Document of Policies

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Business continuity

Version:	3		
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Introduction

As a NDIS registered provider, we recognise it is our obligation to ensure the continuity of business during and following a major disruption as far as practicable. Disruptions may occur in the form of a disaster, emergency or disruptive event. These disruptions may significantly impact buildings, equipment, products or the ability to deliver services and therefore require appropriate foresight to reduce the impact on our business operation and to the people we support.

Our business continuity plan is based on the Prevention, Preparedness, Response and Recovery framework.

Each stage has a primary objective:

- Prevention – identifying and analyisng risk factors
- Preparedness – assessing the impact of adverse risks through a business impact analysis
- Response – a set of comprehensive steps to mitigate and respond to adverse risks
- Recovery – a set of comprehensive steps that plan for return to regular service.

Applicability

When
- applies when: - preparing the organisation for a disruptive event   - responding to a disruptive event   - recovering from a disruptive event.

Who
applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing regulations for this policy

▣ NDIS (Code of Conduct) Rules 2018 (Cth)
▣ NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)

Applicable processes for this policy

⛁ Evercare Support_IT and Security Retrieval

Documents relevant to this policy

📄 Business Continuity Plan (March 2025)

Prevention

The first stage of ensuring business continuity is the development of a risk management plan.

A risk management plan assesses and mitigates potentially disruptive events to our business and to participants. As we support people with disability that may have reduced capacity to act in potentially disruptive situations, it is most vital we assess risks with recognition that our primary aim is to always protect participants and workers' wellbeing.

When we conduct a risk management plan we will:

- Identify hazards and risk factors that have the potential to cause harm. such as:
  - bushfires, floods, cyclones etc.
  - pandemics
  - worker strikes
  - lifesaving equipment malfunctions.
- Analyse the risk associated with that hazard, such as:
  - building damage
  - infection or health deterioration of participants and workers
  - reduced staffing
  - resource cut-offs such as power or water.
- Evaluate the risk associated with that hazard and prioritise it according to its significance on the impact on our organisation, participant or workers:
  - health and safety
  - finances
  - operability
  - compliance
  - access to vital resources including power, water, PPE etc.
  - reputation.
- Determine appropriate ways to eliminate the hazard or control the risk when the hazard cannot be eliminated (risk control). Strategies may include:
  - insurance
  - secondary disaster locations
  - emergency participant plans
  - mandatory training to appropriately skill your workforce
  - back-up resources or power sites.

We recognise that the execution of any plan is contingent on appropriately trained and skilled workers. Therefore, wherever possible we will seek to train and skill our workers in the required emergency response activities they will need to perform. In the event of a complete worker shortage we will seek to collaborate with community partners, retired workers and government organisations to support our participants and their needs.

Preparedness

Identifying and assessing risks and potential ways to mitigate such concerns ensures that we are able to develop comprehensive strategies to minimise the impact on our participants, workers and organisation. These sets of strategies used to respond, and recover will be informed by our business impact analysis.

Our business impact analysis seeks to identify:

- the key business activities
- the specific impact to our participants, workers and/or organisation in the event this key business activity was not performed or operated at a reduced performance
- how long our business will be able to survive without performing or reduced performance of this key activity.

Response

In order to respond to disruptions in a timely and comprehensive manner we will develop response plans based upon our findings in the business impact analysis and risk management plan. Each potential disruption identified will have the following elements documented in an Incident response plan a(n):

- immediate response checklist
- evacuation or infection control procedures
- emergency kits
- roles and responsibilities for key management personnel and workers
- key contact information details and,
- event log of decisions and actions taken during the immediate response.

Immediate response checklist should be series of questions workers or key management personnel can answer in order to activate the required response.

Evacuation, lockdown or infection control procedures detail how any individual on the premises should proceed in the event of one of these critical incidents. As we support people with disabilities it is our responsibility to ensure for each identified risk, we have an appropriate procedure in place to evacuate, lockdown or control infection for each vulnerable participant.

Emergency kits are easily maneuverable and carriable kits or offsite securely stored information that contain essential documents and items that are required in operation of our services. This may include:

- emergency contact details of workers and participants and their next of kin / support networks
- emergency response plans and any other NDIS related plans for vulnerable participants
- participant medication lists and first aid equipment
- personal protection equipment
- basic toolkits and light sources
- backups of business information etc.

These items should be regularly inventoried and updated.

Roles and responsibilities refer to who and what is required of workers and key management personnel during these disruptive events. This section of our business continuity plan allows us to assign roles to activate emergency initiatives and ensure adequately skilled workers are in place to navigate the situation. In general, all roles will have assigned a leader and secondary alternative in the event the leader is unable to perform their responsibilities.

Key contact information details are a comprehensive list of contact details of both internal (worker and key management personnel) and external (participants, participants emergency contacts, emergency services, community partners etc.).

Event log is a log of events and the decisions or responses taking during the critical incident. This may provide an important basis for insurance, business operation claims or for the NDIS Quality and Safeguards Commission, after the fact.

Recovery

The recovery phase of our business continuity plan focuses on returning to operating our key business activities as soon as possible after the critical response. This is fundamental within our operation as we support participants who require specific levels of care to maintain quality of life.

Our recovery process will focus on:

- developing strategies to recover all business activities
- detailing resources required to recover all business activities
- detailing key management personnel or worker responsibility to return to business operations.

In developing strategies for recovery, we will adopt a 'worst case scenario' framework which will be scalable to the actual impact of the event.

Reporting requirements

As a registered NDIS service provider, it is a condition of our registration to notify the NDIS Quality and Safeguards Commissioner (the Commissioner) of any changes and events that affect our ability to provide the supports and service we are registered to provide. In most circumstances, the activation of the business continuity plan would constitute the grounds for informing the Commissioner via the NDIS Commission Portal. This responsibility therefore will be allocated in our response to a disruptive event.

Business insurance

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Introduction

Insurance is an essential part of risk management and helps to keep our employees and our services safe from any potential liability, injury or loss.

Insurance type	Description
Public liability insurance	Insurance that protects the organisation from claims of negligence made by third parties in relation to injury or property damage arising from our services.
Professional indemnity insurance	Insurance that protects employees against claims for breach of professional duty arising out of any negligent act, error or omission committed or alleged to have been committed while providing services.
Workers compensation insurance	Insurance that covers expenses such as wages and medical bills if an employee is injured at work.
Accident insurance	Insurance that covers accident-related expenses .

The level of insurance required differs between states and territories. For example, when employing staff, workers compensation insurance is regulated by the workers compensation authority of the state or territory which we operate.

Applicability

When
• applies to the management and administration of the service.

Who
• applies to key management personnel.

Required insurance policies

The following are required insurance policies:

- public liability insurance
- professional indemnity insurance
- workers compensation insurance (when employing workers)

- accident insurance.

Insurer requirements

All insurers must be recognised by the Australian Prudential Regulation Authority, or regulated by a state or territory Auditor-General.

Complaint management

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Introduction

This policy is about complaints made to a provider, not complaints about the NDIS.

All complaints are taken seriously, all people treated fairly, and all corrective actions completed in a timely manner.

Applicability

When
• applies when participants want to submit feedback or make a complaint • applies to all feedback and complaints received regardless of the source.

Who
• applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing regulations for this policy

- Disability Services Act 2006 (Qld)
- Disability Service Safeguards Act 2018 (VIC)
- Disability Services and Other Legislation (NDIS) Amendment Act 2019 (Qld)
- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS (Complaints Management and Resolution) Rules 2018 (Cth)
- NDIS (Quality Indicators) Guidelines 2018 (Cth)

Applicable processes for this policy

- Manage complaint

Documents relevant to this policy

- Feedback and complaints (easy read)
- [NDC_Complaint Form Master](#)
- [NDC_Complaint Review + Investigation](#)
- [NDC_Complaints Register](#)

Our commitment

We are committed to complaint handling. We will:

- implement and maintain a complaint management system
- make sure people can easily make a complaint
- deal with all complaints fairly and quickly
- have information available on how to:
    - submit a complaint
    - submit a complaint to the NDIS Quality and Safeguards Commissioner (the Commissioner)
- keep records on all complaints received.

Who can make a complaint?

Anyone can make a complaint including:

- a participant
- a participant's family or guardian
- a participant's financial manager
- an advocate
- an employee
- a community visitor
- a professional
- a member of the public.

Complaints can be made:

- in person
- by email
- in writing
- by phone
- on the web.

Complaints help us:

- identify problems
- improve services
- provide better outcomes to participants.

Complaints can be made about any part of the quality or delivery of our services such as if there is dissatisfaction:

- with the way services are provided
- with decisions we have made
- about the conduct of our employees
- about personal information not kept private.

Complaints can be made anonymously. Complaints can be made to us or directly to the Commissioner.

How to complain to the Commission about a provider

The NDIS Quality and Safeguards Commission has a page called How to make a complaint about a provider with information on how to submit a complaint to the Commission.

Ways to make a complaint to the Commission about a provider include:

- by phone: 1800 035 544 (interpreters available) or TTY 133 677
- via the [National Relay Service](#)—ask for 1800 035 544
- or by completing the online [Complaint Contact Form](#).

The Commission has [fact sheet](#) with information on how complaints are handled.

Complaint monitoring

As part of complaint management responsibilities:

- all complaints should be monitored using a complaint register
- the complaint register should include up-to-date progress of each complaint and whether it is currently open or closed (resolved)
- if there is any doubt about the end resolution of a complaint, seek feedback from the person who made the complaint
- regular reports from the complaint register should be provided to key management personnel for review.

Complaint records and review

Accurate information of complaints received including decisions made, actions taken and eventual outcomes must be recorded and kept for 7 years from the date of the complaint which allows us to:

- enable reviews of any complaints received
- assist in identifying any systemic issues raised
- allow a response to the Commissioner, if required
- be stored securely and accessible only by the people handling complaints.

Complaint referrals

Complaints to the Commissioner may be referred to other agencies or bodies if needed including:

- non-compliance with the NDIS code of conduct
- inappropriate or unauthorised use of restrictive practice
- employee screening issues e.g. if an employee of the provider was found to have a criminal history (for more information, refer to the worker screening policy)
- incidents relevant to other bodies (police, consumer affairs agencies or other regulatory bodies).

Our complaints system

Our complaints system is documented and information on how to make a complaint is available to participants, their families, guardians or advocates in a way that is culturally appropriate.

We work to ensure participants:

- are aware of their right to make a complaint
- feel empowered to make a complaint
- are supported to make a complaint
- are involved in the resolution process after making a complaint
- know they won't be adversely affected as a result of making a complaint.

Conflict of interest

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Introduction

This policy helps to identify, disclose and manage any actual, potential or perceived conflicts of interest. All representatives must be aware of their obligations to disclose any conflicts of interest that they may have. All representatives of the organisation must comply with this policy to ensure conflicts of interests are effectively managed.

What is a conflict of interest?

A conflict of interest occurs when a person's personal interests conflict with their responsibility to act in the best interests of the organisation and the people supported. Personal interests include direct interests as well as those of family, friends, or other organisations a person may be involved with or have an interest in (for example, as a shareholder, board member or business owner). A conflict of interest may be actual, potential or perceived and may be financial or non-financial. These situations present the risk that a person will make a decision based on, or affected by, these influences, rather than in the best interests of the organisation and must be managed accordingly.

Applicability

When
- applies to any situation which could affect a person's impartiality   - applies to any situation which could affect a participant's choice and control.

Who
applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing regulations for this policy

NDIS (Code of Conduct) Rules 2018 (Cth)

Applicable processes for this policy

Resolve conflicts of interest

Documents relevant to this policy

Conflict of interest (easy read)
Conflict of Interest Declaration Form
Conflict of Interest Register_FlowLogic

Organisation responsibilities

As part of organisational responsibilities, we will:

- ensure organisational or ethical values do not impede a participant's right to choice and control
- manage, document and report on individual conflicts of interest as they arise
- ensure that advice to a participant about support options (including those not delivered directly) is transparent and promotes choice and control.

Responsibilities of representatives

The responsibilities of all representatives are to:

- avoid conflicts of interest where possible
- identify and disclose any conflicts of interest
- carefully manage any conflicts of interest
- adhere to the conflict of interest policy and respond to any breaches.

Key management personnel responsibilities

Key management are to:

- work with all representatives to avoid or manage any conflict of interest
- record all reported conflicts of interest in a register of interests document.

Gifts and benefits

Regarding gifts and benefits:

- representatives of the organisation must not accept any offer of money, gifts, services or benefits that could cause them to act in a manner contrary to the interests of a participant
- representatives 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.

Examples of conflicts of interest

The following are examples of conflicts of interest:

- financial interests
- personal and family relationships between employees/volunteers
- decisions regarding appointments, promotions or other decisions relating to employees
- acceptance of gifts or benefits e.g. monies, jewellery, make up, clothing, flights or holidays
- use of confidential and official information
- reproduction or use of copyright information for organisation's purposes only
- membership of, or employment in, another organisation that comes into serious competition with another organisation
- use of the organisation's facilities and equipment for personal benefit or the benefit of a third party.

What is not conflict of interest

The following are not conflicts of interest:

- membership or affiliation with other organisations where there is no possible benefit or perception of benefit
- union representation or membership
- approved collaboration with other organisations.

Breach of conflict of interest policy

Failure to disclose a potential, perceived or actual conflict of interest is a breach of this policy.

Disciplinary action may follow if it is deemed to be an incident of misconduct, wrongdoing or an abuse of power.

Continuity of supports

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Introduction

This policy sets guidelines on providing supports and services where there are staff shortages.

We will have arrangements in place to minimise the risk of cancellation, no show or late change to a scheduled support. Service agreements between participants will include details of our cancellation arrangements (including rescheduling the support) and advice periods for cancellations and changes to agreed appointments.

Applicability

When
• applies to supports and services provided to all participants.

Who
• applies to all employees including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

Governing obligations for this policy

📄 NDIS Practice Standards 2.8.1 Continuity of supports
📄 NDIS Practice Standards 2.8.2 Continuity of supports
📄 NDIS Practice Standards 2.8.3 Continuity of supports
📄 NDIS Practice Standards 2.8.4 Continuity of supports
📄 NDIS Practice Standards 2.8.5 Continuity of supports
📄 NDIS Practice Standards 3.2.3 Support planning

Governing regulations for this policy

📄 NDIS (Quality Indicators) Guidelines 2018 (Cth)

Documents relevant to this policy

📄 Delegation of Authority_July25

Commitment to uninterrupted supports

As part of our commitment to uninterrupted supports:

- we are committed to ensuring day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports
- our supports are planned with each participant to meet their specific needs and preferences
- the participant's needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expressed preferences
- we have arrangements in place to ensure support is provided to the participant without interruption throughout the period of their service agreement
- in the event of worker absence or vacancy, a suitably qualified and/or experienced person will perform the role
- where changes or interruptions are unavoidable, we will make alternative arrangements which we will explain to the participant and seek their approval
- where applicable, we have disaster planning measures in place to enable continuation of critical supports before, during and after a disaster.

Avoiding service interruptions

As much as possible, we seek to avoid service interruptions to participants due to worker absences.

We will ensure each participant is provided with appropriate supports at the appropriate time.

We will record and manage the risks related to delegating authority to a different support worker in the risks register. If the usual delegated person is unable to attend or fulfil their duties, we will delegate responsibility to another worker suitably informed and qualified.

We aim to avoid service interruptions to participants by:

- where practicable, having suitable replacement staff members that can undertake supports when needed
- ensuring that the replacement staff member has all required knowledge to properly support the participant
- informing the participant (by phone or in person) if the usual support worker is unable to provide services or attend an appointment
- obtaining the consent of participants, and/or other relevant parties, before proceeding with services
- adhering to this policy.

Rescheduling services

When rescheduling services, we will:

- only reschedule if we can be reasonably sure that:
  - we do not have the service capacity to delegate support duties to a suitable person, and
  - the rescheduling will not negatively impact the participant's safety, health and/or well-being
- not reschedule a service if it has a risk of impacting a participant's safety, health and/or well-being
- record and manage risks associated with rescheduling services
- manage service rescheduling by:
  - contacting the participant by phone or in person as soon as we know a service reschedule is required
  - finding a replacement time that is suitable for the participant
  - managing any associated administrative considerations (e.g. room availability) in a timely manner.

Delegation of authority

To manage delegation of authority, we will:

- if applicable, have a recorded system of delegation which details the people/position holders that will step into a role if the usual position holder is absent
- ensure that the next person in line of delegation has suitable knowledge, qualifications and experience to undertake the relevant duties
- avoid interruptions to key management activities by:
  - rescheduling any non-essential meetings and other management activities
  - planning essential management activities in advance
  - informing workers about our delegation of authority arrangements
  - informing returning management personnel about the work that has been done during their absence.

Alternative arrangements

All alternative arrangements we put into place to ensure continuity of supports will be planned and recorded. Where changes or interruptions are unavoidable we will:

- explain the situation to the participant and outline the alternative arrangements
- seek the participant's consent before putting the alternative arrangements into place
- deliver the alternative arrangements in a way that is appropriate to the participant's needs, preferences and goals.

Continuous improvement

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Introduction

Continuous improvement helps to ensure supports and services we provide achieve the most optimal outcomes for our participants.

This policy outlines the key methods we use to drive continuous improvement within our organisation.

Continuous improvement is an ongoing process that we will implement on a consistent basis in order to maintain a continuous improvement culture within our organisation.

Applicability

When
• applies to all areas of the service at all times.

Who
• applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing regulations for this policy

📘 NDIS (Quality Indicators) Guidelines 2018 (Cth)

Applicable processes for this policy

⬚ Internal audit
⬚ Manage quality improvement

Documents relevant to this policy

📄 NDC_Continuous Improvement Register   ⬈

Continuous improvement

Continuous improvement involves:

- regularly collecting information, from a variety of sources, including:
    - things that are working well

- things that are not working well
- things that have gone wrong
- decide if the issue is a risk
- any changes in requirements
- any external knowledge or advice
- recording issues and ideas in a continuous improvement plan
- decide if an issue presents a risk—if it is, record in the risk management plan, and work with those affected to address on ideas for change
- implementing changes as agreed and documented
- advising all relevant stakeholders of any changes made
- undertaking performance management to drive continuous improvement.

Review of practices

Reviewing various service practices enables us to understand participants' experiences with specific aspects of our service. Practice reviews are a reflective process that enables us to learn from and improve existing services.

Reviews will focus on a participant or a specific group of participants and may cover participants' experiences within a practice area, with a particular group of support workers and/or with a cluster of services.

External audits

We will undertake all required external audits, including NDIS audits. External audits are a regulatory requirement and we will meet all of our legal and legislative obligations in relation to this.

Internal audits and policy reviews

We will maintain a system of internal audits to ensure we:

- stay aware of legislative, regulatory and compliance changes
- keep record of documentation review cycles
- review documentation more often where required, in response to any internal and external changes
- maintain compliance with existing legislative and regulatory requirements
- identify opportunities for improvement within different areas of compliance
- keep evidence of actions taken in relation to maintaining compliance
- assign compliance improvement activities to correct people and departments
- identify potential high-risk areas within our organisation.

Clinical and case reviews

Clinical and case reviews are usually focused on a specific participant and are initiated in response to specific health or behavioural situations that result in a negative outcome.

The aim is to prevent the situation in question and improve participant outcomes.

Collecting feedback

We will have robust feedback collection mechanisms in place to consistently collect, collate and evaluate feedback from:

- participants
- participant support networks (e.g. family)
- workers
- external stakeholders.

When managing feedback, we will:

- give relevant parties information about how they can give us feedback
- ensure we streamline the feedback process to make the experience of providing feedback as straightforward as possible
- respond to all feedback in a timely manner
- use feedback to drive continuous improvement
- escalate feedback where required to key management personnel (e.g. when the feedback relates to an incident or complaint).

Governance review

We will undertake high-level periodic reviews of our governance practices. This involves:

- monitoring and appraising the performance of management (including responses to individual issues)
- revision of business plans, strategic plans and other relevant governance documentation
- assessment of existing leadership and authority structures
- responding to feedback intended for our management personnel.

Incident reviews and investigations

We will review and investigate all incidents, complaints and grievances. This is a regulatory requirement and we will comply with this requirement at all times. When investigating and reviewing incidents, complaints and grievances our organisation will consider:

- existing policies and processes that are in place
- the causes of the incident/complaint/grievance
- the most appropriate investigation methods and timeframes
- the way in which incident/complaint/grievance has been handled
- the outcomes of the incident/complaint/grievance (including feedback from relevant participants, workers and other people involved)
- actions we can take to ensure the incident/complaint/grievance does not occur again.

Continuous improvement plan and register

Our organisation will have a continuous improvement register and plan in place. Our register will cover:

- suggested improvements and continuous improvement opportunities
- name of person that added the suggestion
- date added to the register.

Our plan will include:

- continuous improvement action plans
- information about people responsible for executing each part of the plan
- notes and learnings from any continuous improvement meetings
- checklist of any regular continuous improvement activities.

We will review and update our continuous improvement plan and register regularly.

Continuous improvement responsibilities of key management personnel

Key management personnel must:

- drive quality improvement, and encourage and provide opportunities for worker involvement
- ensure services are well planned, effective in meeting needs and provided at the best possible level of quality by:
    - ensuring a quality management system is used and that internal controls are in place to comply with relevant standards
    - monitoring the results of quality reviews and making changes as needed
    - ensuring compliance with reporting requirements
    - implementing risk management strategies
    - pursuing organisational goals of service excellence
- drive review of internal practices
- organise and participate in external audits as required
- ensure feedback is collected effectively
- ensure all governance documentation and structures are relevant and up-to-date
- where required, manage the investigation of incidents, complaints and grievances
- delegate continuous improvement responsibilities.
- foster a positive attitude to quality improvement among workers
- implement policies and procedures for quality management to guide workers
- establish documentation and reporting processes to enable the ongoing tracking of quality improvement.

Continuous improvement responsibilities of workers

Continuous improvement responsibilities of workers must:

- consistently monitor for continuous improvement opportunities
- discuss any identified areas for improvement with relevant managers
- facilitate the collection of feedback
- provide feedback to key management personnel
- participate in investigations of incidents, complaints and grievances
- participate in internal and external audits
- undertake clinical and case reviews as required
- participate in team meetings.

Data breaches

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Introduction

Data breaches are serious situations that have the potential to harm participants, workers and our organisation due to the leaking of sensitive information (such as personal identification numbers, health information and financial information).

Our organisation is committed to having robust mechanisms in place to prevent data breaches and we will establish a planned approach to address any real or suspected breaches of data.

Applicability

When
• applies at all times.

Who
• applies to all workers.

Governing regulations for this policy

> 📑 NDIS (Quality Indicators) Guidelines 2018 (Cth)
>
> 📑 Privacy Act 1988 (Cth)

Documents relevant to this policy

> 📄 Business Continuity Plan (March 2025)

Preventing data breaches

To prevent data breaches, our organisation will:

- always respect the privacy and dignity of all participants
- ensure that all methods of data collection, both online and offline, have robust security measures in place
- verify the security measures of all third-party information management systems/digital platforms that we are using
- have risk management plan or data breach response plan in place that cover key practices for preventing data breaches - including cyber security incidents
- provide training to all workers that covers:
  - data collection and handling
  - data access and editing
  - data deletion and disposal

- common data security, risks and scams (e.g. phishing emails, fake websites, technical support scams.)
    - key data protection practices (e.g. log in credentials, multi-factor authentication, system updates, anti-virus software, data-backups)
    - steps to take during a data breach incident
    - data breach reporting obligations
- only provide participant data to workers and other external parties (e.g. health service providers) that need access to this information
- comply with the following relevant policies:
    - Privacy and Confidentiality
    - Information security
    - Maintenance, records and audit
- comply with all relevant regulations and legislation including:
    - The Privacy Act 1988 (Cth)
    - Australian Privacy Principles (APP)
    - Legislation and regulations relevant to our state
- incorporate data safety into the governance of our organisation.

We will ensure participants feel supported to access their data and provide feedback around our data handling

Reporting data breaches

Under the [Notifiable Data Breach (NDB) Scheme](#), all notifiable data breaches must be reported to the [Office of the Australian Information Commissioner (OAIC)](#). A notifiable data breach is any breach of data that is likely to cause any person or organisation serious harm. Examples of serious harm include:

- identity theft
- risk of physical harm
- serious psychological harm
- harm of an individual's reputation
- loss of trust in our organisation
- financial loss
- legal and regulatory consequences.

If a data breach significantly impacts our ability to comply with the requirements of our NDIS registration, we will notify the [NDIS Commission](#).

In addition to the above, we must inform that NDIA at privacy@ndis.gov.au if participant information was compromised during a data breach. This includes participant ID, name and any other identifying information about a participant or their plan.

Managing data breaches

We will take each data breach or suspected data breach seriously and respond immediately to contain, assess and remediate every incident on a case-by-case basis. When responding to a data breach or suspected data breach, we will:

- contain the breach to prevent any compromise of personal information
- assess the breach to gather facts and evaluate risks including potential harm to individuals and whether the breach requires reporting
- act where required to remediate any risk of harm
- following the NDIS advice around [protecting personal information after a data breach](#)

- notify individuals and (where required) the Office of the Australian Information Commissioner per the requirements of the NDB
- review the incident and consider continuous improvement actions to avoid future breaches.
- Enact the Evercare Support Data Breach Response Plan - contained in the Evercare Support Business Continuity Plan

Data breaches after termination or cease of employment

Any contact or communication with Evercare Support's clients, stakeholders or guardians by former staff members after their employment is terminated constitutes as a data breach and a conflict of interest.

All staff members are bound by confidentiality agreements and are covered by the Code of Communication Policy, which states that all communications with participants must be routed through the management team.

Unauthorised possession or disclosure of private details for

- participants
- carers
- stakeholders
- other workers

will be considered a serious breach of confidentiality and conflict of interest, and will be subject to legal action and appropriate disciplinary measures.

Domestic violence (September 2024)

Version:	5		
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Introduction

Domestic violence can have serious impacts on a person's safety, health and wellbeing.

Our organisation is committed to ensuring that we protect all participants and workers from domestic violence.

This policy covers the ways in which we proactively identify and manage instances of domestic violence throughout all areas of organisational practice.

Applicability

When
- applies throughout all areas support and when managing instances of suspected or actual domestic violence.

Who
- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Identifying domestic violence

Domestic violence encompasses a wide range of physical and non-physical behaviours directed towards members of a household (such as a partner or other relative). The following are the main types of abuse that constitute domestic violence.

Please note that the below is not an exhaustive list. All behaviours should be assessed in the specific context in which they occur.

Abuse type	Examples
Physical abuse	- hitting, slapping, kicking, punching - damage to property - use of weapons.
Financial abuse	- preventing a person from working - controlling financial assets - harassing a person at work.

Emotional abuse	- intimidation - disproportionate jealousy or suspicion - humiliation - name-calling and put-downs - excessive control of a person's movements, including where they can and can't go.
Social abuse	- isolating a person from their support networks, such as friends or extended family - spreading rumours about a person, with the intention to damage their reputation.
Sexual abuse	- forcing a person to perform sexual acts without consent - forcing a person to have sex when they are unable to consent, such as when they are unconscious - forcing a person to have sex without protection, against their will (such as sabotaging birth control).
Technological abuse	- using tracking application on a person's device to track their locations, calls and messages without the person's knowledge and consent - hacking a person's personal online accounts - controlling a person's access to devices.
Spiritual abuse	- denying access to religious ceremonies, practices and/or expression - shaming or insulting a person's religious beliefs - forcing a person to participate in religious practices, even if they do not want to participate.
Abuse by immigration status	- threats of withdrawing visa sponsorship - threats of deportation.

There are various signs that may indicate a person is experiencing domestic violence. Some of these include (but are not limited to):

- changes in behaviour, such anxiety, withdrawal or depression
- frequent absences from external commitments, such as work or appointments
- changes to sleep habits
- unexplained injuries, such as cuts and bruises
- discussions of self-harm and/or suicide.

Organisational commitments for domestic violence prevention

To prevent and address instances of domestic violence, Evercare Support will:

- train workers to recognise signs of domestic violence
- train workers in appropriate procedures for reporting incidents involving domestic violence
- handle all reports of domestic violence promptly, sensitively and confidentially
- provide referrals to appropriate domestic violence support services
- never discriminate against a worker or participant based on their experience of domestic violence, and any resulting leave/absence
- ensure that any participant or worker that experiences domestic violence feels safe, understood and supported.

Worker responsibilities

To identify and address instances of domestic violence, all workers, at every level of our organisation must:

- participate in domestic violence-related training initiatives
- provide support to participants and other workers experiencing domestic violence, in accordance with this policy
- escalate incidents involving domestic violence to the appropriate internal and/or external parties
- provide referrals to relevant external supports and services
- maintain confidentiality and respect the privacy of individuals affected by domestic violence.

Domestic violence assistance

For workers experiencing domestic violence we will assist by:

- ensuring the worker's immediate safety
- communicating with the worker in an understanding, caring and non-judgmental manner
- understanding the work performance and absences can be influenced by factors outside of work
- providing clear lines of internal and external reporting
- providing referrals to Employee Assistance Programs (EAP) (if available) or other counselling services
- providing leave arrangements in compliance with Fair Work laws
- providing flexible work arrangements, where necessary, to ensure safety
- providing return to work assistance for workers that have taken leave due to domestic violence
- cooperate with all external services involved in supporting the worker
- undertaking check-ins to ensure the worker is safe.

For participants experiencing domestic violence we will assist by:

- ensuring the participant's immediate safety
- communicating with the participant in an understanding, caring and non-judgmental manner
- referring the participant to suitable counselling and support services
- where required, assisting the participant with developing a safety plan
- referring the participant to external services such as legal aid, housing support, and specialised domestic violence services
- cooperate with all external services involved in supporting the participant
- undertaking regular check-ins to ensure the participant is safe.

Perpetrators of domestic violence

When at work, it is unacceptable for a worker to:

- use work resources to commit acts of domestic violence (e.g. using a work phone to harass or intimidate their partner)
- using personal resources to perpetrate acts of domestic violence (e.g. sending a threatening text from a personal phone to a partner during work hours).

Our organisation has a zero-tolerance policy on domestic violence in any context. Domestic violence, whether it occurs during or outside of working hours, is a legal matter.

If we become aware of cases of domestic violence perpetrated by anyone affiliated with our organisation, we will escalate this to appropriate authorities. This behaviour will also result in disciplinary action, up to and including termination of employment.

Reporting

- Workers and participants should report any concerns or incidents of domestic violence to their supervisor or designated contact person as soon as possible.
- All reports will be handled in compliance with legal and ethical standards relating to privacy and confidentiality, as all information will only be shared with relevant parties on a need-to-know basis or where required by law.
- In cases where immediate safety is a concern, our organisation will assist in contacting the police and/or other emergency services.
- Referrals may also be made to external organisations for specialised support – some of the key external organisations are listed below.

Support resources

The table below outlines national support resources for people experiencing domestic violence. Further links can also be found on Services Australia.

In addition to nation-wide resources, our organisation will also be familiar with the help that is available within our specific state/territory/region.

Organisation	Phone Number	Website	Service Description
1800RESPECT	1800 737 732	https://1800respect.org.au/	National sexual assault, domestic and family violence counselling. Available 24/7.
Lifeline	13 11 14	https://www.lifeline.org.au/	Crisis support and suicide prevention services. Available 24/7.
White Ribbon Australia	02 6280 0900	https:/whiteribbon.org.au	Advocacy, awareness, and education on preventing violence against women.
MensLine Australia	1300 789 978	https://mensline.org.au/	24/7 counselling for men experiencing or using violence.
Kids Helpline	1800 551 800	https://kidshelpline.com.au/	24/7 counselling for children and young people up to age 25.
Emergency Services	000		24/7 for emergency support.

Emergency and disaster management

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Introduction

Our organisation will create plans to ensure that we can effectively respond to emergencies and disasters. Planning for emergencies and disasters helps our organisation to:

- plan our responses to different types of emergencies and disasters
- manage associated risks, including risks to the health, safety and wellbeing of participants
- ensure continuity of supports during emergencies and disasters.

This policy covers our approach to emergency and disaster management. For specific information about our pandemic management practices, see the Pandemic management policy.

Applicability

When
- applies when planning for and responding to emergencies and disasters.

Who
- applies to all employees and key management personnel.

Governing regulations for this policy

📄 NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)
📄 NDIS (Quality Indicators) Guidelines 2018 (Cth)

Applicable processes for this policy

📄 Evercare Support_IT and Security Retrieval

Documents relevant to this policy

📄 Emergency and Disaster Management Plan
📄 Emergency management plan template

Types of emergencies and disasters

There are many different disasters and emergencies that stem from a variety of causes. Some of the most common disasters and emergencies include:

- natural disasters, such as:
  - bushfires
  - hurricanes, typhoons, cyclones and other severe weather
  - earthquakes
  - other location-specific natural disasters (landslides, floods, tsunamis)

- human-caused disasters and emergencies, such as:
  - assault and other violent crime
  - riots
  - traffic accidents
  - building fires
  - robbery

- other incidents of mass trauma, such as:
  - pandemics.

Planning for emergencies and disasters

When creating emergency and disaster management plans, our organisation will:

- assess and manage risks associated with emergencies and disasters
- create plans that cover:
  - risk assessment and mitigation strategies
  - preparing for, and responding to different types of disasters
  - the location of relevant emergency kits and facilities
  - the responsibilities of workers and the governing body when responding to emergencies and disasters
  - how supports will be modified to ensure continuity of supports during an emergency or disaster
  - how we will respond and adapt to changes within participant supports and other interruptions
  - how the governing body will test the plans and adjust them in the context of a particular emergency or disaster
  - the date/s on which the plans must be reviewed

- communicate the content of the plans to workers, participants and participant support networks
- ensure that emergency management practices and guidelines around support continuity are also included as part of each participant's service agreement
- consult participants and their support networks when developing the plans and putting them into place
- review our plans regularly
- consult participants and their support networks when undertaking plan reviews
- ensure the plans are easily accessible to relevant workers and participants
- ensure the contents of the plans are effectively communicated to workers, participants and participant support networks.

Continuity of supports

To ensure continuity of supports our organisation will:

- comply with our Business continuity policy and all relevant legislation
- record alternative support arrangements in:
  - our emergency and disaster management plan
  - our business continuity plan
  - each participant's service agreement

- communicate the contents of our emergency and disaster management plans to workers, participants and participant support networks
- adapt to and respond to any changes in the emergency and disaster situation.

Support plans

Each participant will have their own support plan in place. This support plan will include emergency and disaster management information attached, which will cover:

- strategies for ensuring each participant's safety, health and wellbeing if there is an emergency or disaster of any kind (including individual, provider and community emergencies/disasters)
- strategies for responding to medical emergencies involving each participant
- processes for escalation for each participant's urgent health situations
- strategies for ensuring continuity of supports for each participant if there is an emergency or disaster

We will ensure that each participant's support plan is understood by each worker. This will be included in worker training.

Service agreements

Our organisation will ensure that each participant's service agreement sets out support arrangements that will be put into place in the event of an emergency or disaster.

Worker training

When planning worker training we will identify:

- key worker capabilities relating to emergency and disaster management (such as contingency planning or infection prevention or control)
- workers that have these capabilities.

Our organisation will conduct worker emergency and disaster management training during intake and throughout the course of employment. Our worker training will cover:

- the contents of emergency and disaster management plans
- understanding the support plan of each participant they will be supporting
- implementation of emergency and disaster management plans
- response actions to specific emergencies and disasters (including how to distinguish between urgent and non-urgent health situations)
- procedures for escalation of incidents
- how to maintain continuity of support
- how to adapt to changing emergency and disaster situations.

Inducting a workforce in the event of a disaster

Based on their availability and skills, we will identify essential workers whose assistance will be required in the event of an emergency and disaster.

We will induct these workers and provide training as required.

Emergency toolkits and facilities

We will ensure that all relevant emergency tools and facilities are outlined in our emergency management plan and are always accessible. Emergency tools and facilities we provide may include:

- first aid kits
- emergency evacuation maps
- fire extinguishers
- smoke alarms
- torches
- emergency contact lists.

Responsibilities of key management personnel

All key management personnel must:

- manage emergency and disaster management planning, response and recovery
- oversee the response to an emergency or disaster
- undertake risk assessments that include emergencies and disasters
- monitor local, state and federal government announcements and updates
- modify response actions in response to local, state and federal government announcements and updates
- communicate changes to supports to all relevant workers, participants and participant support networks
- obtain all relevant insurance for the organisation
- test all emergency and disaster management plans and adjust them in the context of a particular emergency or disaster
- review all emergency and disaster management plans to respond to the changing nature of an emergency or disaster
- audit the effectiveness of existing approaches to emergency and disaster management
- effectively communicate the content of emergency and disaster management plans to participants and their support networks (with the use of appropriate communication aids, if required)
- effectively communicate the content of emergency and disaster management plans to workers
- train workers to understand and implement emergency and disaster management plans
- manage any complaints and incidents that occur in line with all relevant policies, documentation and legislation.

Responsibilities of workers

All workers must:

- take part in worker training
- understand all worker training content and material (and ask for clarification where required)
- adhere to the emergency and disaster management plans, as well as other relevant policies, legislation and documentation
- escalate and respond to incidents in accordance with our Incident management policy and all relevant legislation
- assist each participant to understand emergency and disaster situations and their impact on them and their supports.

Evercare Support - Employee Code of Conduct

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This Code of Conduct sets out the standards which all staff are required to uphold when providing Participants with support and services.

This policy provides guidance to ensure all staff act as positive role models, uphold professional standards, and prioritise the safety, dignity, and wellbeing of the people we support. It supports a safe and respectful working environment, promotes a positive public image, and reinforces our duty of care. Staff are expected to act with consideration for others, comply with service standards and organisational policies, and contribute to a culture free from abuse, bullying, and harassment.

Governing obligations for this policy

> NDIS Practice Standards 1.1.1 Person-centered supports
>
> NDIS Practice Standards 2.7.1 Human resource management

1.0 Dress Code

- All staff are required to dress in a modest, clean, tidy and work-safe fashion.
- Covered, flat shoes are to be worn at all times
- Minimal jewellery should be worn.
- Large or dangling earrings, bracelets, necklaces, piercings or rings etc are not appropriate and can result in injury to the staff member and/or participant. Clothing should not display slogans or pictures which could be offensive to others

2.0 Consumption of Alcohol and Drugs

- Staff are not to consume alcohol or illegal substances while working.
- Staff are not to have any alcohol in their system while working.
- Staff should not be adversely affected by prescription medication while working, and adhere to exclusion periods as prescribed by their medical practitioner.
- Staff should not have any illegal substances in their system while working.

3.0 Smoking and Vaping

Staff are not permitted to smoke tobacco or vaping products in public places whilst supporting people, or in vehicles at any time while transporting clients. Under no circumstances should staff smoke or vape inside whilst at work.

Only one staff member is to smoke or vape at a time and only in the designated area. The people they support must not ever be present whilst staff are smoking or vaping.

Be mindful of co-workers who are non-smokers when deciding on how often to take a smoke break and how long to be away. Never leave a client unattended or unsupported to take a smoke or vape break.

Workers at every level of our organisation must:

- not smoke on our premises at any time (including indoor and outdoor areas)
- not smoke while undertaking work duties
- not smoke with a participant at any time
- not smoke while operating company vehicles
- not smoke while providing supports to participants outside the premises (e.g. in community centres or public spaces)
- never break Australian State and Federal laws related to smoking and vaping (e.g. smoking or vaping illegal substances)
- participant in worker training around or smoking and vaping policies
- report and breaches or smoking and vaping laws and/or policies
- actively avoid passive smoking at all times

Please refer to Evercare Support's Smoking and Vaping policy for more details.

4.0 Respecting Others

Staff are to treat the people they support and other staff members with dignity and respect and must not participate in actions that may harm, humiliate, or belittle people.

5.0 Policy and Procedures

It is the responsibility of all staff to familiarise themselves and act in accordance with the policies, procedures and guidelines of the service, including familiarising themselves with participant's care plan, risk assessments and support requirements.

6.0 Reporting of Incidents

It is mandatory that staff report to the direct service manager any incidences or disclosures of abuse, harm, or breaches of human rights without delay.

An incident is broadly defined as:

- any event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person, or loss or damage to property
- a near miss which did not cause harm, but had the potential to do so
- a medication error involving a preventable event that may cause or lead to inappropriate medication use or harm to a participant while being supported
- any event which deviates from standard policy or procedure
- anything illegal (e.g. assault, sexual misconduct, fraud).

> *Evercare Support's golden rule is "If you're not sure if something is classed as an incident, do a report anyway, there's no such thing as over-reporting!"*

See policy - Incident Management for more information

7.0 Personal Communication Devices

Evercare Support expect staff members to carry a personal device on them whilst working. Smart devices are required to check in and out of shifts using company software.

The use of smart phones and other personal electronic communication devices while you are providing support can be distracting and seriously interfere with employee responsibilities. Therefore, consider what is appropriate and refrain from unnecessary usage. Time spent with participants is work time and personal devices should not be used excessively except for what is reasonable and necessary to complete the work.

> *Personal devices are NOT to be used for personal errands, use of social media or personal / inappropriate phone calls while at work.*

Please see policy - 'Code of Communication Policy' for more detailed information

Evercare Support do not cover damage to iPads, tablets, laptop computers if damaged in the workplace, unless permission for them to be used at work is given.

8.0 Child Safe Code of Conduct

All employees must actively uphold the safety, rights, and wellbeing of children in line with the **NDIS Quality and Safeguards Framework** and our **Child Safe Policy.**

> *Every employee has a legal, ethical, and professional duty to ensure that children and young people are protected from harm.*

Child safe code of conduct

As part of our commitment to child safety, all workers and volunteers in the organisation will:

- Act in accordance with child safety and wellbeing policies and procedures at all times.
- Behave respectfully, courteously and ethically towards children and their families and towards other staff.
- Listen and respond to the views and concerns of children, particularly if they communicate (verbally or non-verbally) that they do not feel safe or well.
- Promote the human rights, safety and wellbeing of all children in the organisation.
- Demonstrate appropriate personal and professional boundaries.
- Consider and respect the diverse backgrounds and needs of children.
- Create an environment that promotes and enables children's participation and is welcoming, culturally safe and inclusive for all children and their families.
- Involve children in making decisions about activities, policies and processes that concern them wherever possible.
- Contribute, where appropriate, to policies, discussions, learning and reviews about child safety and wellbeing.
- Identify and mitigate risks to children's safety and wellbeing as identified by risk assessments and Risk management policies and processes.

- Respond to any concerns or complaints of child harm or abuse promptly and in line with the Complaint management policy and Manage complaint process.
- Report all suspected or disclosed child harm or abuse as required by relevant state and federal legislation and the Report incident process.
- Comply with protocols on communicating with children.
- Comply with relevant state and federal legislation and policies and procedures on record keeping and information sharing.

All workers and volunteers in the organisation will not:

- Engage in any unlawful activity with or in relation to a child.
- Engage in any activity that is likely to physically, sexually or emotionally harm a child.
- Unlawfully discriminate against any child or their family members.
- Be alone with a child unnecessarily.
- Arrange personal contact, including online contact, with child participants for a purpose unrelated to work activities.
- Disclose personal or sensitive information about a child, including images of a child, unless the child and their parent or legal guardian consent or as a result of reporting requirements.
- Use inappropriate language in the presence of children, or show or provide children with access to inappropriate images or material.
- Work with children while under the influence of alcohol or prohibited drugs.
- Ignore or disregard any suspected or disclosed child harm or abuse.

Reporting Allegations / Disclosures / Observations of harm

- All staff are required to report all allegations, disclosures or observations of actual or perceived harm - no matter how minor they may seem

  - Staff are required to follow the Evercare Support 'Incident Management' policy and 'Manage Incident' process for all disclosures, observations or allegations of harm

Breach of child safe policy

Breach of this policy, or the Child safe code of conduct, may result in disciplinary action and/or referral to the appropriate government authority.

In addition to this, all adults in Australia with a reasonable belief that an adult has committed a sexual offence against a child have an obligation to report that information to the police (failure to report).

9.0 Serious Misconduct

The following acts, whilst not exhaustive, are deemed to be acts of serious misconduct. Any employee who engages in any of these acts will be subject to a disciplinary procedure and may, under some circumstances, be immediately dismissed.

Where alcohol or illegal substances are thought to be involved an employee may be requested to provide a blood or breath sample for analysis.

- Engaging in sexual activity in the workplace when visiting or during rostered working hours
- Using the workplace for unauthorized or illegal activities
- Abuse, neglect or exploitation as described in the policy.
- Acts of dishonesty including the theft of money and property

- Breaches of confidentiality
- Breaches of occupational health and safety standards
- Breaches of professional boundaries that put clients at significant risk
- Consuming alcohol or illegal substances whilst working
- Discrimination and harassment
- Turning up for work under the influence of drugs or alcohol
- Assisting participants to engage in illegal activities
- Failure to obey lawful instructions
- Failure to report child safety concerns
- Failure to report the use of restrictive practices
- Repeated failure to adhere to company policy and procedure
- The use of prohibited practices
- Fighting
- Neglect of duty
- Smoking outside agreed arrangements between staff and management

10.0 Disciplinary Action

Evercare Support management will enact the following disciplinary procedures in relation to breaches of it's policies and / or procedures.

We retain discretion in respect to disciplinary procedures, taking into account your length of service and the severity of the misconduct.

Offence	1st Occasion	2nd Occasion	3rd Occasion	4th Occasion
Unsatisfactory conduct	Formal verbal warning	Written warning	Final written warning	Termination
Repeated late shift withdrawal (5 or more instances without evidence)	Formal verbal warning	Written warning	Termination	
Repeated verbal / written instruction not carried out (2 or more occasions)	Formal verbal warning	Written warning	Termination	
Misconduct	Written warning	Termination		
Serious Misconduct	Termination			

Human resources

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Introduction

This policy provides guidance on managing workers including:

- hiring new workers
- inducting new workers
- training new workers
- performance reviewing workers
- letting workers go
- worker resignations.

Applicability

When
- applies when managing new workers including hiring, training, performance reviewing and letting workers go.

Who
- applies to all key management personnel.

Governing regulations for this policy

- Equal Employment Opportunity (Commonwealth Authorities) Act 1987 (Cth)
- Equal Opportunity Act 1984 (SA)
- Equal Opportunity Act 1984 (WA)
- Equal Opportunity Act 2010 (Vic)
- Fair Work Act 2009 (Cth)
- NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)

Applicable processes for this policy

- Manage worker performance

Documents relevant to this policy

> 📄 NDC_Worker Appraisal Form
>
> 🌐 [NDIS Quality, Safety and You online orientation training](#)   ↗
>
> 🌐 [Staff Training Register_Flow Logic](#)   ↗
>
> 📄 Worker training plan

When to hire new workers

Taking on workers allows the organisation to:

- offer additional services and supports
- provide services and supports to new participants
- improve the customer experience.

New workers should be hired when:

- participants are being turned away due to lack of workers to provide the requested supports or services
- participants are going elsewhere because the agreed supports or services cannot be provided
- the budget can afford new workers—in this case identify what gaps could best be filled with new workers
- new supports or services are planned and additional resources are required to provide those.

Criteria for selecting new workers

The criteria for selecting new workers should consider the following:

- is the candidate suitably qualified for the role?
- will the candidate fit the culture?
- will the candidate be of value to the organisation?

Employment contracts

All workers including full time, part time, casual or contractors require a documented and signed employment contract which sets out:

- the job title and type of job (e.g. full time, part time, casual or contract)
- the commencement date
- the worker's duties
- the worker's hours
- the worker's entitlements including any overtime or penalties
- the notice required for dismissal or resignation
- how changes to the employment contract can be made.

Inductions of new workers

Inductions of new workers should include (where relevant):

- completing the [NDIS Worker Orientation Training](#) online orientation training
- completing the online learning [New Worker – NDIS Induction Module](#)
- legislative requirements for working with vulnerable people

- how the new worker fits into the organisation
- the worker's general duties and responsibilities including duty of care expectations
- restrictive practices including:
    - what is an authorised restrictive practice
    - what is an unauthorised restrictive practice
    - what is a prohibited practice
- organisational policies and processes (e.g. abuse and neglect, bullying, harassment and discrimination, information security, risk management, WHS)
- training in preventing, identifying, responding to abuse, neglect, harm and exploitation
- incident reporting including referrals to appropriate authorities
- handling complaints and escalating complaints
- orientation of the work site (e.g. bathrooms, kitchen, parking, emergency exits).

Position descriptions

Each worker role type requires a documented position description which outlines:

- identified skills and knowledge required for the role
- responsibilities of the role
- scope and limitations of the role
- any mandatory training required for the role.

Worker training

We will conduct worker training to ensure workers understand their role and have the appropriate skills to undertake their duties. Some of the key areas covered within our worker training includes:

- emergency and disaster management
- infection prevention and control
- feedback and complaints management
- incident management
- risk management
- the needs and preferences of participants the worker will be supporting.

Performance management

Performance management of workers benefits both the organisation and the worker. Worker performance reviews should be generally conducted every 6 or 12 months by the worker's supervisor. Performance reviews can be used to:

- identify performance issues early
- provide feedback
- build skills and confidence
- set clear performance measures
- keep the worker motivated and accountable.

Worker grievances

A grievance is a wrong or hardship suffered (real or perceived), which is grounds for a complaint. A worker grievance can also include any allegation of discrimination, bullying or harassment by another worker or manager.

A worker with a grievance should, in order of preference:

1. attempt to resolve the issue e.g. discuss the issue with the person involved
2. if not resolved, notify their supervisor or manager, preferably in writing
3. if still not resolved, the manager or supervisor should notify key management personnel of the issue
4. if still not resolved, pursue the matter with external authorities.

Dismissals

All worker dismissals are conducted in line with legislative requirements, this includes:

- the notice given
- the worker's entitlements
- organisational responsibilities
- record keeping to avoid claims of unfair dismissal.

Workers may be dismissed without prior notice if they are implicated in cases of serious misconduct, have seriously breached abuse and neglect, bullying, harassment and discrimination policies, or breached duty of care responsibilities.

Refer to the Manage worker performance process for more information on how dismissals can be carried out correctly.

Resignations

Worker resignations should comply with the worker's employment contract including any required notice period.

Workers that have resigned should be given an opportunity to provide feedback via an exit interview.

Worker records

Our organisation will keep the following records about our workers:

- their contact details
- details of their secondary employment (if any)
- copy of signed employment contract
- proof of identity
- all relevant worker screening checks
- professional qualifications, such as a copy of a relevant degree or diploma
- two or more references
- membership of a professional association related to their line of work
- evidence of completion of internal workplace induction and training (or a training plan/checklist).

In addition, the following are also be required in some circumstances:

- a state-specific working with children check (for any workers who will be providing support to people under 18 years old)
- completion of any other relevant government training modules, such as COVID-19 infection control training.

Incident management

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Introduction

This policy defines incidents including serious incidents and incidents which are reportable to the NDIS Quality and Safeguards Commission (NDIS Commission). An incident is broadly defined as:

- any event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person, or loss or damage to property
- a near miss which did not cause harm, but had the potential to do so
- a medication error involving a preventable event that may cause or lead to inappropriate medication use or harm to a participant while being supported
- any event which deviates from standard policy or procedure
- anything illegal (e.g. assault, sexual misconduct, fraud).

Applicability

When
- applies to supports and services provided to all participants.

Who
- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing regulations for this policy

Crimes Act 1914 (Cth)
National Disability Insurance Scheme Act 2013 (Cth)
NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth)

Applicable processes for this policy

Investigate incident
Manage incident
Report incident

Documents relevant to this policy

> 📄 Incident management (easy read)
>
> 🌐 [Incident Management System_Flow Logic](#)   ↗
>
> 🌐 [Poster - identifying and responding to incidents 6-step guide](#)   ↗

Our commitment

As part of incident management responsibilities:

- we are committed to ensure the rights of people with disability are upheld and supported
- we aim to provide a high standard of duty of care and to ensure the safety and well-being of each participant using our services, our employees and members of our community
- we will foster a culture of continuous improvement with a proactive approach to preventing incidents
- if an incident occurs, we will promptly and appropriately respond to the incident in an equitable, objective and fair manner
- we will record all incidents, report (if required) and investigate (if required)
- we will ensure the principles of procedural fairness are maintained by providing those affected an opportunity to give their side of the story and to comment on any adverse views
- we will maintain an incident management system to aid in recording, managing and resolving incidents
- the incident management policy and process is accessible to workers via the Centro ASSIST web app
- the incident management policy and process is provided to participants and stakeholders via email or hard copy during on-boarding and at any time by request.

Organisational responsibilities when responding to incidents

When responding to an incident, it is the organisation's responsibility to:

- immediately respond to an incident to ensure the safety and wellbeing of participants and others at risk
- report to police (if appropriate)
- notifying the NDIS Commission of reportable incidents within 24 hours of becoming aware of the incident
- contact relevant support services e.g. sexual assault support services (if appropriate)
- preserve evidence of the incident
- notify relevant next of kin, family or guardian (as appropriate)
- plan and undertake actions to provide ongoing support to those affected by the incident
- document key actions undertaken in an internal incident report
- record incidents in an internal incident register.

Reporting incidents

Incidents that must be reported to the [NDIS Quality and Safeguards Commission](#) include any incident that involves:

- the death of a participant
- the serious injury of a participant
- abuse or neglect of a participant
- unlawful sexual or physical contact with, or assault of, a participant
- sexual misconduct committed against, or in the presence of, a participant, including grooming for sexual activity
- unauthorised use of a restrictive practice in relation to a participant.

Other incidents may require reporting to other agencies, for example:

- data breach or breach or personal information ([OAIC](#))

- injury or death of a worker while on duty (local state or territory [WHS authority](#)).

Any incident involving crimes such as assault, theft and fraud must be reported to police.

Record keeping

Records of incidents must be kept for a minimum of 7 years from the date of the incident.

Responsibilities of key management personnel

Key management personnel are to:

- ensure employees have the necessary skills to manage incidents
- record serious incidents
- manage escalated incidents and serious incidents
- report serious incidents to the NDIS Commission
- respond to any media enquiries
- investigate incidents or arranging an external investigator to investigate
- review incidents and initiate improvements.

Responsibilities of workers

Worker responsibilities include:

- resolving incidents
- recording incidents
- escalating incidents they can't resolve to key management personnel
- escalating serious incidents to key management personnel.

Information security

Version:	3		
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Last edited:	8 Jan 2025, 1:50 PM	Next review:	25 Aug 2025

Introduction

Information security is important as we handle, transmit and store personal information on a daily basis. Under privacy laws, we are required to take reasonable steps to keep all personal information accessed safe from accidental or deliberate misuse. This policy aims to safeguard our information and our ICT (information and communications technology) resources from those with malicious intent.

Applicability

When
- applies to all information and communications technology (ICT) used by the organisation including computers, computer networks, internet connections, smart phones and email   - applies when unsolicited phone calls, emails or text messages are received.

Who
applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing obligations for this policy

NDIS Practice Standards 2.4.1 Information management

NDIS Practice Standards 2.4.2 Information management

NDIS Practice Standards 2.4.3 Information management

NDIS Practice Standards 2.4.4 Information management

Governing regulations for this policy

Information Act 2002 (NT)

Information Privacy Act 2009 (Qld)

Information Privacy Act 2014 (ACT)

NDIS (Protection and Disclosure of Information) Rules 2013 (Cth)

Personal Information Protection Act 2004 (Tas)

Right to Information Act 2009 (Qld)

Right to Information Act 2009 (Tas)

Applicable processes for this policy

| ⚏ | Evercare Support_IT and Security Retrieval |

Documents relevant to this policy

| 📄 | Business Continuity Plan (March 2025) |

Personal information

All personal information, including that of participants and workers, must be:

- stored securely with reasonable security precautions against misuse or unauthorised access (e.g. electronic information should be password protected, hard copies stored under lock and key)
- readily accessible but only on a need-to-know basis
- retained for the required time (7 years)
- destroyed securely when no longer required
- not shared with any third parties without correct consent.

General information security precautions

The following are recommended precautions for helping to keep information secure:

- access to all personal information is strictly based on a need-to-know basis
- when sending group emails, use the 'BCC' field rather than the 'To' field so email recipients cannot see other recipients' email addresses
- always password lock computers when unattended (shortcut to password lock a Windows computer is "Windows key + L", and Mac computer is "Control + Command + Q")
- operating system updates (also called "patches") must be installed promptly after they become available
- active anti-virus software must be installed and kept up-to-date on all computers
- internet modem routers must have security (i.e. firewall) enabled
- internet modem routers and network security cameras must have a strong admin password
- WiFi networks must have strong passwords to gain access
- only download or install software from trusted sources
- mail servers should be configured to use encryption
- computers should be configured so admin rights are restricted to key management personnel (i.e. so workers can't install software)
- when an employee leaves, their access to the organisation's computer network and email systems is removed promptly.

Passwords

Passwords are important for information security. The following are best practices for passwords:

- all computers which store or access personal information require unique and strong passwords to gain access
- passwords must not be shared or reused between computers, users, or different applications (e.g. password for Facebook should be different to the password for Google mail which should be different to the computer login password)
- passwords should not be left written on paper left lying around
- passwords should be regularly changed i.e. every three months
- always use strong passwords with a minimum of 8 characters which include a combination of:
  - lower case letters (abcdefghijklmnopqrstuvwxyz)
  - upper case letters (ABCDEFGHIJKLMNOPQRSTUVWXYZ)

- - numbers (1234567890)
  - symbols (!@#$%^&*()-=_+,.<>/?'"[]{}|\`~:;''')
- do not use easy-to-guess passwords such as "123456", "password" or "qwerty" etc.

Avoiding scams and ransomware

To avoid being the victim of scams and ransomware:

- do not pay the ransom if your computer is infected with ransomware
- be aware of current scams targeting individuals and businesses by following government sites such as [SCAMWATCH](#)
- be suspicious of any unsolicited emails or text messages purporting to be from government agencies, banks, delivery services or other similar organisations—check the sender's email address for clues (scammers will try to fool you with a very similar email sender's address) and delete any suspicious emails or look up the organisation's main phone number and call if unsure
- be suspicious of unsolicited phone callers purporting to be from Telstra, Microsoft, the Australian Tax Office and do not provide any information, instead end the call—if unsure, look up their main number and call it to confirm
- do not allow remote access to any computer or network resource by a third party unless it is arranged with a known and trusted IT services provider.

Portable devices

As a guide for portable device security:

- do not leave smart phones and mobile computers unattended in public
- do not leave smart phones and mobile computers in vehicles (locked or unlocked)
- do not store smart phones and mobile computers in checked-in baggage when flying
- check portable storage devices (e.g. USB drives, USB flash drives) for viruses prior to using them
- use password protection on portable storage devices if they are used to store any personal information (such as employee or participant information).

Social media

As a guide for good social media practices:

- only those authorised to do so should represent the organisation on social media
- personal information and confidential company information must not be posted or shared on social media
- when an employee leaves, their access to the organisation's social media must be promptly removed.

Printed material

As a general rule:

- personal information in printed format must be stored securely when not being used
- personal information in printed format must not be left lying around
- when no longer required, printed material that contains personal information must be shredded or removed by a secure document destruction service.

Incidents

A data breach or breach of privacy and confidentiality is an incident, follow the Manage incident internally process to manage and resolve the incident.

Incidents where individuals are at serious risk of harm as a result of the breach must be advised of the breach and assisted with ways to reduce their risk of harm from the breach.

Incidents where individuals are at serious risk of harm as a result of the breach are reportable to the Office of the Australian Information Commissioner.

Refer to Data Breach response plan found in NDC Business Continuity Plan - Business Continuity Plan July 2024

Maintenance, records and audit

Version: 3

Published: 7 Mar 2025, 12:41 PM   Approved: 7 Mar 2025, Zara England

Last edited: 7 Mar 2025, 12:39 PM   Next review: 10 Sep 2025

Introduction

When running a business, good record keeping is important as it helps:

- participants achieve better outcomes
- decision makers make informed decisions
- protect the business from risk
- meet legislative requirements
- support accountability.

Applicability

When
• applies to supports and services provided to all participants.

Who
• applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing obligations for this policy

📄	NDIS Practice Standards 2.3.2 Quality management
📄	NDIS Practice Standards 2.4.1 Information management
📄	NDIS Practice Standards 2.4.2 Information management
📄	NDIS Practice Standards 2.4.3 Information management
📄	NDIS Practice Standards 2.4.4 Information management

Governing regulations for this policy

	Disability Services Act 1993 (NT)
	Freedom of Information Act 1982 (Cth)
	Freedom of Information Act 1982 (Vic)
	Freedom of Information Act 1991 (SA)
	Freedom of Information Act 1992 (WA)
	Freedom of Information Act 2016 (ACT)
	Health Records and Information Privacy Act 2002 (NSW)
	NDIS (Quality Indicators) Guidelines 2018 (Cth)

Types of records

At a minimum, the organisation will keep full and accurate accounts and financial records of:

- participant service agreements containing the schedule, cost, type and quality of supports to be delivered;
- approved quotes as appropriate
- evidence of support quantity and type delivered
- A care plan containing the expected outcomes for the participant, and any regulated restrictive practices in place for the participant
-

The accounts and financial records are maintained on a regular basis with accurate details on the quantity, type and duration of support delivered. The evidence of supports delivered is one or more of the following, depending on the type of support delivered:

Evidence type	Description
Case notes	Activities engaged in and how they relate to the specific support item and participant goals.
Rosters	The activities engaged in, staff to participant ratios and record that a participant attended as scheduled.
Service agreements	The schedule, cost, nature and quality of supports to be provided and expected outcomes
Support logs	The support type (including ratio/intensity) delivered and a participant, nominee or carer signature confirming receipt of each instance of support.

Records must be kept for at least 7 years from the date of the document.

Records to maintain

We retain all financial records and accounts for 5 years from the date of issue in line with relevant statutes, regulations, by-laws and requirements of any Commonwealth, state, territory or local authority.

Terms of Business

We are recommitted to the NDIS Terms of Business and will renew this commitment annually on the Provider Portal (myplace). We understand that failing to renew the Terms of Business will result in delayed or missed payments until renewal.

If requested by the NDIA, in 30 days we will provide from the date of the request or within the time specified in the request, any of the following documents:

- a copy of the organisation's most recent financial statements
- a copy of the organisation's most recent insurance certificate, and
- any document that would reasonably be connected with the organisation's provision of supports.

We will maintain accurate contact details with the NDIA and advise the NDIA of any changes to the information contained within the application for registration as soon as is practicable.

Inspection of records

The organisation may be reviewed by the NDIA in relation to supports funded for a NDIS participant. The organisation will cooperate fully with NDIA officers undertaking review activities.

As part of any review, or as otherwise reasonable request by the NDIA to carry out its rights and obligations under law, we must give the NDIA or persons authorised by the NDIA ('those permitted') access to premises where accounts and records associated with the provision of services to participants are stored and allow those permitted to inspect and copy all records associated with the provision of services to participants.

We will provide all reasonable assistance requested by those permitted including making available all accounts and records relating to the provision of services to participants subject to:

- reasonable prior notice by those permitted (except where those permitted believe there is an actual or apprehended breach of the law)
- the organisation's reasonable security procedures.

The requirement for access as specified above does not in any way reduce the organisation's responsibility to perform its obligations in accordance with any agreement related to the provision of services to participants.

We will ensure that any subcontract entered into for the purposes of providing services to participants allows those permitted to have access to accounts and records associated with the provision of services to participants.

Where a decision by the NDIA is the subject of a merits review or complaint, we will cooperate in providing any documents or other information requested. Pursuant to section 6C of the Freedom of Information Act 1982 (Cth) (FOI Act), we will provide all documents to the NDIS that are relevant to a request made under the FOI Act within 7 days receipt of a request from the NDIA.

NDIS Code of Conduct

Version: 2

Published: 20 Nov 2024, 11:42 AM   Approved: 20 Nov 2024, Madeline Slager

Last edited: 20 Nov 2024, 11:39 AM   Next review: 3 Nov 2025

Introduction

The NDIS Code of Conduct sets the standards for how the organisation carries out provision of NDIS supports and services.

Applicability

When
• applies to supports and services provided to all participants.

Who
• applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing regulations for this policy

📘 NDIS (Code of Conduct) Rules 2018 (Cth)

Documents relevant to this policy

📄 NDC_Employee Code of Conduct

Code of Conduct

- act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions
- respect the privacy of people with disability
- provide supports and services in a safe and competent manner, with care and skill
- act with integrity, honesty and transparency
- promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability
- take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability
- take all reasonable steps to prevent and respond to sexual misconduct.
- do not charge or represent higher prices for the supply of goods for NDIS participants without a reasonable justification.

Pandemic management

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Introduction

The safety of all participants and workers is our organisation's top priority. We have an obligation to respond to pandemics in a timely and effective manner.

Pandemics are high-risk situations that develop quickly. They have the potential to severely impact the health of workers and participants. As work within the disability sector often requires close contact between workers and participants, putting in place social distancing and social isolation measures may also impact our ability to provide services. Therefore, we will ensure that our response to a pandemic is:

- pre-planned
- risk-managed
- flexible, and
- person-centred.

This policy covers the COVID-19 pandemic, which is a ongoing situation that can change quickly and at short notice. Even with the rolling back of restrictions, we understand that COVID-19 remains a risk that exists within the wider community. As a support provider, we will continuously review and utilise the COVID-19 resources provided by the NDIS as well as the NDIS provider alerts to ensure we meet all required health and safety standards.

Applicability

When
- applies when: - preparing the organisation for a pandemic   - undertaking any organisational activities during a pandemic.

Who
applies to all workers at every level of the organisation.

Documents relevant to this policy

📄 NDC_Pandemic Management Plan

Participant vulnerability

We understand that people with disability are more vulnerable to developing illness during a pandemic because they are more likely to:

- have complex pre-existing conditions including multiple morbidities
- have wounds

- have a compromised immune system (e.g. due to pre-existing conditions or medications)
- require the use of medical equipment (e.g. urinary catheters, tracheostomies).

We will manage risks for all our participants and consider each participant's wishes, goals and situation.

Preparedness and planning

As an NDIS provider, it is our responsibility and obligation to meet the NDIS Code of Conduct and NDIS Practice Standards for the supports and services we provide. During a pandemic there are a number of risks that may compromise these requirements and we therefore must adequately identify these risks and plan our response. We acknowledge pandemics pose the following risks:

- *Health and safety risks:* if normal business operations put our participants and/or workers at an increased risk of contracting an infectious disease.
- *Operational risks:* if a pandemic situation creates an environment where we are no longer able to continue our usual operations (due to government restrictions, worker shortages etc.).
- *Environmental risks:* if a pandemic situation compromises the safety of our service environment.
- *Economic risks:* if our organisation and its workers experience financial difficulties due to limited or ceased operations.
- *Resource risks:* if we do not have sufficient resources (e.g. human resources, PPE) to continue normal operations due to a pandemic situation.
- *Compliance risks:* if a disruption to normal operations due to a pandemic situation leads to non-compliance with NDIS rules and other relevant legislation.
- *Reputational risks:* if a lack of appropriate response to a pandemic situation impacts on the way in which our organisation is perceived in the wider community.

We will work to streamline the management of these risks by completing our organisational risks register and a pandemic management plan. This will help ensure that, in the event of a pandemic, we have a planned and coordinated response. Our pandemic management plan will identify:

- the key actions we need to take to prepare for a pandemic
- our plan for ensuring business continuity
- the names, contact details and roles of people required to ensure business continuity
- services/functions that are deemed essential
- action plans for maintaining each essential service
- skillsets required to perform essential services
- facilities required to continue essential services
- participants that are most at risk
- how we collaborate with providers and community organisations
- how we will activate our pandemic management plan.

We will review our pandemic management plan annually (at a minimum) to ensure it is current.

Basic prevention measures

There are basic hygiene and cleaning measures that we take at all times. These are recorded in detail in our infection control and waste management policies. Some basic measures that we take include:

- washing hands frequently and at relevant times
- maintaining respiratory hygiene at all times
- ensuring all areas are cleaned with appropriate tools and cleaning agents
- managing all forms of waste in a safe and suitable way
- ensuring all support and work environments well ventilated
- wearing appropriate PPE when required.

During a pandemic we recognise that it is important to maintain a high level of hygiene and continue this when social distancing and/or isolation is required.

Social distancing

Social distancing involves restrictions on movement that may need to be enforced to prevent/slow the spread of an illness. To be effective, it must apply to all workers and participants. Social distancing typically involves:

- being at least 1.5 metres apart from others at all times
- limiting unnecessary touching (e.g. handshakes and hugging)
- if possible, limiting the number of workers on shift at one time
- limiting face-to-face meetings where possible (i.e. conducting most meetings over the phone instead)
- limiting food handling and sharing
- only going out for essential reasons such as:
    - attending work/school
    - purchasing food and medicine
    - medical appointments
    - personal emergencies

- avoiding all non-essential national and international travel
- avoiding mass gatherings
- working/studying from home if practicable.

Isolation

We may need to have a worker or participant in isolation if they have been tested positive for a pandemic-level illness.

Home isolation typically means that the person being isolated must partake in relevant risk-minimisation measures, including:

- limiting their movements to their home and garden/backyard
- observing all appropriate hygiene measures
- practicing social distancing (as outlined above) if there are other people present in the house
- moving quickly through or avoiding common areas
- wearing masks and other necessary PPE
- using a separate bathroom, if available
- using separate cutlery, linens and towels
- avoiding food handling and sharing.

We will support workers in isolation by offering opportunities to work from home or making appropriate leave arrangements. In addition, we will provide workers with counselling and other resources as required. Although necessary, isolation can be a stressful experience. Therefore, we will ensure that participants in isolation:

- are still able to receive essential supports and services
- are isolated in a comfortable, clean and well-ventilated environment
- keep in touch with their support network via various telecommunication methods
- learn about and discuss their experience
- keep normal daily routines where possible (e.g. eating, sleeping and exercise)
- partake in home-based activities they enjoy.

Restrictive practices

Restrictive practices are used in the event that a participant responds to a situation with a behaviour of concern. These behaviours often stem from triggering factors such as a maladaptive environment, fear or in response to a real or perceived threat. In the event of a pandemic outbreak, these factors may be heightened, thus it is our responsibility to ensure we provide comprehensive and suitable support to inform the participant of what is occurring and why certain restrictions are in place.

We will adhere to the stipulations provided by the NDIS in their [Behaviour support and restrictive practices fact sheet.](#)

If a restrictive practice is utilised, we will follow all standard debriefing, reporting and legislative procedures outlined in our restrictive practice policy.

Whilst home isolation for therapeutic reasons is not considered a restrictive practice, it is important that such requirements during these events are discussed with the participant and their support network. This applies to all participants, not only those that have restrictive practices incorporated in the positive behaviour support plan.

Incidents and complaints

We will address any complaints or incidents that arise during (or as a result of) a pandemic situation. Where possible, we will always follow the same procedures that are specified in relevant policies, processes and legislation. We will also make all reasonable attempts to fast-track incident and complaint reports that arise as a result of a pandemic as reports of this nature are likely to be urgent and time-sensitive.

Privacy and confidentiality

We are committed to maintaining privacy and confidentiality in accordance with all relevant policies and legislation. Under usual circumstances, the participant can decide whether or not they reveal health information to us.

The only time when we will request information about a health condition is if:

- it is a notifiable condition under the National Notifiable Disease Surveillance System
- we have to report a case of the WHS Regulator in our state/territory.

We will request this information in order to:

- give the person the support they need
- ensure the safety of all people within our organisation, including participants, workers and visitors
- put risk-minimisation measures in place.

We do not tolerate bullying, harassment or discrimination for any reason. This includes bullying, harassment or discrimination on the basis of disclosed health information. Any such instance will be subject to disciplinary actions and addressed in accordance with our incident management policies/processes.

Communication strategies

As a pandemic situation is likely to develop very quickly, we understand the importance of consistent communication across the entire organisation. To do this, we will implement the following strategies as required:

- utilise appropriate telecommunications (email, phone, online chat etc.) to:
    - share important operational updates across the organisation
    - make working from home arrangements
    - conduct meetings and appointments

- provide relevant information to participants in a format they are most likely to understand, this may include the use of communication aids such as:
    - easy read documents
    - choice boards
    - communication apps
    - alphabet boards.
- record key events and decisions in a way that allows workers and participants to reference them in in the future.

COVID-19 specific definitions

COVID-19 specific definitions

The following definitions are Australian Government Department of Health guidelines on when workers should stop working and self-isolate. It is important that organisations consider the supports they provide (and the level of their participant's vulnerabilities) before they consider following these guidelines.

Term	Description
casual contact	This will include healthcare workers who have taken recommended infection control precautions, including the full use of PPE, while making close contact with someone with confirmed symptoms of COVID-19. Workers who fall under this category are allowed to continue working, but they should be advised to self-monitor and to self-isolate if they develop symptoms consistent with COVID-19.
close contact	A form of contact with someone with confirmed symptoms that involves: • consistently sharing a closed space (e.g. living in the same household) • face-to-face contact longer than 15 minutes • direct contact with any bodily fluids • spending two or more hours in the same room. Individuals will need to self-isolate in the event of close contact with someone with confirmed symptoms of COVID-19.

Outline

COVID-19 was declared a pandemic on 11 March 2020. It is highly contagious and can cause severe respiratory illness. While anyone can be infected, the elderly and those with pre-existing conditions are most vulnerable. Symptoms can include:

- fever
- cough
- sore throat
- fatigue, and
- shortness of breath.

COVID-19 notification requirements

Notifying the NDIS Commission

It is the responsibility of every NDIS provider to notify the NDIS Quality and Safeguards Commissions of events that affect the provider's ability to provide supports and services. This includes disruptions associated with COVID-19.

The Commissioner can be notified via the Notification of event form.

Notifying the Work Health and Safety Regulator

Under relevant Work Health and Safety (WHS) laws, providers have an obligation to ensure their workplace is safe. COVID-19 is a WHS risk and must be reported to the relevant WHS regulator in each state or territory. Refer to the table below for information relating to specific requirements.

Check the website of the WHS Regulator in your state/territory regularly to ensure you stay compliant with the reporting requirements.

State	Regulator	Reporting requirements summary
NSW	SafeWork NSW	Report hospitalisations and fatalities where a worker contracted (or is likely to have contracted) COVID-19 at work.
Vic	WorkSafe VIC	No reporting requirements.
QLD	QLD WorkSafe	Report any worker that has contracted COVID-19 at work.
SA	SafeWork SA	Report instances where a worker has contracted COVID-19, only if it can be reliably attributed to workplace exposure and results in either hospitalisation or death.
WA	WorkSafe WA	Report deaths due to COVID contracted in the workplace.
NT	NT WorkSafe	Report a death or hospitalisation due to COVID-19 infection that arises out of the conduct of business.
ACT	WorkSafe ACT	Report COVID-19 infections if there is evidence that COVID-19 was contracted at work and if the infected person is hospitalised.

Tas	WorkSafe Tasmania	Report when it is confirmed that a person has contracted COVID-19 at work and: • the person dies; or • the person is required to have treatment as an in-patient in a hospital; or • the reason the person contracted COVID-19 is reliably attributable to carrying out work that involves providing treatment or care to a person; or involves contact with human blood or body substances. In this case, the carrying out of work must be a significant contributing factor to the infection being contracted.

COVID-19 training

The Australian Government's Department of Health has released an online training module to assist support workers with understanding how to best navigate provision of care during this pandemic. Training is a vital aspect of risk management. The training covers infection prevention and control (IPC) for COVID-19, including:

- COVID-19 – what is it?
- signs and symptoms
- keeping safe – protecting participants and your workforce
- mythbusting.

At the end of the course, the support worker should be able to:

- understand the basics about the COVID-19 virus, including how it is spread
- describe what you can do to protect participants and your workforce
- know what to do if you develop symptoms.
- know what to do if the person you are supporting develops symptoms.
- tell the difference between myths and facts of COVID-19.

It is strongly advised that workers complete the online training, so as to improve the likelihood of acting correctly in the event of a COVID-19 outbreak.

The Department of Health has also created a webinar on COVID-19 preparedness for In-home and the Community Aged Care which is also useful to NDIS providers.

Additional information can be found on the Australian Government Department of Health as well as the NDIS's COVID-19 website, both of which are updated regularly with new information and resources.

Signage

When operating during COVID-19, it is vital that all facilities have clearly visible and relevant signs that communicate key health and safety messages. These messages include:

- maximum building capacity
- social distancing instructions/floor markers
- instructions for washing hands
- the availability of complimentary hand sanitiser

- for staff, instructions for cleaning their work area
- promotions of government resources.

PPE requirements

Utilising PPE is crucial for minimising the risk of transmitting COVID-19.

PPE that should be utilised where required includes:

- masks
- gloves
- safety googles
- long-sleeved gown or apron.

Appropriate PPE should be used when:

- providing support to someone with a suspected or confirmed case of COVID-19
- collecting or assessing bodily samples from people who have suspected or confirmed case of COVID-19
- working with or around people that are particularly vulnerable to COVID-19
- there are orders in place that make the wearing masks and/or other PPE mandatory.

Further information can be found on the [Department of Health](#).

In the event that support providers are unable to source PPE, a request for stock should be made to the National Medical Stockpile, with the request being sent to: NDISCOVIDPPE@health.gov.au

Requesting parties will need to demonstrate:

- that they have been unable to source masks through the open market
- that existing stocks have been depleted
- who will be using the resources
- how the stocks will be prioritised in order to minimise transmission to great effect
- how previous Stockpile stocks (if applicable) have been used effectively.

In the event of an outbreak of COVID-19 in a supported independent living setting, providers should contact the Department to request PPE from the Stockpile immediately.

Adjusting to changing situations

This section applies if you are providing essential services in a location that has been declared a COVID-19 hotspot.

Cases of COVID-19 can become prevalent in any area. It is important to keep track of relevant government information. This information can be found on:

- the [Department of Health Website](#)
- the [local outbreak information for your state or territory](#)
- the [NDIS COVID-19 information and support page](#)

When working in a declared COVID-19 hotspot it is vital to keep up-to-date with the latest government recommendations, guidelines and mandates.

Recommendations, guidelines and mandates may relate to many aspects of business operation, including (but not limited to):

- mandatory face coverings and other PPE requirements
- infection control procedures

- working permits
- hours of operation
- contact tracing
- social distancing
- the provision of essential and non-essential services
- onsite access for workers and visitors
- access to external facilities (e.g. sport, hospitality or religious venues)
- travel restrictions.

It is the responsibility of the organisation to adjust to the latest government information and make special provisions, as required. This may include:

- assigning key management personnel to coordinate changes to business operations
- updating the organisation's pandemic management plan
- communicating the latest government information to workers and participants
- communicating any service changes to the organisation's workers
- working with participants to manage service changes and/or cancellations
- assisting workers and participants with special requirements and/or concerns
- providing sufficient resources (e.g. PPE) and services (e.g. deep cleaning) to ensure health and safety
- monitoring compliance and helping workers and participants comply with the latest government information.

COVID-19 vaccination

COVID-19 vaccinations and boosters are available at:

- general practices
- Aboriginal Community Controlled Health Services
- general practice-led respiratory clinics
- state and territory operated vaccine clinics
- other suitable contexts (e.g. pop-up clinics or specialised teams organised by disability service providers).

Both disability workers and people with disability are eligible for the COVID-19 vaccine.

Vaccination for disability support workers

NDIS providers must comply with public health orders or directions that are in place in the state/territory in which they are operating. This includes orders related to mandatory COVID-19 vaccinations for disability workers.

Details for relevant public health orders for each state/territory are outlined below. **These general information pages should be checked regularly as orders may change frequently and at short notice.**

State	Governing legislation	General information page
NSW	Public Health Act 2010 (NSW)	Mandatory vaccination
Vic	Public Health and Wellbeing Act 2008 (Vic)	Worker vaccination requirements

QLD	Public Health Act 2005 (Qld)	People with disability, including care facility residents
SA	South Australian Public Health Act 2011 (SA)	COVID-19 requirements under the Public Health Act
WA	Public Health Act 2016 (WA)	Mandatory COVID-19 vaccination policy for WA workforces
NT	Public and Environmental Health Act 2011 (NT)	Mandatory vaccinations
ACT	Public Health Act 1997 (ACT)	Information for employees that require vaccination
TAS	Public Health Act 1997 (TAS)	COVID-19 risks in the workplace

Vaccination responsibilities of key management personnel

In order to plan for and manage vaccinations within the organisation, key management personnel must:

- start conversation about the vaccination program rollout
- be aware of the available vaccine doses, as well as groups that are eligible
- outline the benefits and risks of receiving the COVID-19 vaccine to workers
- obtain the necessary consents from workers
- identify appropriate places/locations for receiving the vaccine
- keep up-to-date with:
    - COVID-19 vaccine information from the NDIS Commission
    - NDIS COVID-19 information
    - latest government, state and local advice

- outline participants and workers getting vaccinated will be assisted and monitored for 15-30 minutes after receiving the vaccine
- provide any other necessary supports for workers on vaccination day
- outline the implications associated with choosing not to receive the COVID-19 vaccine
- continue COVIDSafe practices before, during and after undertaking vaccination management
- ensure all workers remain up-to-date with their vaccinations.

Support worker responsibilities

Support workers must:

- participate in conversations with their managers around vaccination and the vaccine rollout
- consider the risks and benefits of receiving the COVID-19 vaccine and additional doses
- provide the necessary consents if choosing to receive the vaccine
- consider the implications associated with choosing not to receive the vaccine.

Vaccination for participants

Some participants are at greater risk from COVID-19. Vaccinations are very important for minimising these risks.

Participants must give their informed consent before getting the vaccine. Participants should discuss the risk and benefits of the vaccine with their:

- service provider
- health professional
- family
- carer
- substitute decision-maker.

Participants have the right to:

- determine their own best interests
- exercise choice and control
- choose who supports them before, during and after receiving the vaccine
- ask their support workers to be vaccinated against COVID-19
- if required, contact their service provider to discuss alternative arrangements if their support worker decides to not get the COVID-19 vaccine.

It is the provider's responsibility to:

- ascertain participant preferences
- if required, support participants to access and advocate
- discuss the risks and benefits of the vaccine with their participants
- provide information about the vaccine to the participant in a format the participant is most likely to understand, if required use communication resources such as:
    - easy reads
    - Auslan resources
    - foreign language resources
- assist participants with communicating their decision
- assist participants with accessing the most suitable COVID-19 vaccine
- continue providing supports to participants that decide to not receive the vaccine in accordance with the NDIS Code of Conduct and all other relevant legislation.

Responsibilities of workers

When providing services during a pandemic, workers must:

- stop harmful germs from entering the environment by complying with our infection control and waste management policies at all times
- help participants understand how they can stop the spread of germs by using appropriate communication methods, such as the infection control easy read document
- maintain person-centered practice
- assist participants with obtaining COVID tests as required (participants can purchase RAT tests with funding from their NDIS plan)
- communicate organisational changes and special provisions in a way that is most likely to be understood by each participant
- ensure the service provision environment is safe
- remove or mitigate any factors that make a service environment unsafe
- incorporate all organisational and government recommendations into support provision including recommendations regarding:

- movement and travel restrictions
- social distancing
- additional hygiene measures
- isolation measures

- report all complaints and incidents in accordance with relevant policies and legislation
- ensure hand washing facilities are readily available at all times
- ensure relevant PPE is available at all times
- limit face-to-face contact with participants where possible
- limit the touching of participants (and other workers) where possible
- monitor their own health status and act accordingly
- monitor the health status of participants and act accordingly
- self-isolate, if required
- consistently liaise with relevant workers and management personnel.

Responsibilities of key management personnel

When undertaking services during a pandemic key management personnel must:

- coordinate pandemic preparedness and response
- undertake managerial responsibilities specified in the pandemic management plan
- make key decisions about ceasing/scaling back operations
- communicate key decisions clearly and cohesively across the organisation
- monitor the Australian Department of Health and NDIS websites, as well as the websites of other organisations that govern health and/or disability services
- comply with all reporting requirements and requests for information
- implement state and federal recommendations and coordinate any lockdown measures.

Pandemic management (April 2024)

Version: 1

Published: 21 Nov 2024, 11:54 AM   Approved: 21 Nov 2024, Elizabeth Adamson

Last edited: 21 Nov 2024, 11:53 AM   Next review: 21 Apr 2025

Introduction

The safety of all participants and workers is our organisation's top priority. We have an obligation to respond to pandemics in a timely and effective manner.

Pandemics are high-risk situations that develop quickly. They have the potential to severely impact the health of workers and participants. As work within the disability sector often requires close contact between workers and participants, putting in place social distancing and social isolation measures may also impact our ability to provide services. Therefore, we will ensure that our response to a pandemic is:

- pre-planned
- risk-managed
- flexible, and
- person-centred.

This policy covers the COVID-19 pandemic, which an ongoing situation that can change quickly and at short notice. Even with the rolling back of restrictions, we understand that COVID-19 remains a risk that exists within the wider community. As a support provider, we will continuously review and utilise the COVID-19 resources provided by the NDIS as well as the NDIS provider alerts to ensure we meet all required health and safety standards.

Applicability

When

- applies when:
  - preparing the organisation for a pandemic
  - undertaking any organisational activities during a pandemic.
 	
-

Who
- applies to all workers at every level of the organisation.

Documents relevant to this policy

📄 COVID-19 (easy read) 📄 Pandemic management plan

Participant vulnerability (Pandemic policy)

We understand that people with disability are more vulnerable to developing illness during a pandemic because they are more likely to:

- have complex pre-existing conditions including multiple morbidities
- have wounds
- have a compromised immune system (e.g. due to pre-existing conditions or medications)
- require the use of medical equipment (e.g. urinary catheters, tracheostomies).

We will manage risks for all our participants and consider each participant's wishes, goals and situation.

Preparedness and planning

As an NDIS provider, it is our responsibility and obligation to meet the NDIS Code of Conduct and NDIS Practice Standards for the supports and services we provide. During a pandemic there are a number of risks that may compromise these requirements and we therefore must adequately identify these risks and plan our response. We acknowledge pandemics pose the following risks:

- *Health and safety risks:* if normal business operations put our participants and/or workers at an increased risk of contracting an infectious disease.
- *Operational risks:* if a pandemic situation creates an environment where we are no longer able to continue our usual operations (due to government restrictions, worker shortages etc.).
- *Environmental risks:* if a pandemic situation compromises the safety of our service environment.
- *Economic risks:* if our organisation and its workers experience financial difficulties due to limited or ceased operations.
- *Resource risks:* if we do not have sufficient resources (e.g. human resources, PPE) to continue normal operations due to a pandemic situation.
- *Compliance risks:* if a disruption to normal operations due to a pandemic situation leads to non-compliance with NDIS rules and other relevant legislation.
- *Reputational risks:* if a lack of appropriate response to a pandemic situation impacts on the way in which our organisation is perceived in the wider community.

We will work to streamline the management of these risks by completing our organisational risks register and a pandemic management plan. This will help ensure that, in the event of a pandemic, we have a planned and coordinated response. Our pandemic management plan will identify:

- the key actions we need to take to prepare for a pandemic
- our plan for ensuring business continuity
- the names, contact details and roles of people required to ensure business continuity
- services/functions that are deemed essential
- action plans for maintaining each essential service
- skillsets required to perform essential services
- facilities required to continue essential services
- participants that are most at risk
- how we collaborate with providers and community organisations
- how we will activate our pandemic management plan.

We will review our pandemic management plan annually (at a minimum) to ensure it is current.

Basic prevention measures

There are basic hygiene and cleaning measures that we take at all times. These are recorded in detail in our infection control and waste management policies. Some basic measures that we take include:

- washing hands frequently and at relevant times
- maintaining respiratory hygiene at all times
- ensuring all areas are cleaned with appropriate tools and cleaning agents
- managing all forms of waste in a safe and suitable way
- ensuring all support and work environments well ventilated

- wearing appropriate PPE when required.

During a pandemic we recognise that it is important to maintain a high level of hygiene and continue this when social distancing and/or isolation is required.

Social distancing

Social distancing involves restrictions on movement that may need to be enforced to prevent/slow the spread of an illness. To be effective, it must apply to all workers and participants. Social distancing typically involves:

- being at least 1.5 metres apart from others at all times
- limiting unnecessary touching (e.g. handshakes and hugging)
- if possible, limiting the number of workers on shift at one time
- limiting face-to-face meetings where possible (i.e. conducting most meetings over the phone instead)
- limiting food handling and sharing
- only going out for essential reasons such as:
  - attending work/school
  - purchasing food and medicine
  - medical appointments
  - personal emergencies

- avoiding all non-essential national and international travel
- avoiding mass gatherings
- working/studying from home if practicable.

Isolation

We may need to have a worker or participant in isolation if they have been tested positive for a pandemic-level illness.

Home isolation typically means that the person being isolated must partake in relevant risk-minimisation measures, including:

- limiting their movements to their home and garden/backyard
- observing all appropriate hygiene measures
- practicing social distancing (as outlined above) if there are other people present in the house
- moving quickly through or avoiding common areas
- wearing masks and other necessary PPE
- using a separate bathroom, if available
- using separate cutlery, linens and towels
- avoiding food handling and sharing.

We will support workers in isolation by offering opportunities to work from home or making appropriate leave arrangements. In addition, we will provide workers with counselling and other resources as required. Although necessary, isolation can be a stressful experience. Therefore, we will ensure that participants in isolation:

- are still able to receive essential supports and services
- are isolated in a comfortable, clean and well-ventilated environment
- keep in touch with their support network via various telecommunication methods
- learn about and discuss their experience
- keep normal daily routines where possible (e.g. eating, sleeping and exercise)
- partake in home-based activities they enjoy.

Restrictive practices

Restrictive practices are used in the event that a participant responds to a situation with a behaviour of concern. These behaviours often stem from triggering factors such as a maladaptive environment, fear or in response to a real or perceived threat. In the event of a pandemic outbreak, these factors may be heightened, thus it is our responsibility to ensure we provide comprehensive and suitable support to inform the participant of what is occurring and why certain restrictions are in place.

We will adhere to the stipulations provided by the NDIS in their [Behaviour support and restrictive practices fact sheet.](#)

If a restrictive practice is utilised, we will follow all standard debriefing, reporting and legislative procedures outlined in our restrictive practice policy.

Whilst home isolation for therapeutic reasons is not considered a restrictive practice, it is important that such requirements during these events are discussed with the participant and their support network. This applies to all participants, not only those that have restrictive practices incorporated in the positive behaviour support plan.

Incidents and complaints

We will address any complaints or incidents that arise during (or as a result of) a pandemic situation. Where possible, we will always follow the same procedures that are specified in relevant policies, processes and legislation. We will also make all reasonable attempts fast-track incident and complaint reports that arise as a result of a pandemic as reports of this nature are likely to be urgent and time-sensitive.

Privacy and confidentiality

We are committed to maintaining privacy and confidentiality in accordance with all relevant policies and legislation. Under usual circumstances, the participant can decide whether or not they reveal health information to us.

The only time when we will request information about a health condition is if:

- it is a notifiable condition under the National Notifiable Disease Surveillance System
- we have to report a case of the WHS Regulator in our state/territory.

We will request this information in order to:

- give the person the support they need
- ensure the safety of all people within our organisation, including participants, workers and visitors
- put risk-minimisation measures in place.

We do not tolerate bullying, harassment or discrimination for any reason. This includes bullying, harassment or discrimination on the basis of disclosed health information. Any such instance will be subject to disciplinary actions and addressed in accordance with our incident management policies/processes.

Communication strategies

As a pandemic situation is likely to develop very quickly, we understand the importance of consistent communication across the entire organisation. To do this, we will implement the following strategies as required:

- utilise appropriate telecommunications (email, phone, online chat etc.) to:
  - share important operational updates across the organisation
  - make working from home arrangements

- conduct meetings and appointments
- provide relevant information to participants in a format they are most likely to understand, this may include the use of communication aids such as:
  - easy read documents
  - choice boards
  - communication apps
  - alphabet boards.
- record key events and decisions in a way that allows workers and participants to reference them in in the future.

COVID-19 specific definitions

COVID-19 specific definitions

The following definitions are Australian Government Department of Health guidelines on when workers should stop working and self-isolate. It is important that organisations consider the supports they provide (and the level of their participant's vulnerabilities) before they consider following these guidelines.

Term	Description
casual contact	This will include healthcare workers who have taken recommended infection control precautions, including the full use of PPE, while making close contact with someone with confirmed symptoms of COVID-19. Workers who fall under this category are allowed to continue working, but they should be advised to self-monitor and to self-isolate if they develop symptoms consistent with COVID-19.
close contact	A form of contact with someone with confirmed symptoms that involves: • consistently sharing a closed space (e.g. living in the same household) • face-to-face contact longer than 15 minutes • direct contact with any bodily fluids • spending two or more hours in the same room. Individuals will need to self-isolate in the event of close contact with someone with confirmed symptoms of COVID-19.

Outline

COVID-19 was declared a pandemic on 11 March 2020. It is highly contagious and can cause severe respiratory illness. While anyone can be infected, the elderly and those with pre-existing conditions are most vulnerable. Symptoms can include:

- fever
- cough
- sore throat
- fatigue, and
- shortness of breath.

COVID-19 notification requirements

Notifying the NDIS Commission

It is the responsibility of every NDIS provider to notify the NDIS Quality and Safeguards Commissions of events that affect the provider's ability to provide supports and services. This includes disruptions associated with COVID-19.

Notifying the Work Health and Safety Regulator

Under relevant Work Health and Safety (WHS) laws, providers have an obligation to ensure their workplace is safe. COVID-19 is a WHS risk and must be reported to the relevant WHS regulator in each state or territory. Refer to the table below for information relating to specific requirements.

Check the website of the WHS Regulator in your state/territory regularly to ensure you stay compliant with the reporting requirements.

State	Regulator	Reporting requirements summary
NSW	SafeWork NSW	Report hospitalisations and fatalities where a worker contracted (or is likely to have contracted) COVID-19 at work.
Vic	WorkSafe VIC	No reporting requirements.
QLD	QLD WorkSafe	Report any worker that has contracted COVID-19 at work.
SA	SafeWork SA	Report instances where a worker has contracted COVID-19, only if it can be reliably attributed to workplace exposure and results in either hospitalisation or death.
WA	WorkSafe WA	Report deaths due to COVID contracted in the workplace.
NT	NT WorkSafe	Report a death or hospitalisation due to COVID-19 infection that arises out of the conduct of business.
ACT	WorkSafe ACT	Report COVID-19 infections if there is evidence that COVID-19 was contracted at work and if the infected person is hospitalised.

| Tas | [WorkSafe Tasmania](#) | Report when it is confirmed that a person has contracted COVID-19 at work and:

• the person dies; or
• the person is required to have treatment as an in-patient in a hospital; or
• the reason the person contracted COVID-19 is reliably attributable to carrying out work that involves providing treatment or care to a person; or involves contact with human blood or body substances. In this case, the carrying out of work must be a significant contributing factor to the infection being contracted. |

COVID-19 training

All workers must complete infection control training, which must cover key information around COVID-19. All training must be documented and refresher training must be provided periodically to ensure knowledge is up-to-date.

The Department of Health has also created a [webinar](#)on COVID-19 preparedness for In-home and the Community Aged Care which is also useful to NDIS providers.

Additional information can be found on the Australian Government [Department of Health](#) as well as the NDIS' [COVID-19](#) website, both of which are updated regularly with new information and resources.

Signage

When operating during COVID-19, it is vital that all facilities have clearly visible and relevant signs that communicate key health and safety messages. These messages include:

• maximum building capacity
• social distancing instructions/floor markers
• instructions for washing hands
• the availability of complimentary hand sanitiser
• for staff, instructions for cleaning their work area
• promotions of government resources.

PPE requirements

Utilising PPE is crucial for minimising the risk of transmitting COVID-19.

PPE that should be utilised where required includes:

• masks
• gloves
• safety googles
• long-sleeved gown or apron.

Appropriate PPE should be used when:

- providing support to someone with a suspected or confirmed case of COVID-19
- collecting or assessing bodily samples from people who have suspected or confirmed case of COVID-19
- working with or around people that are particularly vulnerable to COVID-19
- there are orders in place that make the wearing masks and/or other PPE mandatory.

Further information can be found on the [Department of Health](#).

In the event that support providers are unable to source PPE, a request for stock should be made to the National Medical Stockpile, with the request being sent to: NDISCOVIDPPE@health.gov.au

Requesting parties will need to demonstrate:

- that they have been unable to source masks through the open market
- that existing stocks have been depleted
- who will be using the resources
- how the stocks will be prioritised in order to minimise transmission to great effect
- how previous Stockpile stocks (if applicable) have been used effectively.

In the event of an outbreak of COVID-19 in a supported independent living setting, providers should contact the Department to request PPE from the Stockpile immediately.

Adjusting to changing situations

This section applies if you are providing essential services in a location that has been declared a COVID-19 hotspot.

Cases of COVID-19 can become prevalent in any area. It is important to keep track of relevant government information. This information can be found on:

- the [Department of Health Website](#)
- the [local outbreak information for your state or territory](#)
- the [NDIS COVID-19 information and support page](#)

When working in a declared COVID-19 hotspot it is vital to keep up-to-date with the latest government recommendations, guidelines and mandates.

Recommendations, guidelines and mandates may relate to many aspects of business operation, including (but not limited to):

- mandatory face coverings and other PPE requirements
- infection control procedures
- working permits
- hours of operation
- contact tracing
- social distancing
- the provision of essential and non-essential services
- onsite access for workers and visitors
- access to external facilities (e.g. sport, hospitality or religious venues)
- travel restrictions.

It is the responsibility of the organisation to adjust to the latest government information and make special provisions, as required. This may include:

- assigning key management personnel to coordinate changes to business operations
- updating the organisation's pandemic management plan
- communicating the latest government information to workers and participants
- communicating any service changes to the organisation's workers

- working with participants to manage service changes and/or cancellations
- assisting workers and participants with special requirements and/or concerns
- providing sufficient resources (e.g. PPE) and services (e.g. deep cleaning) to ensure health and safety
- monitoring compliance and helping workers and participants comply with the latest government information.

COVID-19 vaccination

COVID-19 vaccinations and boosters are available at:

- general practices
- Aboriginal Community Controlled Health Services
- general practice-led respiratory clinics
- state and territory operated vaccine clinics
- other suitable contexts (e.g. pop-up clinics or specialised teams organised by disability service providers).

Both disability workers and people with disability are eligible for the COVID-19 vaccine.

Vaccination for disability support workers

NDIS providers must comply with public health orders or directions that are in place in the state/territory in which they are operating. This includes orders related to mandatory COVID-19 vaccinations for disability workers.

Details for relevant public health orders for each state/territory are outlined below. **These general information pages should be checked regularly as orders may change frequently and at short notice.**

State	Governing legislation	General information page
NSW	[Public Health Act 2010 (NSW)](#)	[Mandatory vaccination](#)
Vic	[Public Health and Wellbeing Act 2008 (Vic)](#)	[Worker vaccination requirements](#)
QLD	[Public Health Act 2005 (Qld)](#)	[People with disability, including care facility residents](#)
SA	[South Australian Public Health Act 2011 (SA)](#)	[COVID-19 requirements under the Public Health Act](#)
WA	[Public Health Act 2016 (WA)](#)	[Mandatory COVID-19 vaccination policy for WA workforces](#)
NT	[Public and Environmental Health Act 2011 (NT)](#)	[Mandatory vaccinations](#)
ACT	[Public Health Act 1997 (ACT)](#)	[Information for employees that require vaccination](#)

| TAS | [Public Health Act 1997 (TAS)](#) | [COVID-19 risks in the workplace](#) |

Vaccination responsibilities of key management personnel

In order to plan for and manage vaccinations within the organisation, key management personnel must:

- start conversation about the vaccination program rollout
- be aware of the available vaccine doses, as well as groups that are eligible
- outline the benefits and risks of receiving the COVID-19 vaccine to workers
- obtain the necessary consents from workers
- identify appropriate places/locations for receiving the vaccine
- keep up-to-date with:
    - [COVID-19 vaccine information from the NDIS Commission](#)
    - [NDIS COVID-19 information](#)
    - latest government, state and local advice
- outline participants and workers getting vaccinated will be assisted and monitored for 15-30 minutes after receiving the vaccine
- provide any other necessary supports for workers on vaccination day
- outline the implications associated with choosing not to receive the COVID-19 vaccine
- continue COVIDSafe practices before, during and after undertaking vaccination management
- ensure all workers remain up-to-date with their vaccinations.

Support worker responsibilities

Support workers must:

- participate in conversations with their managers around vaccination and the vaccine rollout
- consider the risks and benefits of receiving the COVID-19 vaccine and additional doses
- provide the necessary consents if choosing to receive the vaccine
- consider the implications associated with choosing not to receive the vaccine.

Vaccination for participants

Some participants are at greater risk from COVID-19. Vaccinations are very important for minimising these risks.

Participants must give their informed consent before getting the vaccine. Participants should discuss the risk and benefits of the vaccine with their:

- service provider
- health professional
- family
- carer
- substitute decision-maker.

Participants have the right to:

- determine their own best interests
- exercise choice and control
- choose who supports them before, during and after receiving the vaccine

- ask their support workers to be vaccinated against COVID-19
- if required, contact their service provider to discuss alternative arrangements if their support worker decides to not get the COVID-19 vaccine.

It is the provider's responsibility to:

- ascertain participant preferences
- if required, support participants to access and advocate
- discuss the risks and benefits of the vaccine with their participants
- provide information about the vaccine to the participant in a format the participant is most likely to understand, if required use communication resources such as:
  - easy reads
  - Auslan resources
  - foreign language resources

- assist participants with communicating their decision
- assist participants with accessing the most suitable COVID-19 vaccine
- continue providing supports to participants that decide to not receive the vaccine in accordance with the NDIS Code of Conduct and all other relevant legislation.

Responsibilities of workers

When providing services during a pandemic, workers must:

- stop harmful germs from entering the environment by complying with our infection control and waste management policies at all times
- help participants understand how they can stop the spread of germs by using appropriate communication methods, such as the infection control easy read document
- maintain person-centered practice
- assist participants with obtaining COVID tests as required (participants can purchase RAT tests with funding from their NDIS plan)
- communicate organisational changes and special provisions in a way that is most likely to be understood by each participant
- ensure the service provision environment is safe
- remove or mitigate any factors that make a service environment unsafe
- incorporate all organisational and government recommendations into support provision including recommendations regarding:
  - movement and travel restrictions
  - social distancing
  - additional hygiene measures
  - isolation measures

- report all complaints and incidents in accordance with relevant policies and legislation
- ensure hand washing facilities are readily available at all times
- ensure relevant PPE is available at all times
- limit face-to-face contact with participants where possible
- limit the touching of participants (and other workers) where possible
- monitor their own health status and act accordingly
- monitor the health status of participants and act accordingly
- self-isolate, if required
- consistently liaise with relevant workers and management personnel.

Responsibilities of key management personnel

When undertaking services during a pandemic key management personnel must:

- coordinate pandemic preparedness and response
- undertake managerial responsibilities specified in the pandemic management plan
- make key decisions about ceasing/scaling back operations
- communicate key decisions clearly and cohesively across the organisation
- monitor the Australian Department of Health and NDIS websites, as well as the websites of other organisations that govern health and/or disability services
- comply with all reporting requirements and requests for information
- implement state and federal recommendations and coordinate any lockdown measures.

Pricing

Version:	3		
Published:	9 Jul 2025, 1:18 PM	Approved:	9 Jul 2025, Zara England
Last edited:	9 Jul 2025, 1:17 PM	Next review:	8 Jul 2026

Introduction

This policy provides basic guidelines for pricing NDIS supports, fees and charges, and payment requests.

Applicability

When
• applies to the provision of services to all NDIS participants, except those that are self-managing • applies when pricing supports and services, and when processing payment requests.

Who
• applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing regulations for this policy

📄 Disability Services Act 1991 (ACT)
📄 NDIS (Becoming a Participant) Rules 2016 (Cth)
📄 NDIS (Supports for Participants—Accounting for Compensation) Rules 2013 (Cth)

NDIS price guide

We will adhere to the NDIA Price Guide or any other NDIA pricing arrangements and guidelines.

We will declare relevant prices to participants before delivering a service including any notice periods or cancellation terms.

We understand that participants are not bound to engage our services after prices are declared.

Prices charged to participants will not exceed the price level prescribed for that support in the Price Guide.

Fees and charges

Regardless if we manage the support, or if it is managed by the NDIA or a third party, no other charges are added to the cost of the support such as:

- credit card surcharges
- any additional fees such as 'gap' fees, late payment fees.

Cancellation fees are only chargeable if specifically mentioned in the NDIS Price Guide for that support.

Payment requests

We will make payment requests only after supports have been delivered or provided and within a reasonable time (no later than 60 days from the end of the Service Booking).

Fraudulent claims

If we make a fraudulent claim, the NDIA retains the right to commence criminal and/or civil proceedings.

Risk management

Version: 1
Published: 7 Dec 2023, 11:47 PM   Approved: 7 Dec 2023, Zara England
Last edited: 7 Dec 2023, 11:46 PM   Next review: 3 Nov 2024

Introduction

Risk management involves identifying and managing risks. This includes a wide range of risks including risks to the organisation's operation, to workers and to participants. Risks are inevitable but risk management aims to reduce the chance of a particular event from happening. If it does happen, risk management helps to reduce its impact. Benefits of risk management can include:

- reduced business downtime
- reduced loss of cash flow
- reduced injuries or illness to participants and workers
- increased health and well-being of participants and workers
- increased innovation, quality and efficiency through continuous improvement.

Risk management areas

All of our supports and services will be provided in a way that is consistent with our risk management system. Our risk management system will cover:

- incident management
- complaints management and resolution
- financial management
- governance and operational management
- human resource management
- information management
- work health and safety
- emergency and disaster management
- infection prevention and control.

Identifying risks

Risk is the combination of the likelihood (chance) of an event occurring and the consequences (impact) if it does. Risk management aims to increase the likelihood and impact of a desirable outcome as much as possible. Risk identification is the process of finding, recognising and describing risks.

Unmanaged risks

Unmanaged risk is the level of risk before any action has been taken to manage it. Managed risk is the risk remaining after taking into account the effectiveness of current controls (e.g. training, management plans or using personal protective equipment). In other words, it is the level of risk remaining after plans have been put in place and are being followed.

Risk tolerance

Risk tolerance is an informed decision to accept a particular risk, with or without risk treatment, in order to achieve a goal.

Risk analysis

Risk analysis is the process to understand the nature, sources and causes of risks to determine the degree of risk. The degree and consequences of risk together inform risk evaluation and decisions about risk treatment.

Risk assessment

Risk assessment is the overall process of risk identification, risk analysis, and risk evaluation.

Risk evaluation

Risk evaluation is the process of determining whether the risk is tolerable or whether it requires risk treatment.

Risk treatment

Risk treatment are the measures taken to change the level of risk. Possible treatment responses include:

- avoiding the risk
- removing the risk source
- making decisions or taking actions which change the likelihood and/or the consequences
- sharing the risk with another party
- tolerating the risk by informed decision.

Applicability

When
• applies to all parts of the service.

Who
• applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing obligations for this policy

🗒	NDIS Practice Standards 2.2.1 Risk Management
🗒	NDIS Practice Standards 2.2.2 Risk Management
🗒	NDIS Practice Standards 2.2.3 Risk Management
🗒	NDIS Practice Standards 2.2.4 Risk Management
🗒	NDIS Practice Standards 2.2.5 Risk Management
🗒	NDIS Practice Standards 2.2.6 Risk Management
🗒	NDIS Practice Standards 3.2.2 Support planning
🗒	NDIS Practice Standards 3.2.4 Support planning
🗒	NDIS Practice Standards 3.5.2 Transitions to or from a provider
🗒	NDIS Practice Standards 4.1.3 Safe environment

Governing regulations for this policy

📘	NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)
📘	NDIS—Risk Management Rules 2013 (Cth)

Applicable processes for this policy

| | Manage risks in the workplace |
| | Manage risks to participants |

Risk matrix

A risk matrix is used during risk assessment to define the level of risk by considering the category of likelihood against the category of consequences. A risk matrix aids to increase visibility of risks and assist management decision making.

		Consequence				
		Insignificant	Minor	Moderate	Major	Extreme
Likelihood	Almost certain More than 90% likelihood of occurring	Medium	Medium	High	High	High
	Likely Between 50% and 90% likelihood of occurring	Low	Medium	High	High	High
	Possible Between 20% and 50% likelihood of occurring	Low	Medium	Medium	High	High
	Unlikely Between 10% and 20% likelihood of occurring	Low	Low	Medium	Medium	High
	Rare Less than 10% likelihood of occurring	Low	Low	Low	Medium	High

Participant risk management

Identifying risks to participants is an important part of providing supports and services. Identifying risks to participants and regular reviews of those risks is an ongoing process. Regular reviews help to ensure risk management strategies in place are effective and that they adequately address identified risks. With this in mind:

- risk assessments for new participants must be conducted during the on-board process
- risk assessments for existing participants must be conducted every 12 months or more often if there are changes in the participant's needs
- risk management plans for participants should be reviewed quarterly or more often if there are changes in the participant's needs.

Strategic risk management

Risk management should consider strategic risks. This includes identifying and managing risks related to the service achieving its business objectives. This may include risks to:

- funding—this might include donors, gifts and funding bodies
- mismanagement—risks to the organisation's reputation
- founder risk—where the organisation's original benefactor lacks the required business and financial skills to run the service appropriately.

Strategic risk management strategies involve thorough research and planning.

Compliance risk management

Ensuring the organisation operates within the law carries its own compliance risks. These risks must be identified and assessed under a risk management framework. Examples of compliance risks may include:

- unregistered and/or uninsured company vehicles
- fulfilling reporting requirements to comply with legislation or funding agreements
- fundraising activities or sources which breach legislative requirements
- key management personnel operating outside their authority
- activities that are outside the organisation's constitution.

Compliance risks must be eliminated entirely unlike other types of risks where elimination may not be possible. Strategies to prevent compliance risks include (among others):

- a robust compliance culture
- internal controls in areas of compliance
- regular internal audits in areas of compliance.

Human resources risk management

Risk management should consider risks related to human resources including:

- unplanned exit or retirement of key management personnel
- not having workers with the required knowledge and skills
- industrial action and disputes or absenteeism
- lack of diversity (gender, race, age, ability)
- recruitment of workers and their retention or dismissal.

Strategies to manage or reduce human resources risks include:

- a robust leadership, a positive culture, and a values framework
- succession planning for key roles
- documenting critical information and key processes so others can continue to run the service
- comprehensive training program for new workers
- training workers so that more than one person knows how to perform each task
- a supervision and mentoring program for workers.

Special events risk management

Risk management is a required part of organising or participating in an event. The main risks at events includes anything that could:

- cause harm to another person
- cause damage to equipment, infrastructure or the event site, or
- harm the future of the event organiser.

Risk assessments for events may require, where appropriate:

- a risk assessment of the event site—including existing risks, risks caused by inclement weather, and risks from bodies of water
- a risk assessment of the event including all proposed activities e.g. rides, vehicles and security
- a risk assessment of all external risks such as an evacuation—if so, are there any guests that may have higher risks?

To prevent, minimise or manage identified risks, an event organiser will require appropriate management plans to ensure risks are appropriately managed.

Work health safety risk management

Under WHS laws, key management personnel (or person conducting a business or undertaking) have a duty to eliminate WHS risks as far as reasonably practicable. This means risk management needs to consider work health and safety (WHS) risks. Managing WHS risks is an ongoing process which should begin when:

- starting a new business or purchasing a business
- changing work practices, processes or work equipment
- purchasing new or used equipment or using new substances
- planning to improve productivity or reduce costs
- responding to workplace incidents (even if they have caused no injury)
- responding to concerns raised by workers or others at the workplace
- required by the WHS regulations for specific purposes.

Identifying hazards involves finding things and situations that cause harm to people. This includes workers':

- physical work environment
- equipment, materials and substances used
- work tasks and how they are performed
- work design and management.

Common hazards include:

- manual handling—when lifting or moving objects or people
- gravity—fallen objects, falls, slips and trips of people
- electricity—shock, fire, burns or electrocution
- machinery and equipment—hit by moving vehicle or caught by moving parts of machinery
- hazardous chemicals—chemicals, dusts
- extreme temperatures—heat stroke, burns, fatigue, hypothermia
- noise—permanent hearing loss
- radiation—microwaves, lasers
- biological—infection, allergies
- psychosocial hazards—stress, bullying, violence, fatigue.

Finding hazards involves:

- workplace inspections
- consulting workers
- training workers to report hazards and risks
- reviewing incident reports and complaint registers.

WHS risk assessments should be carried out:

- if there is uncertainty about how a hazard may cause an injury or illness
- the work involves a number of different hazards and it is unclear how these hazards may interact to produce new or greater risks
- changes in the workplace that may impact control measures.

Once a WHS hazard or risk is identified and assessed, managing the risk may involve:

- elimination—where possible a WHS risk should be eliminated
- substitution—replacement with less hazardous options
- isolation—if elimination or substitution is not possible isolate the hazard so workers cannot come into contact with it
- control—where elimination, substitution or isolation is not possible, controls such as safe work practices and/or personal protective equipment.

Fraud risk management

In this context, "worker" means any representative of the organisation including key management personnel, directors, employees, contractors and volunteers.

Risk management should cover risk of fraud. This includes:

- internal fraud—fraud that is carried out within the organisation such as when workers:
    - steal money or assets that belong to the organisation
    - steal cash donations that belong to the organisation
    - claim non-existent, excessive or purchase orders to obtain payment for goods and services that are not supplied
    - submit false applications for grants or other benefits
    - create non-existent beneficiaries or employees for the purposes of directing unauthorised payments
- external fraud—scams and fraud initiated externally from the organisation, such as when an external actor:
    - submits false invoices to the organisation
    - steals identities in order to obtain credit card or bank account details
    - uses a charity's name to obtain funds fraudulently e.g. a fraudulent fund raising appeal
    - makes phone calls or sends text messages or emails which pose as another organisation in order to obtain funds fraudulently.

The likelihood of fraud can be reduced by:

- having a strong ethical culture with clear commitments to integrity and ethical values
- strategies in place to protect the organisation from fraud rather than just accepting the risk.

There are three accepted ways to mitigate against risk of fraud:

- prevention—controls designed to reduce the risk
- detection—controls designed to uncover risk when it occurs
- response—controls designed to facilitate corrective action and harm minimisation.

Prevention controls can include:

- fraud risk assessments
- conflict of interest policy
- strong internal controls
- screening for new workers
- effective supervisory processes
- due diligence checks on suppliers and contractors
- worker training to increase awareness of ethics and on risk management strategies
- support programs for workers

- independent audits.

Detection controls can include:

- continuous internal monitoring and auditing of processes
- allocation of resources for fraud detection
- fraud detection software to provide real time data monitoring and analysis
- mechanisms to report fraud while protecting the whistleblower
- unannounced financial and asset audits
- fraud testing.

Response controls can include having an internal investigation team and a fraud response plan.

Financial risk management

Risk management should include managing risks to finances such as:

- liquidity risk—not enough funds to pay debts
- interest rates—when there is a dependence on borrowed funds or income generated from interest-bearing deposits
- credit risk—when goods and services are sold on credit
- risks from competitors—competition can impact market share
- risks from the market or economy—changing trends, impacts from economic downturn
- unexpected exit from business owner or partner—in the case of death or incapacitation.

Risk management strategies include:

- having the right insurance
- backup plans if things go wrong
- researching market trends.

Key personnel succession risk management

Risks to the service which relation to key personnel should be considered. A succession plan is one way to minimise the impact of one or more unplanned absences of key personnel.

Consequence ratings for participants

The steps to manage risks for participants are:

- identify risks—identify risks specific to each individual participant
- assess risks—understand how likely it is to happen and how bad it could be
- control risks—implement appropriate lifestyle plans to lessen the likelihood and/or the amount of harm
- review control measures—check and ensure risks are under control and there are no new risks.

Insignificant	Minor	Moderate	Major	Extreme

- Less than first aid injury - Brief emotional disturbance	- First aid injury - Emotional disturbance impacting more than two days – does not require treatment	- Substantial injury resulting in medical treatment - Temporary impairment/ development - Exacerbation of mental illness requiring treatment or some cases of abuse/neglect of the participant	- Significant injury causing permanent impairment - Severe, long lasting or significant exacerbation of mental illness requiring long-term treatment - Significant faults allowing significant abuse/neglect of participants	- Avoidable death of a person - Systemic faults allowing widespread abuse/neglect of participants

Risks for participants must be managed:

- with a risk assessment as part of a periodically-reviewed individual support plan
- during a transition from one service provider to another.

Consequence ratings for organisational risks

In the organisation, persons conducting a business or undertaking:

- are required by law to manage WHS risks
- are required by law to minimise the risks of breaches of privacy.

The steps to manage risks in the organisation:

- identify risks—find out what could cause harm
- assess risks—understand the nature of the harm that could be caused by the risk, how serious the harm could be and the likelihood of it happening
- control risks—implement the most effective control measures reasonably practicable in the circumstances
- review control measures—ensuring control measures are working as planned and there are no new risks.

The following table provides example consequence ratings for organisational risks:

Consequence rating	Financial impact*	Effect on workers	Reputation	Service outputs	Legal and compliance*	Management impact	Privacy and information

Extreme	>$1m	• One or more fatalities or severe permanent disability to one or more people	• Widespread negative media coverage • Significant impact on funding for several years • Long term loss of clients	• Multiple services ended for many months	• Major litigation costs of >$1m • Investigation by regulating body resulting in long term interruption of operations	• Restructuring of the organisation with loss of senior managers	• Major data breach of sensitive personal information affecting many thousands of records, high risk of harm to those affected, widespread negative media coverage
Major	$500k-$999k	• Extensive injury or impairment to one or more persons	• Negative media coverage • Loss of key management personnel • Loss of clients for many months	• Disruption of multiple services for several months	• Major breach of regulation • Fines or litigation costs of <$1m	• Significant disruption requiring considerable time from key management personnel	• Data breach of personal information of hundreds of records, risk of harm to those affected, negative media coverage

Moderate	$250-$499k	• Injuries to one or more persons	• Media coverage • Loss of clients	• Disruption to a service for several months	• Breach of regulations • Fines or litigation costs of <$499k	• Disruption requiring time from key management personnel	• Breach of privacy and confidentiality or data breach, some risk of harm to those affected, some media coverage
Minor	$10k-249k	• Significant medical treatment • Lost injury time <2 weeks	• Complaint to key management personnel	• Some service disruptions	• Breach of regulations • Fines or legal costs	• Requires some time of key management personnel over many days	• Breach of privacy and confidentiality to a few persons but little risk of harm to those affected
Insignificant	<$10k	• First aid treatment	• Complaint to worker	• Minimal disruption	• Minor legal issues • Minor breach of regulations	• Requires some attention of key management personnel	• Minor breach of privacy and confidentiality to a worker or client, no risk of harm to those affected

* Financial impact consequence ratings, litigation costs and costs of fines may differ depending on an organisation's size and turnover.

Responsibilities of key management personnel

In the context of this policy, key management personnel includes the organisation's board of directors, management committee or director/owner.

Key management personnel are ultimately responsible for setting all risk management appetite in the organisation. Their responsibilities are to:

- set overall risk management strategy
- understand the scope of risks faced by the organisation
- ensure robust oversight of risk at senior management levels
- promote a risk-focused culture
- promote open communications within the organisation
- assign clear lines of accountability and encourage effective risk management framework.

Key management personnel must also ensure risk management policies and processes are implemented and followed across the organisation.

Responsibilities of risk manager/risk management committee

In the context of this policy, the risk manager may also be the business owner/director.

If appropriate, key management personnel may assign a risk manager or a risk management committee to assume the responsibilities described.

The responsibilities of a risk manager/risk management committee:

- form overall risk management strategy
- identify and prioritise risks across the organisation
- make risk management recommendations to key management personnel/board of directors/management committee.

Responsibilities of workers

All workers should:

- follow participant risk management plans
- support participants to communicate and self-advocate if the participant requests or requires support
- assist the participant, if they request or require support, to maintain a risk management plan as safety needs change
- inform the team of any changes to a participant's safety needs
- seek support from key management personnel to manage a risk, if required
- collaborate with relevant parties when concerns about risk management escalate to key management personnel
- be actively engaged during supervision and team meetings to work through risk management issues
- have a basic understanding of NDIS Quality and Safeguarding Framework
- have a basic understanding of relevant WHS policies.

Short Notice Cancellations for Staff

Version:	3		
Published:	9 Jul 2025, 1:14 PM	Approved:	9 Jul 2025, Elizabeth Adamson
Last edited:	9 Jul 2025, 1:12 PM	Next review:	8 Jul 2026

This policy outlines the terms and conditions regarding the cancellation of shifts for both casual and permanent (part-time and full-time) workers, in compliance with the Social, Community, Home, and Disability Services Award (SCHADS Award).

External source link:

https://library.fairwork.gov.au/award/?krn=ma000100

Cancellation Notice Requirements

Short Notice Cancellation refers to the cancellation of a scheduled shift where the employer provides notice to the worker less than the required notice period.

- **Permanent Workers** (Part-Time and Full-Time): The employer must provide a minimum of 7 days' notice for the cancellation of shifts.
- **Casual Workers:** The employer late cancellation notice does not apply for casual workers, and shifts can be cancelled at any moment before the start of the shift.

Compensation for Short Notice Cancellation

Permanent Workers (Part-Time and Full-Time):
In the event of a short notice cancellation, permanent workers are entitled to:

- **Provide Alternate Work**: Where available, Evercare Support Management may direct the employee to perform other work during the hours which they were rostered, or
- **Compensation for Scheduled Shift Hours**: The employee is entitled to be paid the amount payable had the employee performed the cancelled service or the amount payable in respect of the work actually performed, whichever is the greater.
- **Make Up Time in accordance with the SCHADS award:** Where applicable, the worker may opt for 'make-up time' within 6 weeks, by agreement, in accordance with the award.

Casual Workers:
Goodwill Measure. In the event of a short notice cancellation for casual workers, the SCHADS award does not mandate compensation for late cancellations. As a measure of Goodwill, Evercare Support will provide the following options for *late cancellations within 6 hours of the scheduled start time*:

- **Provide Alternate Work:** Where available, Evercare Support may request that the employee perform other work during the hours which they were rostered, or
- **Provide Un-Scheduled Training During the Scheduled Shift Hours:** Evercare Support management may request the employee complete online or in-person training in relation to up-skilling the employee. The employee would receive a

minimum payment of two hours of work at their base rate of pay, or actual hours taken to complete the training (based on recommended timeframes), whichever is greater. Or

- **Under 6 Hours Notice Cancellation:** A minimum payment equivalent of two hours of work at their base rate of pay.
- **Non Attendance (Staff arrive to shift and client cancels or no longer requires support):** Evercare Support will provide compensation for the full shift, provided there is no alternate training or other work available at the time of the scheduled shift. Staff may be required to provide evidence of a late cancellation via geolocation tracking or confirmation directly from the client.

Procedure for Short Notice Cancellation

Notification

The employer must notify the affected worker of the shift cancellation as soon as possible via phone or email, providing the reason for the cancellation and confirming the cancellation. Employees will be removed from the published or rostered shifts.

Where Evercare Support are providing compensation for a cancelled shift, a timesheet and shift note must be completed by employee.

Payment Processing

The employer is responsible for ensuring that any minimum payment or goodwill compensation for short notice cancellations is processed promptly and included in the worker's next pay cycle.

Documentation

The employer must document the details of the shift cancellation and the payment processed for record-keeping and compliance purposes.

Disputes

If any disputes arise from late cancellations, employees are encouraged to first seek a resolution from their line manager.

If the line manager is not able to assist in resolving the dispute, the matter should be escalated to the Operations Manager or HR representative.

- **Internal Resolution**: Disputes regarding shift cancellations should first be addressed through internal resolution processes within the organisation.
- **External Resolution**: Unresolved disputes may be referred to the Fair Work Commission or other relevant bodies for further review.

Review and Updates

This policy should be reviewed annually to ensure compliance with any amendments to the SCHADS Award. Updates will be communicated to all workers.

Staff records

Version:	3		
Published:	13 Jun 2025, 7:53 PM	Approved:	13 Jun 2025, Zara England
Last edited:	13 Jun 2025, 7:52 PM	Next review:	31 Jan 2026

Introduction

This policy describes the records and details of all employees which must be stored. This includes fulltime, casual, contractors and volunteers.

Applicability

When
• applies to supports and services provided to all participants.

Who
• applies to all employees including key management personnel, full time workers, casual workers, contractors and volunteers.

Governing obligations for this policy

🗎 NDIS Practice Standards 2.7.10 Human resource management
🗎 NDIS Practice Standards 2.7.1 Human resource management
🗎 NDIS Practice Standards 2.7.2 Human resource management

Governing regulations for this policy

📖 NDIS (Quality Indicators) Guidelines 2018 (Cth)

Requirements for staff records

For all workers, the following records must be kept:

- identification
- proof of right to work
- pre-employment checks (e.g. reference checks)
- qualifications and/or experience
- completion of NDIS worker orientation
- valid NDIS Worker's Screening Check
- valid Working with Children Check
- details on continuing professional development
- employment contract
- position description

- payroll details (eg Super Choice Form, TFN Declaration form)
- emergency contact details
- vehicle / transport declaration (if using their own vehicle)
- Internal Induction module certificate

Strategic planning

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Introduction

Strategic planning is the process of identifying and allocating resources to achieve our organisation's mission and goals.

Strategic planning should consider the six PESTLE factors:

- political
- economic
- social
- technological
- legal, and
- environmental situations.

As an NDIS service provider your mission and goal should always take into consideration how your organisation can foster a space that recognises and prioritises your participants.

Strategic plans should incorporate a long-term mission, achieved through shorter term strategies and objectives. There is no specific timeframe that a strategic plan should plan for, however it is orientated to achieving a long-term mission of approximately five years.

The process of strategic planning can be considered in four key phases with minor steps achieving each phase. The key phases are:

- preparation
- planning
- implementation
- revision.

Applicability

When
- applies to all areas of service practice.

Who
- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing obligations for this policy

> NDIS Practice Standards 2.1.4 Governance and operational management

Governing regulations for this policy

| | Disability Services Act 2011 (Tas) |

Documents relevant to this policy

| | Evercare Support Business Plan |
| | Strategic Business Plan |

Preparation

In the preparation phase you will achieve three main outcomes:

- vision or mission statement
- assessment
- role and responsibility delegation.

Mission statement

A mission statement is a formal summary of the aims and values of an organisation. This is an overarching achievement that the organisation is striving for. Mission statements are not static and can evolve and change over time.

SWOT analysis

A SWOT analysis is an acronym for identifying and assessing our organisations strengths, weaknesses, opportunities, and threats both internally and externally.

To accurately conduct a SWOT analysis, we will use reliable and valid information from a variety of resources, including but not limited to:

- continuous improvement register
- feedback and complaints register
- advocacy and government publications
- bank statements and market analyses
- worker appraisal information.

To ensure the analysis is aligned to maintaining a person-centered focus, we will also draw information from the following stakeholders:

- key personnel and management
- workers
- participants
- participants support networks
- any other relevant stakeholders.

The SWOT analysis should uncover three to four strategic questions and issues that can be addressed through strategy formulation in the second phase, planning. You should construct the questions as an objective. In the strategic plan template, these are labelled *Objectives*.

Role and responsibility delegation

After identifying the three to four questions or issues, roles, and responsibilities will be delegated to develop a strategic plan.

The delegation of tasks may be to a specific individual or a team based on:

- expertise and knowledge

- understanding of the desired outcome
- suitability to ensure successful implementation.

If multiple individuals or teams are delegated roles, training, and resources will be provided to ensure consistency, reliability and value alignment.

Planning

In the planning phase we will achieve three main outcomes:

- strategy formulation
- plan development
- a finalised strategic plan.

Strategy formulation

Using the information gathered in the SWOT analysis and stakeholder input, the delegated team will develop a plan and organise strategies to advance our strengths and opportunities whilst addressing any threats or weaknesses.

The strategy formulation will describe the following factors:

- objective focus definition and relation to values and mission statement
- detailed strategies and action steps to achieve the strategic focus
- timeline of achievement for action steps, objectives and strategic focus
- roles and responsibilities of workers and key personnel to achieve objectives
- resource allocations, including but not limited to:
    - financial requirements
    - environmental needs
    - technological / equipment requirements
- how success will be determined (e.g. measurements, KPIs, benchmarks and / or indicators)
- how and when success determinants will be reported.

Plan development

Following the collation of the strategy formulation the draft strategic plan will be distributed to key stakeholders for review.

The review process should ensure:

- each strategic focus is aligned with our mission statement and organisation values
- resource allocation is feasible and within budget
- the timeline is practicable and aligned with the strategic plans' timeline
- roles and responsibilities are suitably delegated and within workers capabilities (or suitable training is accounted for).

Following any feedback, amendments will be made by the appropriate team or individual.

Plan finalisation

Following the draft plans review, the plan will be finanalised, approved by the appropriate key personnel and / or board committees. It will be formally recognised and published as our organisation's strategic plan.

Implementation

The implementation of a strategic plan is the most crucial phase. Clear and detailed guidance, with clearly defined performance indicators ensures the highest chance of success.

In the implementation phase we will achieve and maintain four main outcomes:

- communication of the strategic plan
- strategic plan management
- supervision of strategic plan implementation
- monitoring and reporting on the strategic plan progress.

Communication of the strategic plan

Key elements of the strategic plan will be published and distributed to stakeholders including:

- workers
- participants
- participant support networks
- any other relevant stakeholders.

The information detailed in the distributed strategic plan will be in line with any relevant privacy legislation and the NDIS Practice Standards.

Strategic plan management

The strategic plan management will be based on the roles and responsibilities defined in the strategy formulation.

Our organisation will ensure that all management and workers are appropriately equipped to achieve our strategic plan and their role within it.

Supervision of strategic plan implementation

Key personnel and management will ensure workers are actively working to achieve the strategic outcomes and fulfilling their responsibilities.

Monitor and reporting on the strategic plan progress

Key personnel, management and workers will undergo appraisal to ensure they are meeting their responsibilities (see: Worker appraisal).

Related key personnel and management will report on success determinants as outlined in the strategic plan.

Revision

In the revision phase two key outcomes will be achieved:

- progress review
- strategic plan revision.

Progress review

To ensure the plan is working towards our organisations' mission, we will regularly review and monitor the progress of our strategic plans against the success determinants and timeline outlined in the strategic plan. If the review indicates a strategy is not working, or the strategy has been completed, we will revise the strategic plan.

Strategic plan revision

Strategic plans should be revised if it is identified that objectives, strategies or success indicators are not being met.

Phase two or sections of phase two should be reiterated to address areas of concern.

The plan should also be revised if a strategy has been completed or the strategic plan has reached the end of the proposed timelines.

Whistleblower

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Introduction

This policy aims to provide guidelines on whistleblower protection and reporting in order to maintain appropriate standards of conduct and performance within the organisation. The organisation will ensure that business activities are:

- legally compliant with all relevant legislation and regulation
- completed in an ethical manner which poses no danger to the public or financial system.

The organisation will:

- ensure transparency and accountability in its administrative and management practices
- ensure workers operate in an ethical, legally compliant and proper manner
- ensure the whistleblower is protected from retaliation against a report
- ensure the principle of natural justice is upheld for whoever is the subject of the report
- not tolerate conduct that breaches this policy
- not tolerate retaliation against a whistleblower.

Applicability

When
- applies when reporting non-compliant or improper conduct.

Who
- applies to all workers and management.

Governing regulations for this policy

▣ ASIC Corporations (Whistleblower policies) Instrument 2019/1146
▣ Corporations Act 2001 (Cth)

Whistleblower protections

Protections provided to whistleblowers under the Corporations Act 2001 (Cth) (the Act) include:

Detriment protection

The whistleblower (and those related to the whistleblower) will be protected from detriment by any person internal or external to the organisation. Actions that are not detrimental, include:

- Administrative action that is reasonable for the purpose of protecting a discloser from detriment.

- Managing a discloser's unsatisfactory work performance, if the action is in line with the organisation's performance management framework.

<u>Actions to be taken</u>

Measures to protect a whistleblower from detrimental acts include:

- Support services (including counselling or other professional or legal services) that are available to whistleblowers.
- Should the whistleblower feel it necessary, the organisation will reassign the whistleblower to another location, to a role of the same level.
- The organisation can make modifications to the whistleblowers workplace or the way they perform their work duties.
- The organisation can reassign or relocate other workers involved in the disclosable matter.
- Management will be reminded of their responsibilities when managing the performance or taking other action relating to a whistleblower.
- Should the whistleblower feel that they have suffered detriment, they may lodge a complaint to the responsible person which will then be investigated by the investigating officer. Interventions will be implemented upon the detriment being proven true.

Identity protection

The whistleblowers identity and information will be kept confidential, unless:

- they provide you with consent to disclose their information
- the information is disclosed, when:
  - the information does not include the disclosers identity
  - the organisation has taken all reasonable steps to reduce the risk that the discloser will be identified from the information, and
  - it is reasonably necessary for investigating the issues raised in the disclosure
- their identity is disclosed to:
  - the Australian Securities and Investments Commission (ASIC)
  - a member of the Australian Federal Police
  - a legal practitioner, to obtain legal advice or legal representation in relation to the whistleblowing laws, or
  - anyone else prescribed by the regulations.

Information may only be disclosed if it is necessary for the purposes of investigating the disclosure.

<u>Actions to be taken</u>

Reducing risk of identity disclosure:

- All personal information or reference to the whistleblower witnessing an event will be redacted.
- The whistleblower will be referred to in a gender neutral context.
- Where possible, the discloser will be contacted to help identify certain aspects of their disclosure that could inadvertently identify them.
- Disclosures will be handled and investigated by qualified workers.

Secure record keeping and information sharing:

- All paper and electronic documents and other materials relating to disclosures will be stored securely.
- Access to all information relating to a disclosure will be limited to those directly involved in managing and investigating the disclosure.
- Only a restricted number of people who are directly involved in handling and investigating a disclosure will be made aware of a discloser's identity (subject to the discloser's consent) or information that is likely to lead to the identification of the discloser.
- Communications and documents relating to the investigation of a disclosure will not be sent to an email address or to a printer that can be accessed by other workers.

- Each person who is involved in handling and investigating a disclosure will be reminded about the confidentiality requirements, including that an unauthorised disclosure of a discloser's identity may be a criminal offence.

Compensation and other remedies—the whistleblower will be provided with additional support and compensation through the courts if:

- they suffer loss, damage or injury because of a disclosure, and
- the entity failed to take reasonable precautions and exercise due diligence to prevent the detrimental conduct.

Whistleblowers are encouraged to seek independent legal advice.

Civil, criminal and administrative liability protection—the whistleblower will be provided with protections from:

- civil liability (e.g. any legal action taken as a result of whistleblowing)
- criminal liability (e.g. attempted prosecution for unlawfully releasing information)
- administrative liability (e.g. disciplinary action for making the disclosure).

Note: the protections do not grant immunity for any misconduct a discloser has engaged in that is revealed in their disclosure.

Should a whistleblower feel that any of their protections have been breached, they can submit a complaint to the responsible person or to ASIC. It is also advised that they seek independent legal advice.

Penalties for breach of whistleblower protection

Severe civil and criminal penalties will apply to those who breach the protections provided to whistleblowers under the Act. Courts are empowered to make orders for relief against a company if they fail to protect a whistleblower from detriment. Applicable penalties under the Act are as follows:

Relevant conduct	Criminal penalties		Pecuniary penalties	
	Individual	Body corporate	Individual	Body corporate
Detrimental conduct	$50,400 (240 penalty units) or imprisonment for two years, or both.	$504,000 (2400 penalty units)	$1,050,000 (5000 penalty units) or three times the benefit derived or detriment avoided.	$10,500,000) 50,000 penalty units, three times the benefit derived or detriment avoided, or 10% of the body corporate's annual turnover (up to $525 million, 2.5 million penalty units).
Breach of confidentiality	$12,600 (60 penalty units) or imprisonment for six months, or both.	$126,000 (600 penalty units).		
Failure to have a compliant whistleblower policy*	For an individual, $12,600 (60 penalty units).	$126,000 (600 penalty units).		

*Please refer to ASIC.

Reporting internally

Reports made by a whistleblower must be based on reasonable grounds and be a disclosable matter. The report should (where possible) be in writing and contain details of:

- the nature of the disclosable matter
- the person responsible for the disclosable matter
- the facts on why the whistleblower believes the disclosable matter has occurred
- (if known) the nature and whereabouts of any further evidence that supports the report.

All disclosable matters must be treated as confidential and (without the whistleblowers consent) must not be disclosed to anyone not connected with the investigation. Unless the responsible person is obliged to do so by law. If the whistleblower wishes to make their report anonymously, their wish is honoured unless overridden by due process of law. However, there may be difficulties with keeping them updated with relevant information as a result of remaining anonymous.

Workers need to be aware that only disclosable matters are covered by this policy. Disclosures, such as a personal work-related grievance, do not qualify for protection under the Act.

Investigation

The responsible person will need to assess each disclosure made to determine:

- whether whistleblower protections will apply (if unsure, proceed as if they do apply), and
- if a formal, in-depth investigation is required.

It is important that the responsible person and investigating officer focus on the substance of the disclosure, not possible motives for the whistleblower to have made the disclosure. Whistleblowers are not required to act in good faith to be protected.

If an investigation is necessary, the responsible person will arrange for an investigating officer to conduct an investigation to determine the legitimacy of the allegations. The investigation is to be conducted thoroughly, but with the aim to conclude the investigation as early as possible.

The whistleblower, subject to privacy and confidentiality considerations, will be kept informed of the investigation process and (where appropriate) its outcome. They must maintain full confidentiality of any information they receive.

The person who is subject to a disclosure also needs to be informed about the investigation. However, this can be at any time so long as it is before making any adverse findings against them. This is in the event there may be concerns that the individual will destroy information or the disclosure needs to be referred to ASIC or the Federal Police. A worker who is subject to the disclosure may contact the organisation's support services (e.g. counselling).

When conducting an investigation, the investigating officer must:

- address all relevant questions
- conduct the investigation under strict confidence
- observe the rules of natural justice
- meet with the person upon whom the allegations are against, allowing them the opportunity to comment beforehand (according to the rules of natural justice)
- compile all the information into an investigation report for further review.

The investigation report will include:

- the allegations
- comments by the person the allegations are against, with considerations by the investigating officer
- a statement of all relevant findings, with the evidence provided

- the conclusions reached (including the damage caused and the impact on the organisation and other affected parties) and the reasoning behind it
- recommendations based upon those conclusions.

At the end of the investigation, the responsible person will be provided a copy of the investigation report and be consulted in regards to a decision on the matter. If the police are to be involved, this is to be done at the earliest possible opportunity.

Should the whistleblower not be content with the outcome of the investigation, they can request the investigation be reopened. The organisation is not obligated to reopen an investigation if it feels it is unnecessary and that the prior investigation was conducted properly. A further complaint can still be made to ASIC should the whistleblower still feel dissatisfied.

Note: It may not be possible to undertake an investigation if not enough information was provided and the disclosure was made anonymously and it is not possible to contact the whistleblower.

False and malicious reports

Workers should take care not to make deliberately false or malicious disclosures. Workers found (by the investigating officer) to have made such a disclosure will be subject to disciplinary action, including possible termination of employment.

Reporting externally

Workers are still covered by the whistleblowers protections if they wish to report their concerns to ASIC, even if they have not raised their concerns internally first. A report can be lodged through ASIC's online misconduct reporting form or by writing to ASIC. Concerns can be made to ASIC anonymously; however, ASIC will not be able to follow up for further information or advise what steps can be taken based on the information provided. However, anonymous reports still qualify for whistleblower protections.

Other people who can receive a disclosure include:

- legal practitioners
- regulatory bodies (e.g. ASIC) and other external parties (if authorised by the organisation), and
- (under certain circumstances) journalists and members of Commonwealth, state or territory parliaments.

Responsibilities of workers

Responsibilities of workers are to:

- be familiar with and regularly review this policy and related processes
- report any disclosable matters
- ensure reports of disclosable matters are private and confidential.

Responsibilities of the investigating officer

Responsibilities of the investigating officer is to:

- remain unbiased throughout the investigation
- ensure the scale of the investigation is in proportion to the seriousness of the wrongdoing
- ensure the investigation is completed in a fast and efficient manner
- examine relevant documents and evidence
- maintain strict confidentiality throughout the investigation

- conduct interviews with relevant witnesses
- keep accurate and clear records.

Responsibilities of the CEO

Responsibilities of the CEO is to:

- regularly review and memorise this policy and related processes
- appoint an investigating officer
- ensure sufficient resources are allocated to the investigating officer
- ensure all reports by whistleblowers are investigated to the necessary degree.

Responsibilities of the chair of the board

In the event the CEO is the person the allegations are placed against, the chair will have the same responsibilities as the CEO.

Worker screening

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Introduction

Worker screening helps to reduce unnecessary risks to participants and ensure a high standard of services. Worker screening ensures employees are properly qualified and have no criminal history.

This policy is mandatory and applies to all employees (including casual, temporary or permanent employees), volunteers, self-employed people, contractors, subcontractors or consultants, and students undertaking training as part of an educational or vocational course or program (other than school students on work experience).

The NDIS worker screening check is now in effect across Australia. The worker screening check establishes a nationally consistent approach to screening for workers by using a centralised database and a worker screening unit operating in each state and territory. All registered providers are required to maintain a list of risk-assessed roles which require a valid NDIS worker screening clearance (or equivalent state or territory screening check during the transition period).

Applicability

When
• applies to supports and services provided to all participants.

Who
• applies to all workers involved in interviewing and screening new employees.

Governing regulations for this policy

National Disability Insurance Scheme (NDIS Worker Screening Law) Determination 2020 (Cth)
National Disability Insurance Scheme (Worker Checks) Act 2018 (NSW)
NDIS (Practice Standards—Worker Screening) Rules 2018 (Cth)
Working with Children (Risk Management and Screening) Regulation 2011 (Qld)

Applicable processes for this policy

Screen new worker

Documents relevant to this policy

Risk Assessed Roles Register

State requirements for NDIS worker screening checks

Each state and territory has specific NDIS worker screening arrangements and legislation. When registering for an NDIS worker screening check, ensure that you comply with the specific arrangements of the state or territory in which you are operating. More information about obtaining an NDIS worker screening in each state and territory is outlined below:

State	NDIS worker screening	Relevant legislation
NSW	ServiceNSW	• National Disability Insurance Scheme (Worker Checks) Regulation 2020 (NSW) • National Disability Insurance Scheme (Worker Checks) Act 2018 (NSW)
Vic	Service Victoria	• Worker Screening Act 2020 (Vic) • Worker Screening Regulations 2021 (Vic)
QLD	Queensland Government	• Disability Services and Other Legislation (Worker Screening) Amendment Act 2020 (QLD)
SA	SA Department of Human Services	• Disability Inclusion (NDIS Worker Check) Regulations 2020 (SA)
WA	WA Government	• National Disability Insurance Scheme (Worker Screening) Regulations 2021 (WA) • National Disability Insurance Scheme (Worker Screening) Act 2020 Commencement Proclamation 2021 (WA) • National Disability Insurance Scheme (Worker Screening) Act 2020 (WA)
NT	NT Police, Fire & Emergency Services	• National Disability Insurance Scheme (Worker Clearance) Regulations 2021 (NT) • National Disability Insurance Scheme (Worker Clearance) Act 2020 (NT)
ACT	Access Canberra	• National Disability Insurance Scheme (Practice Standards—Worker Screening) Rules 2018 (Cth) • National Disability Insurance Scheme (NDIS Worker Screening Law) Determination 2020 (Cth)

Tas	[Tasmanian Government](#)	• [Registration to Work with Vulnerable People (Risk Assessment for NDIS Endorsed Activities) Order 2020 (Tas)](#) • [Registration to Work with Vulnerable People (NDIS Disqualifying Offences) Order 2020](#)

Identifying personnel that require a worker screening check

Our organisation will assess all roles and identify all risk assessed roles. All risk assessed roles require worker screening checks. According to the [NDIS Commission](#), risk assessed roles include:

- key management personnel roles
- roles that include the provision of direct supports or services for a person with a disability as part of normal duties
- roles that require more than incidental contact with a person with a disability, this includes:
  - physical touch
  - building rapport
  - working with multiple people with a disability as part of a service or in a disability accommodation setting.

Other roles that are generally not risk assessed (e.g. administrative staff) do not require a worker screening check. However, we may request workers that are not risk assessed to also complete worker screening checks.

Pre-employment checks

When hiring new employee, our organisation requires:

- at least one referee check (two are recommended)
- an NDIS worker screening clearance
- a check that authorises the person to work with children

All employees must ensure that their references and checks are both current and valid.

NDIS worker screening clearance

When an applicant applies for an NDIS worker screening clearance, the worker screening unit considers a range of factors including the applicant's criminal history, disciplinary misconduct, and other relevant history to determine whether they present an unacceptable risk of harm to people with disability in the course their work.

When a check is finalised, the applicant is granted:

- a clearance—they are permitted to work with people with disability in a risk assessed role for a registered NDIS provider, or
- issued with an exclusion—they are prohibited to work with people with disability in a risk assessed role for a registered NDIS provider.

Objections to an NDIS worker screening check

If a prospective employee refuses an NDIS worker screening check, this person *cannot* be employed in a risk assessed role, or commence working in a risk assessed role.

Working with children checks

All states and territories require working with children checks if working with anyone under 18 years old. This check is a check of a person's criminal history, specifically relating to crimes involving children. Each worker is responsible for arranging and providing a check for working with children. Please note that this check is not a substitute for an NDIS worker screening clearance.

The following table shows working with children checks for all Australian states and territories.

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Check for working with children (and/or vulnerable people)	Working with vulnerable people (WWVP)	Working with children check	Working with children clearance (Ochre card)	Blue card	Working with children check	Registration to work with vulnerable people	Working with children check	Working with children check

Worker screening exemptions

A worker may be allowed to undertake risk-assessed roles before obtaining their worker screening checks if:

- they are in the process of obtaining a clearance
- they are supervised by a worker that has received all necessary checks, and
- there is a relevant and thorough risk management plan in place.

High school students on formally organised work placements do not need worker screening checks. At all times, students on work placement must be directly supervised by a worker that has received all necessary checks.

Hiring contract workers

We will identify all contract workers that intend to engage in risk-assessed roles and ensure that only workers with appropriate checks are allowed to work with participants. We will arrange a formal contract with the company responsible for the contract worker. This contract will include sections about:

- all relevant worker screening requirements
- the requirement to disclose reasons (if there are any) for the contract worker not being able to work in risk-assessed roles (e.g. exclusion or suspension)
- the requirement for a contractor to comply with our requests to assist with investigating incidents and complaints involving their worker
- responding to requests for information about how the company is complying with their contractual obligations
- extending all obligations to all workers that are engaged by the contractor to provide services for our organisation.

Managing worker screening records

We will maintain an up-to-date list of workers that engage in risk-assessed roles and record this in a risk assessed roles register or other appropriate record management. This register will include the following information:

- the worker's name, date of birth and address
- the risk-assessed role that is undertaken by the worker
- details of their exemptions (if the worker has one), including:
  - exemption start and end date
  - name of the worker's supervisor

- if the worker is applying for a check, their application number and the due date of the outcome
- if the worker has their clearance, the reference number and expiry date
- any information about any suspensions or exclusions and actions taken in response
- information by any allegations against a worker with a clearance, including
  - details of the allegations
  - actions we have taken in response to the allegations.