 2.3. Staff are not permitted to dispense medication –the pharmacist does this
- 2.4. All SIL Participants using LFE Services will have individual **Webster packs or Tab Timers**, which will be prepared as required by a Pharmacist
- 2.5. All Webster packs will be **kept in a refrigerator** as required
- 2.6. Staff will ensure that the participant receive the necessary support and/or training to self-administer their own medication
- 2.7. The participant will be supported and encouraged to have regular medication reviews
- 2.8. Any outdated or unused medication will be returned to pharmacist for safe disposal
- 2.9. Medication errors resulting from staff negligence will result in disciplinary action being taken (see paragraph 5 below regarding procedure following medication error)

3. Procedure for assisting with medication

- 3.1. Staff to identify correct participant's name on Webster pack
- 3.2. Staff to check requirements for taking medication eg. water, food, timing etc
- 3.3. Participant to be prompted as per 3.2 eg. get a glass of water – using own glass
- 3.4. Staff to ask participant to point and identify: their name/photo, the correct day and the correct time on their Webster pack, and then count tablets where possible
- 3.5. Participant is to open Webster pack over a bowl on a table to ensure tablets go into the bowl
- 3.6. Participant, with staff support is to check that no medication is left in the relevant section of the Webster pack and then count tablets in bowl
- 3.7. Staff are to observe the participant swallow medication, where appropriate, and check glass for any tablets not swallowed
- 3.8. Staff and participant are to check the Webster pack again to ensure that no tablets remain
- 3.9. Staff document on Medication Chart where required

4. PRN Medication (pro ne rata – Latin for 'as required')

PRN, for the purpose of this policy, refers to prescribed – as required – medication, e.g. Psychotropic medication, pain relief, epi pen etc

- 4.1. In the event of a participant being prescribed PRN medication, clear and precise written directions must be obtained from the Doctor, covering:
 - Reasons for which medication is prescribed
 - Circumstances under which medication may be given

- Circumstances under which a further dose can be given to participant
 - Safe interval between doses
 - The maximum PRN dose
 - Circumstances in which the Doctor must be notified
 - Procedure for assisting participant with PRN medication
- 4.2. PRN medication chart must be completed, detailing Doctor's directions. A copy of directions must also be placed in the participant's Medical Folder/PRN medication file on the computer
 - 4.3. PRN medication must not be given before obtaining approval from the on call supervisor/ Manager
 - 4.4. PRN medication must be signed for by requesting staff person and the on call supervisor/ Manager

5. Errors when medicating

- 5.1. If a participant takes medication from the wrong Webster pack, or from the wrong section of their own Webster pack (which is not consistent with prescribed dose at that time) the staff person responsible is to ring pharmacist to check on harmful effects and ask for advice. If pharmacist is not available, the Emergency Department at the hospital or the Poison's Information Service should be rung
- 5.2. The Executive/Manager is to be notified immediately and a Medication Error form is to be filled out and forwarded to Manager and On Call.
- 5.3. Manager to notify any other relevant parties if required

Management of Epilepsy

General Policy Statement:

LFE recognises that in providing accommodation, support and/or employment to the participant with epilepsy, staff have a duty of care to ensure that conditions, which may prompt a seizure, are minimised in the environment and the life style of the person. However, any attempt to reduce risk should avoid (as much as possible) compromising other aspects of the person's safety and dignity, or impairing their quality of life

Definitions:

Participant with epilepsy	Refers to a The participant who has had a seizure within the past ten years, or is on medication for epilepsy
Ongoing seizures	For the purpose of this policy, epileptic seizures are defined as ongoing if the participant has had a seizure during the past two years, despite taking medication for seizures

1. Responsibility

- 1.1. The Intake Officer is responsible for ensuring that the appropriate Department Executive/manager is aware of a new The participant/employee's epilepsy needs
- 1.2. The Department Managers/senior staff are responsible of inducting staff in the 'Management of Epilepsy Policy and Procedures'
- 1.3. The Department Executive/Manager staff is responsible for ensuring that all staff have read and understood individual participant/employee's seizure response needs
- 1.4. The ATSS Senior Manager/Health Care Plan facilitator is responsible for the annual review of individual epilepsy needs for ATSS The participant
- 1.5. All staff are responsible for familiarising themselves with participant/employees' individual seizure response, including safety procedures in place

2. Planning/management

- 2.1. The management of epilepsy will be based on the participant/employees' individual needs and personal history
- 2.2. For Supported Independent Living participant, planning for the management of a The participant' epilepsy will be included as part of the person's Health Care Plan
- 2.3. Each participant/employee with epilepsy will have a right to quality health care, as well as being involved in decision making, and exercising choices about their care and treatment
- 2.4. Staff will have awareness training in epilepsy and the general factors that can trigger a seizure, including: alcohol, some drugs, fatigue, lack of sleep, patterns of light (e.g. flickering TV screen), hormonal cycles, illness, high fever and food
- 2.5. Staff will have basic training in how to respond to a convulsive seizure

3. Safety issues

- 3.1. Duty of care will over ride 'dignity of risk' in all circumstances involving The participant with epilepsy and ongoing seizures, this includes; bathing, showering and/ or swimming
- 3.2. All The participant with epilepsy and ongoing seizures will be supervised at all times when bathing, showering, or swimming
- 3.3. The participant with epilepsy and ongoing seizures will be encouraged to shower rather than use a bath

- 3.4. If a staff person has **to leave the bathroom**, he/she should not do so until all water has drained from the bath/shower and soap and washers have been removed
- 3.5. If a participant with epilepsy and ongoing seizures chooses to go swimming, they will be accompanied by two staff persons. One staff person will be in the water with the participant at all times – within an arm's length. The other staff person must be out of the water and observing the participant at all times. The staff persons must be capable of rescuing the participant if they have a seizure, and at least one of the staff persons should have a current first aid certificate
- 3.6. Extra safety precautions will be put into place, on an individual basis, if deemed necessary, e.g. monitoring device in room of participant with continuous ongoing seizures

Enteral Nutrition Policy

General Policy Statement:

This policy aims to ensure that nutritional (+/- hydration) needs are met in participant who are unable to maintain an adequate oral intake for any reason.

The risks addressed by this policy:

Clinical Risks:

Without nutrition support, participant who are unable to meet their nutritional needs orally will experience deterioration in their nutritional status. Malnutrition is a common problem in hospitals and contributes to increased mortality, morbidity, infectious complications, delayed wound healing, increased length of stay and increased costs.

The aims / expected outcome of this policy

To facilitate the safe, appropriate administration of enteral tube feeding in order to meet participant' nutritional and hydration needs when they are unable to meet their needs orally

2. Policy statement

Inappropriate management of tube feeding can have a variety of detrimental effects including: dehydration, malnutrition, impaired swallowing, nasopharyngeal or gastric ulceration, aspiration injuries, and gastrointestinal or respiratory infections.

This policy has been developed to provide a guide to managing enteral tube feeding.

3. Principles / Guidelines

3.2 Responsibilities

- When commencing ensure that participant's upper body is raised by at least 30° to minimise aspiration risk.
- Flush the feeding
- Check position of feeding tube ask participant about abdominal discomfort, overfullness or nausea, look (observe any signs of abdominal distension); listen (auscultate for presence or absence of bowel sounds); feel (palpate for tenderness, rigidity or tightness).

Tube Feeding Management

General Policy Statement

This policy aims to ensure that nutritional (+/- hydration) needs are met in participant who are unable to maintain an adequate oral intake for any reason. To facilitate the safe, appropriate administration of enteral tube feeding in order to meet participant' nutritional and hydration needs when they are unable to meet their needs orally.

Inappropriate management of tube feeding can have a variety of detrimental effects including: dehydration, malnutrition, impaired swallowing, nasopharyngeal or gastric ulceration, aspiration

injuries, and gastrointestinal or respiratory infections. Further Information on Tube feeding is available for staff and sign. LFE are responsible only for attaching feeding bag, all concerns in relation to medical and tube placement are addressed by Group Home facility and or Parent / Carer.

The risks addressed by this policy:

Clinical Risks:

Without nutrition support, participant who are unable to meet their nutritional needs orally will experience deterioration in their nutritional status. Malnutrition is a common problem in hospitals and contributes to increased mortality, morbidity, infectious complications, delayed wound healing, increased length of stay and increased costs.

The aims / expected outcome of this policy

2. Policy statement

This policy has been developed to provide information in relation to attaching enteral tube feeding bag.

3. Responsibilities

- Staff to ensure all WH & S procedures are undertaken
- Human Resource Executive Manager to ensure training in the placement and removal of feeding devices
- Managers/senior staff to oversee new staff after training has taken place, to ensure correct procedure is undertaken
- Staff to ensure up to date plans are received from Group Home / Parents / Carers
- Staff to alert appropriate person if plan is not given on time
- Staff are responsible for reading and implementing correct procedures on feeding plans
- Staff to check position of feeding tube ask participant about abdominal discomfort, overfullness or nausea, look (observe any signs of abdominal distension); listen (auscultate for presence or absence of bowel sounds); feel (palpate for tenderness, rigidity or tightness). If identified staff are to contact Group Home /Carer / parent immediately. If unable to contact, ring medical personnel
- Staff are responsible to undertake a pre-flush to ensure tubing is clear
- Staff to ensure feeding bag is attached correctly, monitor and complete peg feeding chart. When needed alert via email and verbally to appropriate persons of any identified issues
- Staff to Post flush to ensure all feed or medication is through and not blocking the tube
- Staff to ensure at commencing that participant's upper body is raised by at least 30° to minimise aspiration risk.
- Staff to ensure participant waits at least one hour before lying flat
- Inform relevant body / person if there is increasing tenderness, rigidity or distension, or blood or mucus in stools or a change in bowel sounds. (Note that bowel sounds provide some indication of stomach and colon function only. Bowel sounds do not need to be present to commence feeding, as the small bowel may still have normal motility and absorptive function.)
- Chart enteral feeding and tube flushes, bowel activity, and any signs of feeding intolerance, in the fluid chart, progress notes, and/or care plan.

- Staff to store any medication required in a placed in a secure location, all details on mediation must be provided by Group Home, parent / carer in relation to time required and how to administer.
- Staff are to record any medication given on medical chart

4. General Information

Initiating Feeding

- Enteral feeding is indicated if the gut is functioning and participant is unable to eat an oral diet (such as where speech pathologist assessment indicates that swallowing is inadequate) or if oral intake is not meeting participant's nutrition / hydration needs.

Stopping Feeding for Procedures or Participant Transport

- Interruption of feeding should be minimised once commenced, as the feeding regimen is designed to provide a precise amount of nutrition and interruptions will prevent the participant receiving the full amount.
- Caution is required when stopping feeds if the participant is receiving insulin. Perform hourly blood sugar levels initially after stopping feeds. Insulin sliding scale may need to be reviewed if feeds remain off.

5. Storage of Feed Formula and Minimising Contamination

Hang Time

- Feeds in the closed system bottle can hang (at room temperature) for 24 hours. Feeds remaining in the bottle after 24 hours should be discarded and a new bottle started. Feeds given in a Kangaroo Bag should not hang at room temperature for more than four hours. The bag should be completely empty, and flushed with water, before refilling, and a new bag used every 24 hours.

Refrigeration Requirements

- Unopened feeding formulae may be stored at room temperature, away from direct sunlight. Keep feeding formula in the allocated place on the ward, and return any unused formula to Food Services. Containers of formula made up from a powder (such as Vivonex), or opened formula cans, should be kept covered, refrigerated promptly, and any unused portion discarded after 24 hours.

Additions to the Feed

- Occasionally a participant may require extra water, salt etc. to be given enterally. These should not be mixed with feeds.
- Any water needed in addition to the participant's ordinary requirements should be prescribed as tube-flushes in the Enteral Nutrition chart. Extra sodium can be given as salt tablets (10mmol Na⁺ each) or as ordinary food service salt sachets (17mmol Na⁺ each) which are cheaper and less bulky, and do not require crushing.
- Enteral feeding formulae are only 70-85% water and this should be taken into account when assessing fluid needs.

6. Alternative Feeding Regimes

- The feeding tube should be flushed before and after any intermittent or bolus feeding, and four-hourly during continuous feeding or if feeds have been suspended for any length of time.
- Bolus feeds can be given via a syringe, by removing the plunger from a 60mL catheter-tip syringe and attaching the syringe to the feeding tube. The required amount of feed is poured into the syringe chamber and allowed to run through by gravity over 10 to 15 minutes. A new syringe should be used for each bolus feed.

7. Giving Medications via the Feeding Tube

- Use liquid preparations whenever available. Effervescent or powdered forms are also suitable. Beware of crushing any medication with an enteric coating – check with the parent / carer if unsure (refer to “Do Not Crush” guidelines on RPAH Pharmacy Website <http://intranet.sswahs.nsw.gov.au/RPA/Pharmacy/pdfs/DonotCrush.pdf>).
- Oral cytotoxic drugs MUST not be crushed or broken.
- Flush the feeding tube with water before and after each medication. This prevents medications reacting with the feed and with one another, blocking the tube. Ensure that medications are well crushed.
- Use the roller clamp, or manually kink the giving set tube, to prevent back-flow of the medication. If the tube does not have a Y-port, disconnect and cap the giving set when giving medications and water flushes.
- Many medications interact with enteral feed formula if insufficiently diluted, and in some cases it may be preferable to use an intermittent feeding regimen to allow a suitable break in feeds for administration of these medications: the Dietician and Pharmacist should agree on an appropriate feeding regimen to allow this yet still meet the participant’s nutritional needs.

8. Unblocking the Feeding Tube

- Medications are the most common cause of tube blockages and this can be prevented by flushing well before and after giving each well-diluted well-crushed medication through the tube.
- If the tube can be flushed slowly, and flushing does not seem to improve the flow, then the tube may be kinked rather than blocked. Notify carer / parent of situation.
- If tube appears to be blocked use the smallest syringe available that fits onto tube, suck out as much of tube content as possible, using slow and gentle pressure, then fill the syringe with very warm water (tea/coffee temperature) and flush into the tube using moderate pressure.
- Note that soft drinks/soda water should not be used for unblocking tubes, as they can make the tube prone to block again, and their acid content can worsen the blockage. If the tube remains blocked, advise the appropriate person carer / parent and if needed ring for medical assistance

3.60 Managing Complications

Feeding Intolerance

- Assess feeding tolerance in terms of abdominal distension / discomfort, bowel activity, and any subjective symptoms reported by participant. **If needed notify the parent / carer**

- Note that bowel sounds provide some indication of stomach and colon function only. Bowel sounds do not need to be present to commence or continue feeding, as the small bowel may still have normal motility and absorptive function.
- If the participant's abdomen is distended, inform carer / parent / medical persons who will assess need for further action.

Vomiting

- If the participant is distressed, or if vomiting is continuous, feeds can be stopped **Notify** carer / parent immediately and if needed contact medical personnel.

Diarrhoea

- Diarrhoea is not an indication for stopping enteral feeds and can mean that adequate nutrition and hydration become even more important. Contact parent / carer of situation and if needed contact medical personnel

Suspected Aspiration of Feed

- Prevention of aspiration (by monitoring participant position and identifying risk factors) is more important than detecting aspiration once it has occurred.
- If aspiration of the feed is suspected, stop the feed

Any complications that arise due to Peg Feeding tube/feeding bag, participant feeling unwell staff to alert immediately Group Home facility, Parent or Carer. If unable to contact, staff to call ambulance 000.

References and links

- RPAH_PD2010_036 Refeeding Syndrome Policy
- Premium Health Training provider

Management Financial Affairs

General Policy Statement:

LFE believes that the participant have the right to manage their own financial affairs and to make decisions with regard to spending their own money. Support is provided to enable the participant to carry out necessary transactions and to avoid exploitation

1. Responsibility

- 1.1. All staff are responsible for the honest handling of participant/employees' monies
- 1.2. The ATSS Senior Manager is responsible for the keeping of accurate records involving ATSS The participant' financial affairs or those The participant who use the ATSS Budgeting service
- 1.3. The ISP Coordinator, in consultation with the relevant Department Executive/ Manager and the CEO, is responsible for applying for the services of the Protective Commissioner if necessary

2. Support and training

- 2.1. The amount of support and training a participant/employee may need in managing his/her financial affairs will be initially determined on application to LFE for a service and/or during ISP meetings
- 2.2. The amount of LFE involvement will depend on The participant' wishes and Duty of Care issues

3. NSW Trustee and Guardian

- 3.1. The services of the NSW Trustee and Guardian will be requested if:
 - The participant/employee is unable to make informed decisions
 - Significant amounts of money and/or property are involved
 - The participant/employee is being continually exploited
 - The participant/employee continually gets into debt in spite of LFE support

4. Records

- 4.1. Detailed, up to date records, including receipts for all purchases, will be kept to ensure LFE involvement is beyond reproach

5. Disciplinary action

- 5.1. Any staff person alleged to have misused or stolen The participant' monies will face disciplinary action
- 5.2. Disciplinary action may include dismissal and/or police involvement

Specialist Disability Accommodation Module (SDA)

General Policy Statement

LFE acknowledges that each participant's access to Specialist Disability Accommodation dwelling is consistent with their legal and human rights and they are supported to exercise informed choice and control. Each participant's right to exercise choice and control over other NDIS support provision is not limited by their choice of specialist disability accommodation dwelling

Conflict of Interest

1. The participant is supported to understand the distinction between the provision of specialist disability accommodation and other NDIS supports delivered in the dwelling in a manner using a language, mode of communication and terms that the participant is most likely to understand.
 - 1.1 The participant's housing rights, including security of tenure, are upheld, irrespective of any decisions/s the participant makes about the provision of other NDIS supports within the SDA dwelling.
 - 1.2 LFE will ensure that the participant is supported to understand the distinction between the provision of SDA accommodation and other NDIS supports delivered in the dwelling.
 - 1.3 When an organisation is delivering both specialist disability accommodation and other NDIS supports to the same participants separate service agreements are developed.
 - 1.4 The participant is supported to understand the distinction between the provision of SDA and other NDIS supports delivered in the dwelling in a language, mode of communication and terms which each participant is most likely to understand.

2 Service Agreement for Specialist Disability Accommodation Dwelling:

- 2.1 Each participant is supported to understand the terms and conditions that apply to their specialist disability accommodation dwelling and the associated service and / or tenancy agreements using the language, mode of communication and terms which that participant is most likely to understand
- 2.2 The agreement includes information about:
 - To specify the rent that is payable by the participant
 - Method and timing of making rental payments and arrangements
 - Specify the period of notice that will be given by the provider before the provider increase the amount of payable by the participant
 - The name, telephone number and address of the provider's agent
 - The agreement to specify the commencement date of the agreement, the duration of the agreement, and the manner in which the agreement can be extended
 - The dwelling safety features, including fire alarms and building evacuation procedures
- 2.3 The agreement establishes expectations, explains the responsibilities of the specialist disability accommodation provider in relation to the dwelling, the specifies the rights and responsibility of the participant in accessing the dwelling, in a manner that is provided in the language, mode of communication and terms which each participant is most likely to understand
- 2.4 The agreement with each participant meets the requirement of the Specialty Disability Accommodation conditions

2.5 Each participant receives a copy of their agreement signed by the participant and the provider. Where this is not practicable, a record is made detailing the circumstances in which the participant did not receive a copy of their agreement.

3. Tenancy Management

Each participant accessing a specialist disability accommodation dwelling is able to exercise choice and control and is supported by effective tenancy management. Information is provided in a language, mode of communication and terms which each participant is most likely to understand.

3.1 LFE adheres to the requirements established in the National Disability Insurance Scheme

3.2 Where the participant does not consent to an agreement, the specialist disability accommodation provider has a documented record of this.

3.3 Enrolled dwellings are in a good state of repair and are being appropriately maintained, having regard to the safety, security and privacy of residents.

Specialist Support Co-ordination

General Statement

LFE recognises that each participant receiving specialised support coordination receives tailored support to implement, monitor and review their support plans and reduce the risk and complexity of their situation and are given choice and control over their supports and to maximise the value for money they receive from their supports

1. Responsibility

1.1 The support coordinator has an understanding of the risk factors experienced by each participant with high-risk and/or complex needs

1.2 The support coordinator ensures that each participant is involved in processes related to giving choice and control in relation to supports provided

1.3 The support coordinator to link the participant with suitable service in relation to individual needs, preferences and circumstances

1.4 The support coordinator to be proactive and engage to ensure that all providers implemented in the participants' plan have an understanding and respond to the risk and/or complexity of the participant's situation

1.5 All monitoring and reporting obligations associated with the participant's plan are managed effectively using the participant's NDIS amounts as directed by the participant and for the purpose intended by the participant

1.6 Each participant has been provided with information about their support options using the language, mode of communication and terms that the participant is most likely to understand

Each participant is supported to build capacity to coordinate self-direct and manage their supports and to understand service agreements

1.7 Each participant receives information that is factual, transparent about their support options which promotes choice and control

Death of a Participant

General Policy Statement:

The death of an LFE participant will be responded to with dignity, promptness and sensitivity

1. Responsibility

- 1.1. The staff person finding the deceased person is responsible for calling the ambulance, police and the Department Executive/Manager (or CEO if the Department Executive/Manager is not contactable)
- 1.2. The Department Executive/Manager is responsible for notifying the CEO
- 1.3. The CEO, in consultation with the relevant Executive/Manager, is responsible for notifying family, person responsible or legal guardian of the deceased
- 1.4. The CEO is responsible for notifying the President of the Board of Directors as soon as practicable (within 24 hours)
- 1.5. The CEO, in consultation with the relevant Executive/Manager is responsible for notifying the appropriate State/Federal Government departments, including the Coroner, Ombudsman (if the deceased person lived in the LFE residential service), and Work cover if necessary
- 1.6. The CEO, in consultation with the Department Executive/Manager, is responsible for ensuring any necessary support for The participant, family, or staff
- 1.7. The Department Executive/Manager is responsible for filling out the ADHC 'Client Death Notification Form' (CDN) – located in Communal Files
- 1.8. If the deceased had been using the Accommodation Service, the Manager is responsible for notifying relevant agencies/services (e.g. gas, electricity, telephone, Centrelink etc.)

2. Immediate action

- 2.1. The first staff on the scene will immediately:
 - Request an **ambulance**, then commence Cardiopulmonary resuscitation (**CPR**) if qualified to do so
 - Ensure the **needs of other participants** are taken care of – this may need calling in other staff
 - Notify the person's **Medical practitioner** to attend the scene. The Medical practitioner will pronounce the person dead and issue a Life Extinct Certificate – only the coroner can issue a cause of death certificate
 - Notify **the police** to attend the scene. They are required by law to visit the scene, prior to the deceased being removed, to establish if there are any suspicious circumstances. The police should notify the coroner
 - Notify **Department Executive/Manager**
- 2.2. The CEO, in consultation with the relevant Executive/Manager: should notify the next of kin and inform them that the Coroner is responsible for investigating the cause of death and an autopsy (post mortem investigation) may be carried out in the course of the investigation. If they do not want an autopsy carried out they need to inform the police and put it in writing to the Coroner, stating the reasons for their objections
- 2.3. If the police need to interview other The participant to assist in their enquiries, the CEO, in conjunction with the relevant Executive/Manager, will organise appropriate support/advocate/legal representation

3. Removal of the deceased

- 3.1. The relevant Executive/Manager, in consultation with police, Medical practitioner, and family/legal guardian/person responsible, will make arrangements to have the deceased transported to hospital or other mortuary
- 3.2. The staff person on duty will record all the person's personal possessions and valuables that are taken by other person's or worn by the deceased to the mortuary. The list should be checked and counter-signed by another staff person

4. Post death support

- 4.1. Support and assistance will be offered to the family of the deceased, this may include assistance with funeral arrangements, finalizing the person's affairs and/or the provision of information about other services that provide bereavement care
- 4.2. The participant will be supported to attend the funeral
- 4.3. Ongoing support and assistance will be offered to other participants and staff. This may include debriefing, counselling, advocacy etc.

5. Funeral

- 5.1. The deceased's executors or/family will be responsible for meeting the cost of the funeral
- 5.2. Where the deceased has no family, or the family is not able to meet the cost of the funeral, the matter will be referred to the police, who are responsible for organising assistance from the State Department of Health
- 5.3. If there is a Guardianship Order relating to the deceased, the CEO, in consultation with the Department Executive/Manager, will liaise with the deceased's Public Guardian to arrange the funeral

6. General

- 6.1. Government notification procedures will be adhered to including, police, Coroner and Ombudsman (if the participant lived in group home) – the Department Executive/Manager will fill out, and forward, the ADHC 'Client Death Notification' (CDN) form
- 6.2. All notifications of the death will be documented and include date, time and persons notified
- 6.3. The organisation will co-operate with the assessment and review processes undertaken by the Disability Death Review team
- 6.4. The CEO, in consultation with the staff person on duty at the time of death, will provide the Board of Directors with a written report on the circumstances surrounding the person's death
- 6.5. If necessary the Department Executive/ Manager will assist with the finalization of the person's affairs

Appendix A

Procedure for: Working in Isolation or Remote Areas

1. Location

- Staff should have mobile phone and/or personal alarm on them at all times
- If duties deviate from programmed shift duties/calendar appointments staff should inform other staff on shift of their whereabouts/intentions prior to setting out

2. Communication

- Staff should ensure mobile phone is fully charged before each shift/travel
- Staff should have access to mobile phone at all times
- If problem arises and you are out of phone coverage range use 'SOSs' function on phone for help

3. Travel - for out of town trips

- Plan trips in advance, including: stops; timing - does participant need to stop more regularly to use toilet facilities?; what to take
- Ensure you have fully charged mobile phone and
- Ensure mobile phone charger is in car (it should be kept in car at all times)
- Ensure vehicle has enough fuel, and/or you have petrol card and pin numbers if you will need to fill up on trip; and you know what service stations to refuel at
- Ensure you know who to call in case of vehicle breakdown
- Inform supervisor/or staff on duty of departure time and intended arrival time at location; same for return journey
- Notify by text/phone on your arrival at destination
- Car should be equipped with torch, first aid kit
- Take water, snack, and change of clothes, participant's medication
- Monitor your fatigue levels and ensure you stop for break every two hours

4. Support / support staff

- Supervisor is to ensure staff have necessary and adequate training for support work needed
- Ensure you are familiar with any behaviour issues, strategies in place
- Ensure you have strategies if it is likely behaviours may occur
- In the case of high behavioural support needs two staff should travel with participant

2. Vehicles

- Vehicles are maintained regularly – weekly on set day as programmed by management

3. WHS

- Never put yourself at risk of harm
- Immediately report any identified hazards/risks
- Follow WHS requirements and policies in place
- If unfamiliar with vehicle ask for overall operation of vehicle as each vehicle has different features