



Pride Disability Services

Live Life with Pride

Pride Disability Services

Client Services

POLICIES & PROCEDURES

Manual

Pride Disability Services Company Overview:

Mission Statement:

"Pride Disability Services is a community-based organization embracing gender diversity and equality for people with disabilities from all communities, breaking down social and isolation barriers, regardless of sexual orientation."

This mission statement reflects a dedication to creating an inclusive and supportive environment for individuals with disabilities. By focusing on gender diversity, equality, and breaking down social barriers, Pride Disability Services aims to contribute to a more inclusive society. The emphasis on embracing diversity, regardless of sexual orientation, is a powerful message that aligns with principles of equity and respect for all individuals.

Vision Statement:

"To deliver more flexible, innovative, and specialized support services to people with disabilities within the LGBTIQ+ and Gender Diverse Community."

The vision statement reflects a forward-looking and inclusive approach. The emphasis on flexibility, innovation, and specialized support services aligns with a commitment to meeting the diverse needs of the LGBTIQ+ and Gender Diverse Community. This vision provides an ongoing dedication to adaptability, creativity, and a focus on tailoring services to create a positive and impactful experience for those receiving support.

Philosophy Statement:

"We believe that individuals with disabilities have the same rights, entitlements, and protections as all human beings."

The philosophy statement reflects a commitment to promoting and upholding the rights and dignity of individuals with disabilities. By emphasizing equality, entitlements, and protections, Pride Disability Services communicates a foundational belief in the inherent value and worth of every individual, irrespective of disability. This philosophy serves as a guiding principle for the organization's approach to service delivery, advocacy, and community engagement.

PRIDE DISABILITY SERVICES TABLE OF CONTEXT

Table of Contents

Pride Disability Services Company Overview:.....	2
"Pride Disability Services is a community-based organization embracing gender diversity and equality for people with disabilities from all communities, breaking down social and isolation barriers, regardless of sexual orientation."	2
Policy Title: Victorian Charter of Human Rights and Responsibilities Compliance Policy.....	6
Policy Title: Life Areas Policy.....	8
Policy Title: Regulatory Requirements Policy.....	10
Policy Title: Service Access Policy.....	13
Policy Title: Service Agreement and Service Quote Policy.....	15
Policy Title: Client Cancellation and No-Show Policy.....	18
Policy Title: Client Complaints and Disputes Policy.....	20
Policy Title: Grievance Procedure - To Make a Complaint Policy.....	23
Policy Title: Behaviours of Concern Policy.....	25
Policy Title: Decision Making and Choice Policy.....	28
Policy Title: Individual Needs Policy.....	30
Policy Title: Participation and Integration Policy.....	32
Policy Title: Privacy, Dignity, and Confidentiality Policy.....	34
Policy Title: Valued Status Policy.....	37
Policy Title: Guiding Principles for Medication Management in the Community Policy.....	39
Policy Title: Insurance and Indemnity Arrangements Policy.....	42
Policy Title: Intake and Assessment Policy.....	45
Policy Title: Protection of Human Rights and Freedom from Abuse and Neglect Policy.....	48
Policy Title: Preventing Abuse and Neglect Policy.....	50
Policy Title: Responding to Abuse and Neglect Policy.....	53
Policy Title: Preventing Abuse and Neglect Policy.....	56
Policy Title: Duty of Care & Negligence Policy.....	58

Policy Title: Incident Reporting and Obligations Policy	60
Policy Title: Restrictive Interventions Policy	62
Policy Title: Access and Equity Policy	65
Policy Title: Sexual Misconduct & Code of Ethics Policy	68
Policy Title: Advocacy Policy	71
Policy Title: Complex Support Coordination Policy	74
Policy Title: Conflict of Interest Policy	77
Policy Title: Emergency and Disaster Planning Policy	79
Policy Title: COVID-19 Safety Plan Policy	81
Policy Title: Client Non Face-to-Face Billing Policy	83
Policy Title: Establishment Fees Policy	85
Policy Title: Plan Management Policy	87
Policy Title: Client Travel Policy	89
Policy Title: Relationship, Gender, and Sexuality Policy	91
Policy Title: Short Term Accommodation Policy	93
Policy Title: Client Incarceration Policy	95
Policy Title: Client Plan Review Policy	97
Policy Title: Client Management System (Shift Care) Policy	99
Policy Title: Client Finances Xero Policy	101
Policy Title: First Aid Policy	103
Policy Title: Client Hospitalisation Policy	105
Policy Title: Medical and Professional Appointments for Clients	107
Policy Title: Assisting Clients to Access Legal Aid Services	109
Policy Title: Death of a Client	111
Policy Title: Client NDIS Supports Overseas and Virtual Support	113
Policy Title: Client Homelessness	115
Policy Title: Client Exiting	117
Policy Title: Continuity of Supports	119
Policy Title: Client Money, Bank Details	122
Policy Title: Waste Management for Infectious and Hazardous Substances	125
Policy Title: Supporting Participants with Severe Dysphagia in the Management of Food and	
Policy Title: Medication Administration	134
Policy Title: Complex Bowel Management	137

Policy Title: Enteral (Naso-Gastric Tube – Jejunum or Duodenum) Feeding and Management	140
Policy Title: Tracheostomy Management.....	144
Policy Title : Ventilator Management	148
Policy Title : Subcutaneous Injections	152
Policy Title : Complex Wound Management.....	156
Policy Title: High Intensity Daily Personal Activities Module Policy	160
Policy for Managing Schedule 8 Medicines Safely	163
Pride Disability Services Staff Entry and Consent Policy	166
Pride Disability Services Policy: Participant Choice and Control Change of Funding	169

Policy Title: Victorian Charter of Human Rights and Responsibilities Compliance Policy

Policy Number: CS001

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is committed to upholding and respecting the human rights and responsibilities outlined in the Victorian Charter of Human Rights and Responsibilities. This policy aims to ensure that all interactions, decision-making processes, and practices within the organisation align with the principles and values enshrined in the Charter.

Principles:

Recognition and Respect for Inherent Dignity (Section 1):

Pride Disability Services acknowledges and respects the inherent dignity of every individual receiving support.

Freedom from Discrimination (Section 8):

The organization ensures that all participants are treated with fairness, equality, and without discrimination, regardless of their background, characteristics, or beliefs.

Protection of Families and Children (Section 17):

In all dealings with families and children, Pride Disability Services prioritizes their well-being and safety, ensuring that their rights are upheld.

Cultural Rights (Section 19):

The organization recognizes and values cultural diversity, actively promoting cultural rights and ensuring that participants from diverse backgrounds feel respected and included.

Right to Privacy and Reputation (Section 13):

Participants' privacy is safeguarded, and their personal information is handled with the utmost confidentiality and respect.

Responsibilities:

Staff Training and Awareness:

All staff members undergo training to understand and uphold the principles of the Victorian Charter of Human Rights and Responsibilities.

Participant Advocacy:

Pride Disability Services acts as an advocate for participants, ensuring their rights are upheld and respected in all interactions and decision-making processes.

Review and Compliance:

Regular reviews of policies, procedures, and practices are conducted to ensure ongoing compliance with the Charter's principles.

Complaints Handling:

An accessible and transparent process is in place for participants or staff to raise concerns or complaints related to human rights issues.

Implementation:

This policy will be communicated to all staff members, participants, and stakeholders associated with Pride Disability Services. Regular training sessions will be conducted to ensure ongoing awareness and understanding of the Victorian Charter of Human Rights and Responsibilities.

Review and Revision:

This policy will be reviewed annually or as required to ensure its ongoing relevance and compliance with any updates to the Victorian Charter of Human Rights and Responsibilities.

Approvals:

Peter Sharpe – Director

22/01/2024

Policy Title: Life Areas Policy

Policy Number: CS002

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is committed to providing comprehensive support that addresses various life areas to enhance the overall well-being and quality of life for our participants. This policy outlines the key life areas we focus on and the principles guiding our approach.

Life Areas:

Physical Health:

Pride Disability Services supports participants in maintaining and improving their physical health. This includes access to appropriate healthcare, assistance with daily living activities, and promoting healthy lifestyle choices.

Mental and Emotional Well-being:

The organization recognizes the importance of mental and emotional well-being. Support services are designed to address mental health needs, promote emotional resilience, and provide access to relevant counselling or therapy.

Social Connections:

Social inclusion is a priority at Pride Disability Services. Participants are encouraged and supported in building and maintaining social connections, fostering relationships, and engaging in community activities.

Education and Skill Development:

Participants are provided opportunities for ongoing education and skill development. This includes access to relevant training programs, workshops, and activities that enhance their knowledge and abilities.

Independent Living Skills:

Pride Disability Services works with participants to develop and enhance their independent living skills. This may include support in areas such as budgeting, cooking, cleaning, and other daily living activities.

Employment and Vocational Support:

The organization assists participants in exploring and engaging in meaningful employment or vocational activities. This includes job readiness training, job placement support, and ongoing career development.

Recreation and Leisure:

Recognizing the importance of recreation and leisure, participants are encouraged to pursue hobbies and interests. Pride Disability Services facilitates access to recreational activities, sports, and cultural events.

Principles:

Individualized Approach:

Support plans are tailored to the unique needs, preferences, and goals of each participant across different life areas.

Choice and Control:

Participants are actively involved in decision-making processes related to their support plans and choices in various life areas.

Holistic Well-being:

Pride Disability Services adopts a holistic approach, recognizing that well-being is influenced by various interconnected life areas.

Collaboration and Communication:

Regular communication and collaboration with participants, their families, and support networks are essential to ensure effective support across life areas.

Implementation:

This policy will be communicated to all staff members, participants, and stakeholders associated with Pride Disability Services. Training sessions will be conducted to ensure staff members are aligned with the principles outlined in this policy.

Review and Revision:

This policy will be reviewed annually or as required to ensure its ongoing relevance and effectiveness in addressing the life areas of participants.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: [Regulatory Requirements Policy](#)

Policy Number: CS003

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is dedicated to maintaining compliance with all applicable laws, regulations, and standards governing the provision of disability support services. This policy outlines our commitment to meeting regulatory requirements and ensuring a legal and ethical framework for our operations.

Scope:

This policy applies to all Pride Disability Services staff members, including management, support coordinators, support workers, and any other individuals involved in the delivery of services.

Commitment to Compliance:

Legal and Regulatory Framework:

Pride Disability Services is committed to understanding and adhering to the legal and regulatory framework relevant to the disability support services we provide. This includes compliance with federal, state, and local laws.

National Disability Insurance Scheme (NDIS) Compliance:

As an NDIS service provider, we commit to complying with the NDIS Act, Rules, and other relevant guidelines. This includes providing supports that are safe, high-quality, and aligned with the principles of the NDIS.

Quality and Safeguarding:

The organization is dedicated to maintaining a high standard of service quality and participant safety. We comply with the NDIS Quality and Safeguarding Framework, including reporting and incident management requirements.

Work Health and Safety (WHS):

Pride Disability Services prioritizes the health and safety of our staff and participants. We comply with all relevant WHS legislation and regulations to create a safe working environment.

Privacy and Confidentiality:

Protecting the privacy and confidentiality of participants' information is paramount. We comply with privacy laws and regulations, including the Australian Privacy Principles (APPs) and any relevant state/territory legislation.

Roles and Responsibilities:

Management Responsibility:

Management is responsible for staying informed about changes in relevant laws and regulations, communicating these changes to staff, and ensuring organizational practices align with legal requirements.

Staff Accountability:

All staff members are accountable for understanding and adhering to regulatory requirements applicable to their roles. This includes participating in relevant training and seeking guidance when uncertain about compliance matters.

Monitoring and Continuous Improvement:

Regular Audits and Reviews:

Pride Disability Services conducts regular internal audits and reviews to assess compliance with regulatory requirements. This includes reviews of policies, procedures, and service delivery practices.

Feedback and Complaints Handling:

Feedback and complaints related to potential regulatory issues are actively encouraged and thoroughly investigated. This process contributes to identifying areas for improvement.

Non-compliance Handling:

Corrective Actions:

In cases of identified non-compliance, Pride Disability Services will take prompt corrective actions. This may involve implementing changes to policies, procedures, or staff training.

Reporting:

Instances of significant non-compliance will be reported to the relevant regulatory authorities as required by law.

Communication:

This policy will be communicated to all staff members, participants, and relevant stakeholders. Training sessions will be conducted to ensure staff members are aware of their responsibilities and the importance of compliance.

Review and Revision:

This policy will be reviewed annually or as required to ensure its ongoing relevance and effectiveness in maintaining regulatory compliance.

**Pride Disability Services –
Client Services Policy and Procedures**

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: [Service Access Policy](#)

Policy Number: CS004

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is committed to providing accessible, person-centred disability support services to individuals seeking our assistance. This policy outlines the procedures for participants to access our services and ensures that the process is transparent, fair, and aligned with the principles of choice and control.

Scope:

This policy applies to all individuals seeking disability support services from Pride Disability Services, including participants, their families, carers, and any other relevant stakeholders.

Service Eligibility:

National Disability Insurance Scheme (NDIS) Participants:

Pride Disability Services primarily provides services to participants registered under the NDIS. Individuals must have an approved NDIS plan to access our supports.

Non-NDIS Participants:

In exceptional cases, individuals not covered by the NDIS may be considered for support. The organization will assess eligibility based on specific criteria, capacity, and available resources.

Access Process:

Enquiry and Information:

Individuals interested in accessing Pride Disability Services can make an initial enquiry by contacting our office or sending through an inquiry via our website. Information about available services, eligibility criteria, and the application process will be provided.

Assessment and Planning:

For NDIS participants, a Support Coordinator will work with individuals to assess their needs, goals, and preferences. A collaborative planning process will result in the development of a support plan.

Service Agreement:

A service agreement will be established between Pride Disability Services and the participant, outlining the supports to be delivered, associated costs (if any), and other

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relevant conditions. The agreement will be provided in a format accessible to the participant.

Consent and Communication:

Participants, or their legally authorized representatives, are required to provide informed consent for the delivery of supports. Effective communication channels will be established to ensure participants understand the terms and conditions of service provision.

Fair and Equitable Access:

Non-Discrimination:

Pride Disability Services adheres to principles of non-discrimination. Access to services will not be denied on the basis of race, gender, sexual orientation, age, disability, or any other protected characteristic.

Reasonable Adjustments:

Reasonable adjustments will be made to accommodate the individual needs and preferences of participants, ensuring an inclusive and accessible service environment.

Review and Amendments:

Periodic Review:

This policy will be reviewed periodically to ensure its effectiveness and relevance to evolving service delivery practices and regulatory requirements.

Amendments:

Amendments to the policy will be made as necessary, with consideration for feedback from participants and changes in legislative or organizational requirements.

Communication:

This policy will be communicated to all staff members, participants, and relevant stakeholders. Information sessions will be conducted to assist individuals in understanding the service access process.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: [Service Agreement and Service Quote Policy](#)

Policy Number: CS027

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is committed to providing transparent, person-centred disability support services. This policy outlines the procedures for developing Service Agreements and providing Service Quotes, ensuring clarity, fairness, and alignment with participant needs and preferences.

Scope:

This policy applies to all individuals accessing disability support services from Pride Disability Services, including participants, their families, carers, and any other relevant stakeholders.

Service Agreement:

Introduction:

A Service Agreement is a formal arrangement between Pride Disability Services and the participant, outlining the supports to be delivered, terms and conditions, and other relevant details.

Development Process:

The Service Agreement will be collaboratively developed with the participant, ensuring their active involvement and understanding. Support Coordinators or relevant staff will facilitate this process.

Content of Service Agreement:

The Service Agreement will include, but is not limited to:

Description of supports and services to be provided.

Roles and responsibilities of both parties.

Duration and frequency of supports.

Conditions for modifying or terminating the agreement.

Confidentiality and privacy arrangements.

Complaints and dispute resolution procedures.

Communication and Understanding:

The Service Agreement will be communicated to the participant in a format that is accessible to them, considering their preferred language, communication mode, and terms. Participants will be supported to understand the content of the agreement.

Consent:

Participants, or their legally authorized representatives, will provide informed consent for the terms outlined in the Service Agreement.

Service Quote:

Issuing a Service Quote:

Prior to the commencement of services, a Service Quote will be provided to the participant. The quote will detail the costs associated with the supports and services outlined in the Service Agreement.

Content of Service Quote:

The Service Quote will include:

Clear breakdown of costs associated with each support.

Payment terms and methods.

Any applicable fees or charges.

NDIS funding details (if applicable).

Information on any additional costs that may arise.

Review of Service Quote:

Participants will be given the opportunity to review the Service Quote and seek clarification on any aspects before providing their consent.

Fair and Transparent Practices:

Transparent Pricing:

Pricing for supports and services will be transparent and clearly communicated to participants.

Fair Agreements:

Service Agreements will be fair, taking into account the participant's needs, preferences, and the principles of choice and control.

Review and Amendments:

Periodic Review:

This policy will be reviewed periodically to ensure its effectiveness and relevance to evolving service delivery practices and regulatory requirements.

Amendments:

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Amendments to the policy will be made as necessary, with consideration for feedback from participants and changes in legislative or organizational requirements.

Communication:

This policy will be communicated to all staff members, participants, and relevant stakeholders. Information sessions will be conducted to assist individuals in understanding the Service Agreement and Service Quote processes.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Client Cancellation and No-Show Policy

Policy Number – CS006

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services, in alignment with the principles of the National Disability Insurance Scheme (NDIS), establishes this policy to manage participant cancellations and instances of no-shows for scheduled appointments. The goal is to ensure efficient service provision while respecting the rights and needs of participants.

Scope:

This policy applies to all participants receiving disability support services from Pride Disability Services under the National Disability Insurance Scheme (NDIS). It also extends to staff members involved in scheduling and managing appointments.

Cancellation Policy:

Notice of Cancellation:

Participants are encouraged to provide advance notice in the event of a cancellation. The preferred notice period is 5 days, aligning with NDIS principles to support effective planning.

Procedure for Cancellation:

Participants should notify Pride Disability Services of cancellations by contacting [insert contact information]. This can be done via phone call, email, or any other agreed-upon communication method.

Late Cancellations:

Cancellations made within [insert notice period] of the scheduled appointment are considered late cancellations. While participants are encouraged to avoid late cancellations, Pride Disability Services understands that unforeseen circumstances may arise.

Handling Late Cancellations:

Late cancellations will be reviewed on a case-by-case basis, considering the participant's NDIS plan and goals.

No-Show Policy:

Definition of No-Show:

A no-show occurs when a participant fails to attend a scheduled appointment without providing prior notice.

Recording No-Shows:

Instances of no-shows will be documented by staff members responsible for appointment scheduling.

Consequences of No-Shows:

Participants accumulating a certain number of no-shows within a specified timeframe may face consequences, such as:

Review of service provision.

Discussion of the impact on the participant's NDIS plan and goals.

Referral to relevant support coordination for additional assistance.

Communication:

Educating Participants:

Participants will be informed about this policy during the onboarding process. The importance of timely communication and adherence to appointments will be emphasized.

Reminders:

Participants may receive appointment reminders via their preferred communication method to reduce the likelihood of no-shows.

Review and Amendments:

Periodic Review:

This policy will be reviewed periodically to ensure its effectiveness and alignment with NDIS principles.

Amendments:

Amendments to the policy will be made as necessary, considering feedback from participants and changes in legislative or organizational requirements.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Client Complaints and Disputes Policy

Policy Number: CS007

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is committed to providing high-quality and participant-centred disability support services. This policy outlines the procedures for managing and resolving client complaints and disputes in a transparent, fair, and efficient manner, in accordance with relevant legislation and best practices.

Scope:

This policy applies to all participants receiving disability support services from Pride Disability Services. It also extends to staff members involved in service delivery and those responsible for handling complaints and disputes.

Definitions:

Complaint:

A complaint is an expression of dissatisfaction or concern raised by a participant or their representative regarding the services provided by Pride Disability Services.

Dispute:

A dispute arises when a complaint remains unresolved, and the participant or Pride Disability Services seeks a formal resolution process.

Complaints Handling Procedure:

Informal Resolution:

Participants are encouraged to address concerns informally by discussing them with their support worker, team leader, or another relevant staff member.

Formal Complaint Lodgement:

If the complaint remains unresolved, participants may submit a formal written complaint to Pride Disability Services. The complaint should include details such as the nature of the concern, dates, and individuals involved.

Complaint Acknowledgment:

Upon receipt of a formal complaint, Pride Disability Services will acknowledge it within [insert timeframe] days, confirming the commencement of the formal complaints process.

Investigation:

An impartial staff member not directly involved in the issue will be assigned to investigate the complaint. The investigation will be completed within [insert timeframe] days.

Resolution and Communication:

Pride Disability Services will communicate the investigation outcomes and proposed resolutions to the participant in writing. If applicable, adjustments to service provision will be discussed and implemented.

Dispute Resolution Procedure:

Internal Review:

If a participant is dissatisfied with the outcome of the complaint investigation, they may request an internal review within [insert timeframe] days of receiving the written resolution.

External Mediation:

If the internal review does not resolve the dispute, participants may request external mediation. Pride Disability Services will engage an independent mediator to facilitate resolution discussions.

Escalation to External Authorities:

If the dispute remains unresolved after internal review and mediation, participants have the right to escalate the matter to external authorities, such as the NDIS Quality and Safeguards Commission.

Record Keeping:

All complaints and dispute resolution processes, including outcomes and any implemented changes, will be documented and securely stored by Pride Disability Services.

Review and Amendments:

Periodic Review:

This policy will be reviewed periodically to ensure its effectiveness and alignment with legislative and organizational requirements.

Amendments:

Amendments to the policy will be made as necessary, considering feedback from participants and changes in legislation or organizational procedures.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: **Grievance Procedure - To Make a Complaint Policy**

Policy Number: CS008

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is committed to maintaining an open and transparent process for participants to express concerns and complaints about the services provided. This Grievance Procedure outlines the steps participants should follow to make a complaint and the processes Pride Disability Services will undertake to address and resolve complaints in a fair and timely manner.

Scope:

This policy applies to all participants receiving disability support services from Pride Disability Services. It encompasses the procedures for lodging and addressing complaints at various levels of formality.

Definitions:

Grievance:

A grievance is an expression of dissatisfaction or concern raised by a participant or their representative regarding the services provided by Pride Disability Services.

Grievance Procedure:

Informal Resolution:

Participants are encouraged to address concerns informally by discussing them with their support worker, team leader, or another relevant staff member. Informal resolution aims to resolve issues promptly and amicably.

Formal Grievance Lodgement:

If the grievance remains unresolved through informal means, participants may choose to submit a formal written grievance to Pride Disability Services. The written grievance should include details such as the nature of the concern, dates, and individuals involved.

Grievance Acknowledgment:

Upon receipt of a formal grievance, Pride Disability Services will acknowledge it within [insert timeframe] days, confirming the commencement of the formal grievance resolution process.

Investigation:

An impartial staff member not directly involved in the issue will be assigned to investigate the grievance. The investigation will be completed within [insert timeframe] days.

Resolution and Communication:

Pride Disability Services will communicate the investigation outcomes and proposed resolutions to the participant in writing. If applicable, adjustments to service provision will be discussed and implemented.

Escalation:

If the participant remains dissatisfied with the resolution provided, they have the right to escalate the grievance to higher levels within the organization.

Record Keeping:

All grievances and resolution processes, including outcomes and any implemented changes, will be documented and securely stored by Pride Disability Services.

Review and Amendments:

Periodic Review:

This policy will be reviewed periodically to ensure its effectiveness and alignment with legislative and organizational requirements.

Amendments:

Amendments to the policy will be made as necessary, considering feedback from participants and changes in legislation or organizational procedures.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Behaviours of Concern Policy

Policy Number: CS010

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services recognizes that certain behaviours may pose challenges in providing support to participants. This policy outlines the approach, strategies, and procedures Pride Disability Services will follow to address and manage behaviours of concern in a manner that ensures the safety, dignity, and well-being of all participants and staff.

Scope:

This policy applies to all participants receiving disability support services from Pride Disability Services, as well as all staff and support workers involved in providing services.

Definitions:

Behaviours of Concern:

Behaviours of concern refer to actions or conduct by participants that may pose risks to their safety, the safety of others, or hinder the provision of effective support services.

Policy Objectives:

Risk Assessment:

Conduct thorough risk assessments to identify and understand the potential risks associated with specific behaviours of concern.

Person-Centred Approach:

Implement person-centred approaches to understand the underlying causes and triggers of behaviours of concern, focusing on addressing individual needs and preferences.

Positive Behaviour Support:

Develop and implement Positive Behaviour Support (PBS) plans that emphasize proactive strategies, reinforcing positive behaviours, and reducing the likelihood of challenging behaviours.

Individualized Strategies:

Tailor intervention strategies to the individual needs and circumstances of each participant, considering their communication style, sensory preferences, and support requirements.

Staff Training:

Provide ongoing training to staff and support workers to equip them with the skills and knowledge needed to effectively manage and de-escalate behaviours of concern.

Monitoring and Review:

Regularly monitor the effectiveness of intervention strategies and review PBS plans to ensure they remain relevant and responsive to the participant's evolving needs.

Communication and Collaboration:

Foster open communication and collaboration among staff, support workers, participants, and their support networks to share insights, observations, and strategies for managing behaviours of concern.

Documentation:

Maintain accurate and confidential records documenting assessments, interventions, and outcomes related to behaviours of concern.

Incident Reporting:

Reporting Requirements:

Establish clear procedures for reporting incidents related to behaviours of concern, ensuring timely and accurate documentation.

Investigation and Analysis:

Conduct thorough investigations into incidents, analysing contributing factors and identifying opportunities for improvement.

Escalation Procedures:

Outline a clear escalation process for cases where behaviours of concern persist despite interventions, including collaboration with external specialists and relevant authorities if necessary.

Review and Amendments:

Periodic Review:

This policy will be reviewed periodically to ensure its effectiveness and alignment with legislative and organizational requirements.

Amendments:

Amendments to the policy will be made as necessary, considering feedback from participants and changes in legislation or organizational procedures.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: [Decision Making and Choice Policy](#)

Policy Number: CS011

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is committed to promoting the rights of participants to make decisions about their own lives and exercise meaningful choice and control over the supports they receive. This policy outlines the principles, processes, and practices that guide decision-making and choice within the organization.

Scope:

This policy applies to all participants receiving disability support services from Pride Disability Services, as well as all staff and support workers involved in providing services.

Definitions:

Decision Making:

The process of choosing between options or courses of action based on individual preferences, needs, and goals.

Choice and Control:

The right of participants to have a say in decisions that affect their lives and to actively participate in the planning and delivery of their support services.

Policy Objectives:

Respect for Autonomy:

Uphold the autonomy and dignity of participants by respecting their right to make decisions, regardless of the level of support they may require.

Informed Decision Making:

Ensure that participants have access to clear, understandable information about their support options, risks, and consequences to make informed decisions.

Person-Centred Planning:

Implement person-centred planning approaches that prioritize the individual needs, goals, and preferences of each participant.

Capacity Building:

Support participants in building their capacity to make decisions, including providing information, skill-building opportunities, and fostering self-advocacy.

Support Networks:

Encourage the involvement of participants' support networks, including family, friends, and advocates, in the decision-making process, with the participant's consent.

Advocacy Support:

Provide advocacy support to participants who may require assistance in expressing their preferences or navigating complex decision-making situations.

Record Keeping:

Maintain accurate and confidential records documenting the decisions made by participants, the processes involved, and any support provided.

Communication and Collaboration:

Open Communication:

Foster open and transparent communication between participants, support workers, and relevant stakeholders to ensure that decisions align with the participant's wishes.

Collaborative Decision Making:

Collaborate with participants in the development of support plans, ensuring their active involvement in decision-making related to their goals, services, and outcomes.

Review and Amendments:

Periodic Review:

This policy will be reviewed periodically to ensure its effectiveness and alignment with legislative and organizational requirements.

Amendments:

Amendments to the policy will be made as necessary, considering feedback from participants and changes in legislation or organizational procedures.

Approvals:

Peter Adam Sharpe

22/01/2024

Policy Title: Individual Needs Policy

Policy Number: CS012

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is committed to providing person-centred and tailored support that addresses the individual needs, goals, and preferences of each participant. This policy outlines the principles and procedures to ensure the delivery of services that are responsive to the unique requirements of participants.

Scope:

This policy applies to all participants receiving disability support services from Pride Disability Services, as well as all staff and support workers involved in providing services.

Definitions:

Individual Needs:

The specific requirements, preferences, and goals unique to each participant, encompassing physical, emotional, social, cultural, and personal aspects.

Person-Centred Approach:

A philosophy and approach that prioritizes the individual's desires, choices, and aspirations in the planning and delivery of support services.

Policy Objectives:

Assessment of Needs:

Conduct comprehensive assessments to identify and understand the individual needs, goals, and preferences of each participant.

Person-Centred Planning:

Utilize person-centred planning approaches that involve participants in decisions about their support services, ensuring their active involvement in goal setting and planning.

Tailored Support Plans:

Develop and implement support plans that are tailored to meet the specific needs and goals of each participant, considering their unique circumstances and aspirations.

Cultural Sensitivity:

Acknowledge and respect the cultural diversity of participants, ensuring that support services are culturally sensitive and aligned with individual cultural values and practices.

Flexible Service Delivery:

Provide flexibility in service delivery to accommodate changes in participants' needs, preferences, and circumstances, allowing for adjustments in support plans as required.

Collaboration with Support Networks:

Engage with the support networks of participants, including family, friends, and advocates, to gather insights into individual needs and preferences, with the participant's consent.

Continuous Feedback:

Establish mechanisms for continuous feedback from participants to evaluate the effectiveness of support services and identify opportunities for improvement.

Communication and Collaboration:

Open Communication:

Foster open and transparent communication between participants, support workers, and relevant stakeholders to ensure that service delivery aligns with individual needs.

Collaborative Decision Making:

Collaborate with participants in the ongoing development and adjustment of support plans, respecting their right to make decisions about their own lives.

Review and Amendments:

Periodic Review:

This policy will be reviewed periodically to ensure its effectiveness and alignment with legislative and organizational requirements.

Amendments:

Amendments to the policy will be made as necessary, considering feedback from participants and changes in legislation or organizational procedures.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Participation and Integration Policy

Policy Number: CS013

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is dedicated to promoting the active participation and integration of participants within their communities. This policy outlines the principles and procedures to ensure that participants have opportunities for meaningful engagement, social inclusion, and integration into community life.

Scope:

This policy applies to all participants receiving disability support services from Pride Disability Services, as well as all staff and support workers involved in providing services.

Definitions:

Participation:

Involvement and engagement in activities, events, and opportunities that contribute to personal growth, social connections, and a sense of belonging.

Integration:

The process of blending individuals with disabilities into the wider community, fostering inclusion, acceptance, and accessibility.

Policy Objectives:

Individualized Participation Plans:

Develop individualized participation plans for each participant, outlining tailored strategies to enhance their engagement in various activities and community settings.

Inclusive Community Engagement:

Facilitate the active involvement of participants in community activities, events, and groups, fostering a sense of belonging and social connectedness.

Accessible Environments:

Advocate for and create environments that are accessible and inclusive, ensuring that participants can engage in community activities without barriers.

Collaboration with Community Organisations:

Collaborate with local community organisations, businesses, and groups to create opportunities for participants to contribute and participate in community life.

Skill Development:

Provide support for participants to develop the skills necessary for independent and meaningful engagement in community activities.

Community Awareness and Education:

Promote awareness and understanding within the community about disability and the importance of inclusion, aiming to create welcoming environments.

Advocacy for Inclusion:

Advocate for the inclusion of participants in mainstream services, ensuring equal access to education, employment, healthcare, and recreational opportunities.

Social Connection Programs:

Establish and support programs that encourage social connections among participants and with the broader community, reducing social isolation.

Communication and Collaboration:

Open Communication:

Foster open and transparent communication between participants, support workers, and community stakeholders to identify and address barriers to participation.

Collaboration with Families and Carers:

Collaborate with the families, carers, and support networks of participants to ensure a holistic approach to promoting participation and integration.

Review and Amendments:

Periodic Review:

This policy will be reviewed periodically to ensure its effectiveness and alignment with legislative and organizational requirements.

Amendments:

Amendments to the policy will be made as necessary, considering feedback from participants and changes in legislation or organizational procedures.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Privacy, Dignity, and Confidentiality Policy

Policy Number: CS014

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is committed to upholding the privacy, dignity, and confidentiality of all participants. This policy outlines the principles and procedures that guide the respectful and confidential handling of participant information, ensuring their rights are protected.

Scope:

This policy applies to all participants receiving disability support services from Pride Disability Services, as well as all staff and support workers involved in providing services.

Definitions:

Privacy:

The right of participants to control access to their personal information and to ensure that such information is used appropriately.

Dignity:

The recognition and respect for the inherent value and worth of each participant, promoting their autonomy and individuality.

Confidentiality:

The duty to protect and keep secure all participant information, ensuring it is not disclosed without proper authorization.

Policy Objectives:

Respect for Individual Privacy:

Ensure that the privacy of participants is respected, and their personal information is handled with the utmost confidentiality and discretion.

Informed Consent:

Obtain informed consent from participants before collecting, using, or disclosing their personal information, ensuring they are aware of the purposes and potential consequences.

Right to Access Information:

Acknowledge and uphold the right of participants to access their own information, providing them with copies of relevant records upon request.

Safeguarding Dignity:

Uphold the dignity of participants in all interactions and service provision, recognizing and respecting their preferences, choices, and cultural or personal values.

Secure Information Management:

Implement secure systems for the management and storage of participant information, protecting it from unauthorized access, loss, or disclosure.

Need-to-Know Principle:

Adhere to the "need-to-know" principle, ensuring that only authorized individuals have access to participant information based on their role and responsibilities.

Confidentiality Agreements:

Require all staff and support workers to sign confidentiality agreements, emphasizing their responsibility to maintain the privacy and confidentiality of participant information.

Training on Privacy and Dignity:

Provide regular training to staff and support workers on privacy laws, confidentiality requirements, and the importance of upholding the dignity of participants.

Communication and Transparency:

Transparent Communication:

Communicate openly and transparently with participants about the collection, use, and disclosure of their personal information, fostering trust.

Incident Reporting:

Establish a process for reporting and addressing any breaches of privacy or confidentiality promptly, including appropriate corrective actions.

Review and Amendments:

Periodic Review:

This policy will be reviewed periodically to ensure its effectiveness and alignment with legislative and organizational requirements.

Amendments:

Amendments to the policy will be made as necessary, considering feedback from participants and changes in legislation or organizational procedures.

Approvals:

Peter Adam Sharpe

22/01/2024

Policy Title: Valued Status Policy

Policy Number: CS015

Effective Date: 22/01/2024

Review Date: 22/01/2025

Policy Statement:

Pride Disability Services is dedicated to fostering a culture of inclusion, respect, and dignity for all participants. This Valued Status Policy outlines our commitment to recognizing and celebrating the unique qualities, abilities, and contributions of each individual within our community.

Scope:

This policy applies to all participants receiving disability support services from Pride Disability Services, as well as all staff, support workers, volunteers, and stakeholders associated with the organisation.

Definitions:

Valued Status:

The recognition and affirmation of the inherent worth, contributions, and capabilities of each participant, promoting a positive and inclusive environment.

Policy Objectives:

Promotion of Inclusion:

Foster an inclusive and welcoming environment where participants feel respected, valued, and included in all aspects of service provision and organizational activities.

Recognition of Individual Contributions:

Acknowledge and celebrate the diverse abilities, talents, and contributions of participants, promoting a positive and affirming atmosphere.

Dignity and Respect:

Uphold the dignity and respect of each participant, recognizing their individuality and ensuring interactions are free from discrimination, prejudice, or stigmatization.

Cultural Competence:

Promote cultural competence and sensitivity, respecting the diverse backgrounds, beliefs, and practices of participants, and adapting services accordingly.

Empowerment of Participants:

Empower participants to express their preferences, make choices, and actively participate in decision-making processes related to their support and services.

[Pride Disability Services Pty Ltd](#)

[ABN: 54 623 421 741](#)

[Client Services Policy and Procedure Manual](#)

[Version 001 Code CS01](#)

Person-Centred Approach:

Embrace a person-centred approach, tailoring support plans and services to the unique needs, goals, and aspirations of each participant.

Communication and Awareness:

Communication of Inclusive Values:

Clearly communicate the organization's commitment to inclusivity, diversity, and the promotion of valued status to participants, staff, and stakeholders.

Education and Training:

Provide ongoing education and training to staff and support workers on promoting inclusivity, recognizing individual strengths, and fostering a positive atmosphere.

Celebrating Achievements:

Recognition Programs:

Establish recognition programs or events that highlight and celebrate the achievements, milestones, and contributions of participants.

Community Engagement:

Encourage participants to engage with the wider community, showcasing their talents and capabilities, and challenging stereotypes or misconceptions.

Feedback and Continuous Improvement:

Participant Feedback:

Encourage participants to provide feedback on their experiences and perceptions of inclusivity, valuing their input for continuous improvement.

Policy Review:

Periodically review this Valued Status Policy to ensure its effectiveness and relevance, making amendments as necessary.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Guiding Principles for Medication Management in the Community Policy

Policy Number: CS016

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is developed in accordance with the Disability Act at where by information provided can be found and downloaded by visiting health.gov.au, which outlines the legal framework for the provision of disability support services.

Policy Statement:

Pride Disability Services is committed to ensuring safe, effective, and person-centred medication management for participants receiving community-based disability support services. This policy establishes the guiding principles and procedures to be followed by staff, support workers, and stakeholders involved in medication management.

Scope:

This policy applies to all participants receiving disability support services in community settings under the auspices of Pride Disability Services. It also extends to all staff, support workers, volunteers, and relevant stakeholders involved in medication management.

Definitions:

Medication Management:

The process of administering, monitoring, and ensuring the safe and appropriate use of medications by participants.

Guiding Principles:

Person-Centred Approach:

Medication management will be tailored to the individual needs, preferences, and health conditions of each participant, ensuring a person-centred and holistic approach.

Informed Consent:

Participants or their legal guardians will provide informed consent for medication management, including information on the purpose, benefits, potential risks, and alternatives.

Qualified Personnel:

Only qualified and trained personnel will be responsible for administering medications, following relevant legal requirements and professional standards.

Medication Administration Records (MAR):

Maintain accurate and up-to-date Medication Administration Records for each participant, documenting details of medications administered, including dosage, time, and any observed side effects.

Regular Medication Reviews:

Conduct regular reviews of participants' medication needs, involving healthcare professionals as necessary, to ensure appropriateness and effectiveness.

Education and Training:

Provide ongoing education and training to staff and support workers on medication management protocols, including safe administration practices and the identification of adverse reactions.

Monitoring for Side Effects:

Monitor participants for potential side effects of medications and promptly report any concerns to healthcare professionals and relevant authorities.

Emergency Protocols:

Develop and communicate clear emergency protocols for situations such as medication errors, adverse reactions, or missed doses, ensuring timely and appropriate responses.

Communication with Healthcare Providers:

Maintain open communication with participants' healthcare providers, sharing relevant information about medication management, changes, and outcomes.

Privacy and Dignity:

Respect participants' privacy and dignity during medication administration, providing a supportive and discreet environment.

Compliance with the Disability Act:

Legal Compliance:

Ensure that all aspects of medication management adhere to the provisions of the Disability Act, promoting the rights and safety of participants.

Record Keeping:

Documentation:

Maintain comprehensive and secure records of medication management activities, including participant consent forms, Medication Administration Records, and communication with healthcare providers.

Policy Review:

Periodic Review:

Regularly review this Medication Management Policy to ensure compliance with legislative requirements and best practices, making updates as needed.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Insurance and Indemnity Arrangements Policy

Policy Number: CS020

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is developed to ensure compliance with relevant laws and regulations governing insurance and indemnity arrangements applicable to Pride Disability Services.

Policy Statement:

Pride Disability Services acknowledges the importance of maintaining comprehensive insurance coverage and indemnity arrangements to safeguard the organization, its staff, volunteers, and participants. This policy outlines the principles and procedures for insurance and indemnity within the organization.

Scope:

This policy applies to all activities, services, and operations conducted under the umbrella of Pride Disability Services, encompassing staff, volunteers, participants, and any external entities collaborating with the organization.

Insurance Principles:

Coverage Assessment:

Regularly assess the insurance needs of Pride Disability Services to ensure that coverage aligns with the organization's activities and potential risks.

Comprehensive Coverage:

Maintain comprehensive insurance coverage, including but not limited to public liability, professional indemnity, property, and motor vehicle insurance, as deemed necessary.

Participant Insurance:

Provide appropriate insurance coverage for participants during Pride Disability Services activities, ensuring protection against potential risks and liabilities.

Compliance with Legal Requirements:

Ensure that all insurance arrangements comply with relevant laws, regulations, and standards applicable to disability service providers.

Indemnity Arrangements:

Indemnification Policy:

Implement clear indemnification policies to protect Pride Disability Services, its staff, volunteers, and participants from legal liabilities arising during the course of authorized activities.

Legal Counsel:

Seek legal counsel to review and periodically update indemnity arrangements, ensuring alignment with current legal standards and organizational requirements.

Contractual Agreements:

Establish clear indemnity clauses in contractual agreements with external entities, service providers, and partners, outlining the responsibilities and liabilities of each party.

Claims Management:

Prompt Reporting:

Establish procedures for the prompt reporting of incidents that may lead to insurance claims, ensuring timely and accurate reporting to insurance providers.

Collaboration with Insurers:

Collaborate with insurance providers in the investigation and management of claims, providing all necessary documentation and information required.

Risk Management:

Risk Identification and Mitigation:

Conduct regular risk assessments to identify potential liabilities and implement proactive measures to mitigate risks and enhance overall safety.

Record Keeping:

Document Retention:

Maintain organized and up-to-date records of insurance policies, indemnity agreements, claims, and related documentation for transparency and compliance purposes.

Policy Review:

Periodic Review:

Regularly review this Insurance and Indemnity Arrangements Policy to ensure its relevance, effectiveness, and compliance with evolving legal and organizational requirements.

Approvals:

Peter Adam Sharpe - Director

21/01/2024

Policy Title: Intake and Assessment Policy

Policy Number: CS021

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is developed to ensure compliance with relevant laws and regulations governing intake and assessment procedures applicable to Pride Disability Services, including the National Disability Insurance Scheme (NDIS).

Policy Statement:

Pride Disability Services recognizes the significance of a robust intake and assessment process to provide personalized and effective support for participants, in alignment with the National Disability Insurance Scheme (NDIS). This policy outlines the principles and procedures governing the intake and assessment of individuals seeking services from the organization.

Scope:

This policy applies to all individuals seeking support from Pride Disability Services and encompasses the intake and assessment process conducted by the organization, as aligned with NDIS guidelines.

Intake Procedures:

Inquiry and Information:

Individuals seeking services will be provided with clear and accessible information about Pride Disability Services, including services offered, eligibility criteria, and the intake process, in accordance with NDIS guidelines.

Initial Contact:

Establish a dedicated point of contact for initial inquiries and ensure that individuals receive prompt and respectful responses to their queries, adhering to NDIS principles.

Application Submission:

Develop a straightforward and user-friendly application process, enabling individuals to submit their application for services easily, considering NDIS requirements.

Documentation Requirements:

Clearly outline the necessary documentation and information required from individuals during the intake process, ensuring transparency and efficiency, aligning with NDIS standards.

Assistance for Completing Applications:

Offer assistance to individuals who may require support in completing their applications, ensuring inclusivity and accessibility, as recommended by NDIS.

Assessment Procedures:

Needs Assessment:

Conduct a comprehensive needs assessment for each individual seeking services, considering their unique requirements, preferences, and goals, in line with NDIS guidelines.

Professional Assessment:

Involve qualified and trained professionals in the assessment process to evaluate the specific needs, capabilities, and potential risks associated with each individual, adhering to NDIS principles.

Collaboration with Participants:

Collaborate with participants, and where applicable, their support networks, in the assessment process to ensure a holistic understanding of their needs and goals, as encouraged by NDIS.

Consent and Privacy:

Obtain informed consent from participants before conducting assessments, and strictly adhere to privacy and confidentiality standards throughout the process, in accordance with NDIS requirements.

Timely Assessment:

Implement procedures to ensure timely assessments, minimizing waiting periods for individuals seeking support, aligning with NDIS guidelines.

Documentation and Record Keeping:

Record of Assessments:

Maintain accurate and up-to-date records of all assessments conducted, including relevant information, findings, and participant preferences, complying with NDIS documentation standards.

Data Security:

Implement robust data security measures to protect the confidentiality and privacy of participant information, in accordance with NDIS privacy principles.

Communication:

Feedback to Participants:

Provide timely and clear feedback to individuals following the assessment process, outlining the support options available and addressing any queries or concerns, as recommended by NDIS.

Policy Review:

Periodic Review:

Regularly review this Intake and Assessment Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organizational, and NDIS requirements.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Protection of Human Rights and Freedom from Abuse and Neglect Policy

Policy Number: CS022

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure compliance with relevant laws and regulations, including the Victorian Charter of Human Rights and Responsibilities Act 2006 and any other applicable legislation governing the protection of human rights and prevention of abuse and neglect in the context of Pride Disability Services.

Policy Statement:

Pride Disability Services is committed to upholding the human rights, dignity, and well-being of all participants. This policy outlines the principles and procedures aimed at safeguarding participants from abuse and neglect, in accordance with applicable human rights legislation and organizational standards.

Scope:

This policy applies to all individuals receiving services from Pride Disability Services, including participants, staff, contractors, volunteers, and any other stakeholders involved in the provision of support services.

Protection of Human Rights:

Respect for Dignity:

Pride Disability Services is committed to promoting and respecting the inherent dignity and worth of each participant, acknowledging and upholding their human rights as outlined in the Victorian Charter of Human Rights and Responsibilities.

Non-Discrimination:

Ensure that all participants are treated with fairness, equality, and without discrimination, recognizing and respecting diversity in accordance with human rights principles.

Prevention of Abuse and Neglect:

Zero Tolerance:

Pride Disability Services maintains a zero-tolerance approach towards abuse and neglect, ensuring that all participants are protected from harm and mistreatment.

Training and Awareness:

Provide comprehensive training to staff, contractors, and volunteers on recognizing, preventing, and reporting abuse and neglect, emphasizing the importance of respecting human rights.

Reporting Mechanisms:

Establish clear and accessible reporting mechanisms for participants and staff to report any suspected or witnessed incidents of abuse or neglect, ensuring confidentiality and protection from reprisals.

Investigation Procedures:

Implement robust procedures for the prompt and impartial investigation of reported incidents, involving relevant authorities as necessary, while respecting the rights of all parties involved.

Safeguarding Vulnerable Participants:

Identification of Vulnerabilities:

Conduct risk assessments to identify participants who may be more vulnerable to abuse or neglect, taking proactive measures to safeguard their well-being.

Support Networks:

Collaborate with participants, their support networks, and relevant professionals to establish effective support networks aimed at preventing and addressing potential vulnerabilities.

Review and Continuous Improvement:

Regular Audits:

Conduct regular audits and reviews of policies, procedures, and practices related to the protection of human rights and prevention of abuse and neglect, ensuring ongoing compliance and effectiveness.

Policy Review:

Periodic Review:

Regularly review this Protection of Human Rights and Freedom from Abuse and Neglect Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organisational, and human rights standards.

Approvals:

Peter Adam Sharpe – Director

22/01/2024

Policy Title: Preventing Abuse and Neglect Policy

Policy Number – CS023

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure compliance with relevant laws and regulations, including the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 and any other applicable legislation governing the prevention of abuse and neglect in the context of Pride Disability Services and the National Disability Insurance Scheme (NDIS).

Policy Statement:

Pride Disability Services is committed to preventing abuse and neglect of participants in its care and ensuring a safe and supportive environment. This policy outlines the principles and procedures aimed at safeguarding participants, complying with NDIS requirements, and fostering a culture of prevention and awareness.

Scope:

This policy applies to all individuals receiving services from Pride Disability Services under the NDIS, including participants, staff, contractors, volunteers, and any other stakeholders involved in the provision of support services.

Prevention of Abuse and Neglect:

Zero Tolerance:

Pride Disability Services maintains a zero-tolerance approach towards abuse and neglect, committing to providing participants with a safe and respectful environment.

NDIS Practice Standards:

Ensure compliance with the NDIS Practice Standards related to the prevention of abuse and neglect, incorporating these standards into organizational policies and procedures.

Training and Awareness:

Provide comprehensive training to staff, contractors, and volunteers on recognizing, preventing, and responding to abuse and neglect, in alignment with the NDIS requirements.

Rights of Participants:

Clearly communicate the rights of participants, as outlined in the NDIS Code of Conduct, emphasizing their right to be free from abuse, neglect, violence, and exploitation.

Reporting Mechanisms:

Accessible Reporting:

Establish clear and accessible mechanisms for participants and staff to report any suspected or witnessed incidents of abuse or neglect, ensuring confidentiality, protection from reprisals, and compliance with NDIS reporting obligations.

Incident Recording:

Implement robust procedures for recording and reporting incidents promptly, accurately, and in accordance with NDIS requirements.

Investigation Procedures:

Prompt Investigation:

Conduct prompt and impartial investigations of reported incidents, involving relevant authorities as necessary and complying with NDIS requirements.

NDIS Quality and Safeguarding Commission:

Collaborate with the NDIS Quality and Safeguarding Commission during investigations and reporting, ensuring compliance with regulatory standards.

Safeguarding Vulnerable Participants:

Risk Assessments:

Conduct comprehensive risk assessments to identify participants who may be more vulnerable to abuse or neglect, taking proactive measures to safeguard their well-being.

Support Networks:

Collaborate with participants, their support networks, and relevant professionals to establish effective support networks aimed at preventing and addressing potential vulnerabilities.

Review and Continuous Improvement:

Regular Audits:

Conduct regular audits and reviews of policies, procedures, and practices related to the prevention of abuse and neglect, ensuring ongoing compliance with NDIS standards and continuous improvement.

Policy Review:

Periodic Review:

Regularly review this Preventing Abuse and Neglect Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organizational, and NDIS standards.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: [Responding to Abuse and Neglect Policy](#)

Policy Number: CS025

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure compliance with relevant laws and regulations, including the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 and any other applicable legislation governing the response to abuse and neglect in the context of Pride Disability Services and the National Disability Insurance Scheme (NDIS).

Policy Statement:

Pride Disability Services, in alignment with the principles of the National Disability Insurance Scheme (NDIS), is committed to responding effectively to abuse and neglect incidents, ensuring the safety, well-being, and dignity of participants. This policy outlines the principles and procedures for responding promptly, compassionately, and in accordance with NDIS requirements.

Scope:

This policy applies to all individuals involved in the provision of support services by Pride Disability Services under the NDIS, including participants, staff, contractors, volunteers, and any other stakeholders.

Reporting Abuse and Neglect:

Immediate Reporting:

All staff, contractors, and volunteers are obligated to immediately report any suspected or witnessed incidents of abuse or neglect to the designated reporting channels.

NDIS Reporting Obligations:

Comply with NDIS reporting obligations, ensuring timely submission of reports to the NDIS Quality and Safeguarding Commission as required.

Supporting Participants:

Immediate Support:

Provide immediate and appropriate support to participants who have experienced abuse or neglect, ensuring their safety and well-being are the top priorities.

Informed Consent:

Obtain informed consent from participants before initiating any investigative or protective measures, ensuring their rights and choices are respected.

Investigation Procedures:

Impartial Investigation:

Conduct impartial and thorough investigations into reported incidents, involving relevant authorities as necessary and complying with NDIS requirements.

Rights of Participants:

Ensure that participants involved in investigations are informed of their rights, have access to advocacy services, and are treated with dignity and respect throughout the process.

Coordination with Authorities:

Collaboration with Authorities:

Collaborate with law enforcement, health professionals, and relevant authorities during investigations and reporting, complying with legal obligations and NDIS standards.

Legal and Ethical Considerations:

Uphold legal and ethical considerations during the response to abuse and neglect incidents, prioritizing the well-being and rights of participants.

Support for Staff:

Staff Well-being:

Provide support services for staff involved in responding to abuse and neglect incidents, recognizing the potential impact on their well-being.

Continuous Improvement:

Review of Response Procedures:

Regularly review and update response procedures to align with evolving legal, organizational, and NDIS standards, ensuring ongoing improvement.

Policy Review:

Periodic Review:

Regularly review this Responding to Abuse and Neglect Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organizational, and NDIS standards.

Approvals:

Peter Adam Sharpe

22/01/2024

Policy Title: Preventing Abuse and Neglect Policy

Policy Number: CS026

Effective Date: [22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure compliance with relevant laws and regulations, including the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 and any other applicable legislation governing the prevention of abuse and neglect in the context of Pride Disability Services and the NDIS.

Policy Statement:

Pride Disability Services is committed to creating and maintaining a safe and supportive environment that prevents abuse and neglect, promotes the well-being of participants, and complies with the principles of the National Disability Insurance Scheme (NDIS). This policy outlines the measures in place to prevent incidents of abuse and neglect and uphold the rights and dignity of participants.

Scope:

This policy applies to all individuals involved in the provision of support services by Pride Disability Services under the NDIS, including participants, staff, contractors, volunteers, and any other stakeholders.

Preventive Measures:

Education and Training:

Provide comprehensive training to all staff on recognizing signs of abuse and neglect, understanding participants' rights, and promoting respectful and inclusive communication in line with NDIS guidelines.

Clear Policies and Procedures:

Develop and maintain clear policies and procedures that outline expectations for appropriate behaviour, reporting mechanisms for incidents, and consequences for violations, ensuring alignment with NDIS standards.

Participant Empowerment:

Empower participants by providing information about their rights within the NDIS framework, promoting self-advocacy, and encouraging open communication about their needs and concerns.

Staff Screening and Supervision:

Implement thorough staff screening processes, including background checks, to ensure the suitability of individuals working with participants in compliance with NDIS requirements. Provide ongoing supervision and support to staff.

Communication Protocols:

Establish clear communication protocols, ensuring that participants, staff, and other stakeholders can report concerns or grievances related to abuse and neglect in a manner consistent with NDIS guidelines.

Regular Reviews and Audits:

Conduct regular reviews and audits of practices, procedures, and participant feedback to identify areas for improvement and ensure compliance with NDIS preventive measures.

Reporting and Responding to Concerns:

Encouraging Reporting:

Encourage a culture of reporting by ensuring that all individuals associated with Pride Disability Services and the NDIS understand their responsibility to report concerns related to abuse and neglect.

Timely Investigation:

Ensure that all reported concerns are promptly and thoroughly investigated, with a commitment to protecting the rights and well-being of participants in accordance with NDIS guidelines.

Continuous Improvement:

Review and Adaptation:

Regularly review and adapt preventive measures based on emerging best practices, changes in NDIS regulations, and organizational learnings.

Policy Review:

Periodic Review:

Regularly review this Preventing Abuse and Neglect Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organizational, and NDIS standards.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Duty of Care & Negligence Policy

Policy Number: CS027

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure compliance with relevant laws and regulations, including the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 and any other applicable legislation governing duty of care and negligence in the context of Pride Disability Services and the NDIS.

Policy Statement:

Pride Disability Services acknowledges its duty of care towards participants under the National Disability Insurance Scheme (NDIS) and is committed to maintaining a high standard of care to prevent negligence and ensure the safety, well-being, and rights of participants.

Scope:

This policy applies to all individuals involved in the provision of support services by Pride Disability Services under the NDIS, including participants, staff, contractors, volunteers, and any other stakeholders.

Duty of Care Responsibilities:

Participant-Centred Approach:

Prioritize the well-being, safety, and individual needs of participants when providing support services, in accordance with NDIS principles.

Professional Competence:

Ensure that all staff possess the necessary qualifications, skills, and training to deliver support services in a manner consistent with NDIS standards.

Individualized Care:

Provide care and support that is tailored to the unique needs, preferences, and goals of each participant, respecting their autonomy and choices as outlined by the NDIS.

Safety Protocols:

Implement and adhere to safety protocols, risk management strategies, and emergency response plans to prevent harm to participants and maintain a safe environment.

Communication and Consent:

Foster open and transparent communication with participants, obtain informed consent before providing support services, and ensure participants are well-informed about their rights and the services they receive under the NDIS.

Negligence Prevention:

Regular Training:

Conduct regular training sessions for staff on duty of care responsibilities, negligence prevention, and compliance with NDIS guidelines.

Supervision and Oversight:

Provide ongoing supervision, monitoring, and oversight to ensure that staff members adhere to duty of care standards and mitigate the risk of negligence.

Incident Reporting and Investigation:

Establish clear procedures for reporting and investigating incidents promptly, ensuring that any potential cases of negligence are addressed in compliance with NDIS requirements.

Liability and Accountability:

Compliance with NDIS Standards:

Maintain compliance with NDIS standards and regulations related to duty of care, negligence prevention, and participant safety.

Record Keeping:

Maintain accurate and detailed records of care provided, incident reports, and any actions taken in response to concerns related to duty of care.

Policy Review:

Periodic Review:

Regularly review this Duty of Care & Negligence Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organizational, and NDIS standards.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Incident Reporting and Obligations Policy

Policy Number: CS028

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure compliance with relevant laws and regulations, including the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 and any other applicable legislation governing incident reporting and obligations in the context of Pride Disability Services and the NDIS.

Policy Statement:

Pride Disability Services is committed to maintaining a safe and secure environment for participants. This policy outlines the procedures for reporting and managing incidents, as well as the organization's obligations under the National Disability Insurance Scheme (NDIS) with respect to incident reporting and management.

Scope:

This policy applies to all individuals involved in the provision of support services by Pride Disability Services under the NDIS, including participants, staff, contractors, volunteers, and any other stakeholders.

Incident Reporting Procedures:

Definition of Incidents:

Clearly define what constitutes an "incident" in the context of Pride Disability Services, encompassing a range of events such as accidents, injuries, allegations of abuse or neglect, and any events that impact the health and safety of participants.

Immediate Reporting:

Establish clear procedures for immediate reporting of incidents to relevant parties, including management, regulatory bodies, and other relevant authorities.

Reporting Channels:

Provide information on the designated channels and forms for reporting incidents, ensuring that all staff members are aware of the process.

Investigation Process:

Outline the steps involved in the investigation of reported incidents, including gathering relevant information, conducting interviews, and identifying root causes.

Documentation:

Emphasize the importance of accurate and thorough documentation of incidents, including the nature of the incident, individuals involved, actions taken, and any recommendations for prevention.

NDIS Obligations:

Compliance with NDIS Rules:

Ensure that all incident reporting practices align with the requirements outlined in the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.

Timely Notification:

Comply with the obligation to provide timely notification to the NDIS Commissioner and other relevant authorities in the event of reportable incidents.

Debriefing and Review:

Facilitate debriefing sessions following incidents and conduct periodic reviews to identify opportunities for improvement in incident prevention and response.

Confidentiality and Privacy:

Participant Confidentiality:

Emphasize the importance of maintaining participant confidentiality during incident reporting and investigation processes.

Staff Training:

Incident Response Training:

Ensure that all staff members receive appropriate training on incident reporting, response, and the organization's obligations under the NDIS.

Policy Review:

Periodic Review:

Regularly review this Incident Reporting and Obligations Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organizational, and NDIS standards.

Approvals:

Peter Adam Sharpe – Director

22/01/2024

Policy Title: Restrictive Interventions Policy

Policy Number: CS029

Effective Date: 24/01/2024

Review Date: 20/01/2025

Legal Framework:

This policy is established to ensure compliance with relevant laws and regulations, including the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, and any other applicable legislation governing restrictive interventions in the context of Pride Disability Services and the NDIS.

Policy Statement:

Pride Disability Services is committed to promoting positive behaviour support and reducing or eliminating the use of restrictive interventions. This policy outlines the principles, procedures, and obligations related to the use of restrictive interventions within the organization and aligns with the requirements of the National Disability Insurance Scheme (NDIS).

Scope:

This policy applies to all individuals involved in the provision of support services by Pride Disability Services under the NDIS, including participants, staff, contractors, volunteers, and any other stakeholders.

Definitions:

Restrictive Intervention:

Define what constitutes a restrictive intervention within the context of Pride Disability Services, ensuring clarity on the actions or measures considered restrictive.

Behaviour Support Plan:

Define the concept of a Behaviour Support Plan, emphasizing its importance in guiding the use of positive behaviour support strategies and potential restrictive interventions.

Principles:

Positive Behaviour Support:

Emphasize the organization's commitment to implementing positive behaviour support strategies as the primary approach to address challenging behaviours.

Least Restrictive Option:

Clearly state the principle of using the least restrictive intervention necessary to ensure the safety and well-being of participants.

Person-Centred Approach:

Highlight the importance of adopting a person-centred approach, considering the unique needs, preferences, and circumstances of each participant.

Procedures:

Assessment and Behaviour Support Planning:

Outline the procedures for conducting comprehensive assessments and developing Behaviour Support Plans in collaboration with participants, their support networks, and relevant practitioners.

Regulated Restrictive Practices:

Provide information on the regulated restrictive practices as defined by the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and the requirements for obtaining authorization.

Documentation and Reporting:

Establish clear processes for documenting and reporting the use of restrictive interventions, including the information to be recorded, timelines, and reporting channels.

Review and Monitoring:

Define the procedures for regular reviews of behaviour support plans, monitoring the effectiveness of strategies, and adjusting interventions based on participant progress.

Staff Training:

Training Requirements:

Specify the training requirements for staff involved in the development and implementation of behaviour support plans, including training on positive behaviour support and the use of restrictive interventions.

NDIS Obligations:

Compliance with NDIS Rules:

Ensure that all practices related to restrictive interventions align with the requirements outlined in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

Confidentiality and Privacy:

Participant Confidentiality:

Emphasize the importance of maintaining participant confidentiality during the assessment, planning, and implementation of behaviour support strategies.

Policy Review:

Periodic Review:

Regularly review this Restrictive Interventions Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organizational, and NDIS standards.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Access and Equity Policy

Policy Number: CS030

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure compliance with relevant anti-discrimination laws, including the Victorian Charter of Human Rights and Responsibilities Act, and any other applicable legislation governing access and equity within the context of Pride Disability Services and the National Disability Insurance Scheme (NDIS).

Policy Statement:

Pride Disability Services is committed to promoting access, equity, and inclusivity for all participants, staff, contractors, volunteers, and stakeholders associated with our organization, with a particular focus on aligning with the principles and guidelines set forth by the National Disability Insurance Scheme (NDIS). This policy outlines our commitment to eliminating discrimination, fostering diversity, and providing equal opportunities in all aspects of our service delivery, in line with NDIS requirements.

Scope:

This policy applies to all individuals involved in the provision of support services by Pride Disability Services, including participants, staff, contractors, volunteers, and any other stakeholders, ensuring alignment with the access and equity principles of the NDIS.

Principles:

Non-Discrimination:

Pride Disability Services is committed to providing services without discrimination based on age, gender, race, ethnicity, religion, sexual orientation, disability, or any other characteristic protected by law, in accordance with NDIS principles.

Equal Opportunity:

The organization is dedicated to offering equal opportunities for participation, access to services, and employment, ensuring that everyone is treated fairly and with respect, as outlined in NDIS guidelines.

Inclusivity:

Pride Disability Services values and promotes inclusivity, recognizing and celebrating diversity among participants, staff, and the wider community, aligning with the NDIS commitment to participant choice and control.

Access and Participation:

Accessible Facilities and Services:

Outline the measures taken to ensure that facilities and services provided by Pride Disability Services are accessible to individuals with diverse needs, in compliance with NDIS accessibility standards.

Reasonable Adjustments:

Specify the commitment to making reasonable adjustments to accommodate the needs of participants with disabilities, ensuring they can fully participate in services, in accordance with NDIS requirements.

Language and Communication:

Address the provision of services in a manner that respects diverse languages and communication needs, and the use of interpreters or communication aids, when necessary, in alignment with NDIS cultural competency standards.

Employment Practices:

Equal Employment Opportunities:

Express the commitment to providing equal employment opportunities for all individuals, regardless of characteristics protected by anti-discrimination laws, aligning with NDIS workforce diversity principles.

Diverse Workforce:

Encourage diversity in the organization's workforce, promoting a workplace that values different perspectives and experiences, consistent with NDIS inclusivity goals.

Training and Awareness:

Cultural Competency Training:

Detail the organization's efforts to provide cultural competency training to staff to enhance understanding and responsiveness to diverse cultural backgrounds, meeting NDIS cultural competency standards.

Awareness Programs:

Describe initiatives and awareness programs aimed at promoting diversity, inclusion, and understanding among staff and participants, in line with NDIS participant education objectives.

Complaints and Grievances:

Complaints Procedure:

Provide information on the procedures for lodging complaints related to discrimination or equity concerns, ensuring a fair and confidential process for resolution, consistent with NDIS complaints handling guidelines.

Policy Review:

Periodic Review:

Regularly review this Access and Equity Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organizational, and NDIS standards.

Approvals:

Peter Adam Sharpe – Director

22/01/2024

Policy Title: Sexual Misconduct & Code of Ethics Policy

Policy Number: CS031

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure compliance with relevant legislation, including the National Disability Insurance Scheme Act, and any other applicable laws governing the prevention of sexual misconduct and the ethical conduct of Pride Disability Services personnel.

Policy Statement:

Pride Disability Services is committed to maintaining a safe, respectful, and ethical environment for all clients and staff. This policy outlines the principles, procedures, and expectations related to preventing sexual misconduct and upholding a robust Code of Ethics within the organization.

Scope:

This policy applies to all Pride Disability Services staff, contractors, volunteers, and any other individuals associated with the organization, setting clear expectations for behaviour and professional conduct in line with the NDIS Code of Conduct.

Principles:

Zero Tolerance for Sexual Misconduct:

Pride Disability Services has a zero-tolerance approach to any form of sexual misconduct, including harassment, assault, or any behaviour that compromises the safety and well-being of clients or staff.

Code of Ethics:

All personnel are expected to adhere to the NDIS Code of Conduct, promoting honesty, integrity, respect, and ethical behaviour in all interactions with clients, colleagues, and stakeholders.

Prevention of Sexual Misconduct:

Training and Education:

Implement ongoing training programs to educate staff on the prevention of sexual misconduct, including the identification of inappropriate behaviour, consent, and the reporting procedures in place.

Clear Communication:

Foster open communication channels to encourage staff and clients to report any concerns related to sexual misconduct promptly. Ensure that all reports are treated with confidentiality and sensitivity.

Code of Ethics:

NDIS Code of Conduct:

Reinforce adherence to the NDIS Code of Conduct, emphasizing principles such as respect, privacy, dignity, and maintaining professional boundaries in all client interactions.

Professionalism and Integrity:

Promote a culture of professionalism and integrity, encouraging staff to act in the best interests of clients and the organization while upholding the highest ethical standards.

Reporting and Response Procedures:

Incident Reporting:

Clearly outline the procedures for reporting incidents of sexual misconduct, ensuring that all reports are treated seriously, investigated promptly, and appropriate actions are taken.

Support for Victims:

Provide support services for victims of sexual misconduct, including access to counselling, advocacy, and any necessary assistance to address the emotional and physical impacts of such incidents.

Disciplinary Actions:

Disciplinary Measures:

Clearly define the disciplinary measures that may be taken in response to substantiated allegations of sexual misconduct, up to and including termination of employment or engagement with Pride Disability Services.

Policy Review:

Periodic Review:

Commit to regularly reviewing this Sexual Misconduct & Code of Ethics Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organizational, and NDIS standards.

Approvals:

Peter Adam Sharpe

22/01/2024

Policy Title: Advocacy Policy

Policy Number: CS032

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure compliance with relevant legislation, including the National Disability Insurance Scheme Act, and any other applicable laws governing advocacy services within Pride Disability Services.

Policy Statement:

Pride Disability Services is committed to promoting the rights and well-being of clients by providing effective advocacy services. This policy outlines the principles, procedures, and expectations related to advocacy within the organization.

Scope:

This policy applies to all Pride Disability Services staff, contractors, volunteers, and any other individuals associated with the organization involved in advocacy activities on behalf of clients.

Principles:

Client-Centred Advocacy:

Pride Disability Services advocates on behalf of clients to ensure their rights, choices, and preferences are respected and upheld.

Empowerment:

Advocacy services aim to empower clients by facilitating their active participation in decision-making processes, promoting self-advocacy skills, and enhancing their ability to express their needs and concerns.

Types of Advocacy:

Systemic Advocacy:

Engage in systemic advocacy efforts to address broader issues and challenges affecting individuals with disabilities, aiming for positive change at the organizational and community levels.

Individual Advocacy:

Provide individual advocacy support to clients, assisting them in navigating complex systems, accessing services, and addressing specific concerns.

Advocacy Procedures:

Identification of Advocacy Needs:

Establish processes for identifying situations where advocacy may be required, including regular assessments and communication channels to receive client feedback.

Consent and Confidentiality:

Obtain informed consent from clients before engaging in advocacy activities on their behalf. Clearly communicate the boundaries of confidentiality and seek explicit permission to share information.

Advocacy Representation:

Qualified Advocates:

Ensure that individuals appointed to advocate on behalf of clients possess the necessary skills, knowledge, and understanding of advocacy principles.

Collaboration:

Collaborate with external advocacy services, if required, to ensure the best possible representation for clients, especially in complex or specialized situations.

Documentation and Reporting:

Record Keeping:

Maintain accurate and confidential records of advocacy activities, ensuring compliance with privacy and confidentiality regulations.

Reporting:

Establish reporting mechanisms to regularly update clients on the progress of advocacy efforts, providing transparency and accountability.

Advocacy Review:

Evaluation:

Periodically evaluate the effectiveness of advocacy services, seeking client feedback and making improvements to better meet the needs of individuals receiving advocacy support.

Training and Professional Development:

Advocacy Training:

Provide ongoing training and professional development opportunities for staff engaged in advocacy activities to enhance their skills and stay informed about relevant legislation and best practices.

Policy Review:

Periodic Review:

Commit to regularly reviewing this Advocacy Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organizational, and NDIS standards.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: **Complex Support Coordination Policy**

Policy Number: CS033

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure compliance with relevant legislation, including the National Disability Insurance Scheme Act, and any other applicable laws governing complex support coordination services within Pride Disability Services.

Policy Statement:

Pride Disability Services is committed to providing effective Complex Support Coordination services to clients with high-risk and/or complex needs. This policy outlines the principles, procedures, and expectations related to Complex Support Coordination within the organization.

Scope:

This policy applies to all Pride Disability Services staff, contractors, volunteers, and any other individuals associated with the organization involved in Complex Support Coordination activities on behalf of clients.

Principles:

Client-Centred Coordination:

Complex Support Coordination services provided by Pride Disability Services prioritize the unique needs, preferences, and goals of clients with high-risk and/or complex needs.

Empowerment:

Coordination efforts aim to empower clients by facilitating their active participation in decision-making processes, promoting self-advocacy skills, and enhancing their ability to navigate complex service systems.

Roles and Responsibilities:

Complex Support Coordinators:

Ensure that individuals appointed as Complex Support Coordinators possess the necessary skills, qualifications, and understanding of complex support coordination principles.

Collaboration:

Foster collaborative relationships with relevant service providers, health professionals, and other stakeholders to ensure coordinated and comprehensive support for clients.

Complex Support Coordination Procedures:

Identification of Complex Needs:

Establish processes for identifying clients with high-risk and/or complex needs, including comprehensive assessments and communication channels to receive client feedback.

Assessment and Planning:

Conduct thorough assessments of clients' needs, strengths, and goals to develop personalized support plans that address the complexity of their situation.

Coordination Activities:

Engage in a range of coordination activities, including but not limited to liaising with service providers, facilitating team meetings, and ensuring effective communication among all involved parties.

Consent and Confidentiality:

Informed Consent:

Obtain informed consent from clients before engaging in complex support coordination activities on their behalf. Clearly communicate the boundaries of confidentiality and seek explicit permission to share information.

Documentation and Reporting:

Record Keeping:

Maintain accurate and confidential records of complex support coordination activities, ensuring compliance with privacy and confidentiality regulations.

Reporting:

Establish reporting mechanisms to regularly update clients on the progress of coordination efforts, providing transparency and accountability.

Quality Assurance:

Monitoring and Evaluation:

Implement processes for monitoring and evaluating the effectiveness of Complex Support Coordination services, seeking client feedback and making improvements as necessary.

Training and Professional Development:

Continuous Learning:

Provide ongoing training and professional development opportunities for staff engaged in complex support coordination activities to enhance their skills and stay informed about relevant legislation and best practices.

Policy Review:

Periodic Review:

Commit to regularly reviewing this Complex Support Coordination Policy to ensure its relevance, effectiveness, and compliance with evolving legal, organizational, and NDIS standards.

Approvals:

Peter Adam Sharpe

22/01/2024

Policy Title: Conflict of Interest Policy

Policy Number: CS034

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to comply with the National Disability Insurance Scheme Act, associated rules and regulations, and any other applicable laws governing conflict of interest within Pride Disability Services.

Policy Statement:

Pride Disability Services is committed to maintaining the highest standards of integrity, transparency, and impartiality. This Conflict of Interest Policy outlines the principles, procedures, and expectations related to identifying, disclosing, and managing conflicts of interest within the organization.

Scope:

This policy applies to all Pride Disability Services staff, contractors, volunteers, and any other individuals associated with the organization who may encounter situations involving potential conflicts of interest.

Definition of Conflict of Interest:

A conflict of interest arises when an individual's personal, financial, or other interests could compromise their objectivity, professional judgment, or ability to act in the best interests of Pride Disability Services and its clients.

Principles:

Transparency:

All individuals associated with Pride Disability Services must act transparently, disclosing any situation that may give rise to a conflict of interest promptly.

Impartiality:

Individuals must make decisions and conduct business activities without allowing personal interests to influence or compromise the integrity of those decisions.

Identification and Disclosure:

Obligation to Disclose:

Individuals are obligated to disclose any actual, perceived, or potential conflicts of interest to their immediate supervisor, manager, or the designated point of contact.

Reporting Mechanisms:

Establish clear reporting mechanisms, including confidential channels, for individuals to disclose potential conflicts of interest.

Regular Declarations:

Require periodic declarations from staff, contractors, and volunteers to identify any changes in circumstances that may impact their potential conflicts of interest.

Management and Mitigation:

Assessment and Decision-Making:

Upon disclosure, the organization will assess the nature of the conflict and make decisions on an appropriate course of action to manage or mitigate the conflict.

Recusal:

Individuals may be required to recuse themselves from decision-making processes or specific activities where a conflict of interest exists.

Documentation:

Maintain thorough records of disclosed conflicts of interest, assessments, and actions taken to manage or mitigate those conflicts.

Policy Communication:

Training:

Provide training and guidance to all individuals associated with Pride Disability Services on recognizing, disclosing, and managing conflicts of interest.

Review and Compliance:

Regular Review:

Commit to regularly reviewing this Conflict of Interest Policy to ensure its relevance, effectiveness, and alignment with evolving legal, organizational, and NDIS standards.

Approvals:

Peter Adam Sharpe

22/01/2024

Policy Title: **Emergency and Disaster Planning Policy**

Policy Number: CS035

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to comply with the National Disability Insurance Scheme Act, associated rules and regulations, and any other applicable laws governing emergency and disaster planning within Pride Disability Services.

Policy Statement:

Pride Disability Services is committed to the safety, health, and well-being of its participants and staff. This Emergency and Disaster Planning Policy outlines the principles, procedures, and responsibilities for preparing, responding to, and recovering from emergencies and disasters.

Scope:

This policy applies to all Pride Disability Services staff, contractors, volunteers, and any other individuals associated with the organization who may be involved in emergency and disaster planning and response.

Emergency and Disaster Planning:

Risk Assessment:

Conduct regular risk assessments to identify potential emergencies and disasters that may impact the participants, staff, and operations of Pride Disability Services.

Emergency Response Plans:

Develop and maintain comprehensive emergency response plans outlining specific actions to be taken in the event of various emergencies, including but not limited to natural disasters, health crises, and facility-related incidents.

Communication Protocols:

Establish clear communication protocols to ensure timely and accurate information dissemination during emergencies. This includes communication with participants, staff, emergency services, and relevant stakeholders.

Evacuation Procedures:

Develop and communicate evacuation procedures for participants and staff, considering individual needs and accessibility requirements.

Participant and Staff Training:

Emergency Training:

Provide regular training sessions for participants and staff on emergency procedures, evacuation routes, and other relevant safety measures.

Accessibility Considerations:

Tailor emergency training to account for the diverse needs of participants, including those with specific communication, mobility, or health-related requirements.

Emergency Drills:

Regular Drills:

Conduct regular emergency drills to ensure participants and staff are familiar with procedures and can respond effectively.

Recovery and Business Continuity:

Recovery Plans:

Develop recovery plans to address the aftermath of emergencies and disasters, with a focus on restoring normal operations and supporting the well-being of participants and staff.

Business Continuity:

Implement measures to ensure business continuity, including data backup, alternative service provision arrangements, and resource management.

Review and Updates:

Regular Review:

Commit to regularly reviewing and updating emergency and disaster plans to align with evolving risks, organizational changes, and NDIS standards.

Approvals:

Peter Adam Sharpe

22/01/2024

Policy Title: COVID-19 Safety Plan Policy

Policy Number: CS036

Effective Date: 22/01/2024

Review Date: 20/01/2025

Legal Framework:

This policy is established to comply with the National Disability Insurance Scheme Act, associated rules and regulations, and any other applicable laws governing COVID-19 safety within Pride Disability Services.

Policy Statement:

Pride Disability Services is committed to ensuring the safety and well-being of its participants and staff during the COVID-19 pandemic. This COVID-19 Safety Plan outlines the principles, procedures, and responsibilities for preventing the spread of the virus within the organization.

Scope:

This policy applies to all Pride Disability Services staff, contractors, volunteers, and any other individuals associated with the organization who may be involved in activities within the organization's premises or providing services to participants.

COVID-19 Safety Measures:

Risk Assessment:

Regularly assess the risks associated with COVID-19 transmission within the organization, considering the latest public health advice and government guidelines.

Hygiene Practices:

Promote and enforce strict hygiene practices, including regular handwashing, use of hand sanitizers, and respiratory hygiene.

Physical Distancing:

Implement and maintain physical distancing measures in all areas where participants and staff may gather.

Personal Protective Equipment (PPE):

Provide appropriate PPE, such as masks and gloves, as required by health authorities, and ensure proper use and disposal.

Screening and Temperature Checks:

Implement screening measures, including temperature checks, for participants and staff entering the organization's premises.

Cleaning and Disinfection:

Establish enhanced cleaning and disinfection protocols for all surfaces, equipment, and shared spaces.

Participant and Staff Education:

COVID-19 Education:

Provide regular education sessions on COVID-19, its symptoms, preventive measures, and the importance of compliance with safety protocols.

Communication Strategies:

Establish effective communication channels to keep participants and staff informed about any changes to safety measures or organizational procedures related to COVID-19.

Remote Work and Service Delivery:

Remote Work Options:

Explore and implement remote work options for staff where feasible, ensuring the continuity of services.

Virtual Service Delivery:

Utilize virtual platforms for service delivery, meetings, and communication to reduce in-person interactions.

Review and Updates:

Regular Review:

Commit to regularly reviewing and updating the COVID-19 Safety Plan to align with evolving risks, public health recommendations, and NDIS standards.

Approvals:

Peter Adam Sharpe

22/01/2024

Policy Title: Client Non Face-to-Face Billing Policy

Policy Number: CS037

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to comply with the National Disability Insurance Scheme Act, associated rules and regulations, and any other applicable laws governing client billing within Pride Disability Services.

Policy Statement:

Pride Disability Services recognizes the importance of flexibility in service delivery, especially in circumstances where face-to-face interactions are not feasible or appropriate. This policy outlines the principles and procedures for billing clients for non face-to-face services provided under the National Disability Insurance Scheme (NDIS).

Scope:

This policy applies to all Pride Disability Services staff, contractors, and any other individuals associated with the organization involved in providing non face-to-face services to NDIS participants.

Billing for Non Face-to-Face Services:

Definition of Non Face-to-Face Services:

Non face-to-face services include, but are not limited to, telehealth consultations, phone consultations, video conferences, and other remote service delivery methods.

Billing Procedures:

All non face-to-face services provided to NDIS participants will be billed in accordance with the established rates and billing procedures outlined by the NDIS Price Guide.

Documentation:

Proper documentation of non face-to-face services, including session details, participant engagement, and outcomes, must be maintained as per NDIS record-keeping requirements.

Participant Consent:

Obtain participant consent for non face-to-face service delivery, clearly explaining the nature of the service, the billing process, and any associated costs.

Billing Integrity:

Accuracy and Transparency:

Ensure accuracy and transparency in billing for non face-to-face services, aligning with the guidelines provided by the NDIS Price Guide.

Verification of Service Delivery:

Implement procedures to verify the delivery of non face-to-face services, including participant attendance and active engagement during the session.

Participant Communication:

Billing Information:

Clearly communicate billing information, including rates, to participants before the provision of non face-to-face services.

Billing Inquiries:

Establish a process for handling participant inquiries related to non face-to-face billing, ensuring prompt and accurate responses.

Review and Updates:

Regular Review:

Commit to regularly reviewing and updating the Client Non Face-to-Face Billing Policy to align with any changes in NDIS guidelines or regulations.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Establishment Fees Policy

Policy Number: CS038

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to comply with the National Disability Insurance Scheme Act, associated rules and regulations, and any other applicable laws governing establishment fees within Pride Disability Services.

Policy Statement:

Pride Disability Services recognizes the need for transparent and fair establishment fee practices when engaging with National Disability Insurance Scheme (NDIS) participants. This policy outlines the principles and procedures related to the charging and management of establishment fees.

Scope:

This policy applies to all Pride Disability Services staff, contractors, and any other individuals associated with the organization involved in charging and managing establishment fees for NDIS participants.

Definition:

Establishment Fees: One-time fees charged to NDIS participants upon the commencement of services to cover the administrative costs associated with the establishment of service agreements and support plans.

Policy Guidelines:

Establishment Fee Determination:

Establishment fees, if applicable, will be determined in accordance with the guidelines provided by the National Disability Insurance Scheme (NDIS) Price Guide.

Transparent Communication:

Establish clear and transparent communication with NDIS participants regarding the purpose, nature, and amount of any establishment fees before the commencement of services.

Participant Consent:

Obtain participant consent for the charging of establishment fees, clearly explaining the rationale and ensuring that participants are aware of any waivers or reductions available.

Fee Waivers and Reductions:

Implement a process for assessing and approving fee waivers or reductions for participants facing financial hardship or other exceptional circumstances.

Documentation:

Maintain accurate documentation of all establishment fees charged, including participant consent, the amount charged, and the purpose of the fee.

Refund Policy:

Establish a refund policy outlining the circumstances under which establishment fees may be refunded, ensuring fairness and adherence to NDIS guidelines.

Review and Updates:

Commit to regularly reviewing and updating the Establishment Fees Policy to align with any changes in NDIS guidelines or regulations.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Plan Management Policy

Policy Number: CS039

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to comply with the National Disability Insurance Scheme Act, associated rules and regulations, and any other applicable laws governing plan management within Pride Disability Services.

Policy Statement:

Pride Disability Services recognizes the importance of effective and ethical plan management to support National Disability Insurance Scheme (NDIS) participants. This policy outlines the principles and procedures related to plan management services provided by Pride Disability Services.

Scope:

This policy applies to all Pride Disability Services staff, contractors, and any other individuals associated with the organization involved in plan management services for NDIS participants.

Definition:

Plan Management: The process of financial administration and support to NDIS participants in managing their NDIS funds, including budgeting, payment of invoices, and financial reporting.

Policy Guidelines:

Qualified Plan Managers:

Ensure that plan management services are provided by qualified individuals with appropriate training and knowledge of NDIS guidelines.

Participant Choice:

Promote participant choice by providing clear information about plan management options and allowing participants to choose their preferred plan management provider.

Transparent Communication:

Maintain transparent communication with NDIS participants regarding the scope of plan management services, including budgeting, invoice payments, and financial reporting.

Budgeting and Financial Planning:

Work collaboratively with participants to develop budgets aligned with their goals, needs, and preferences, ensuring effective and efficient use of NDIS funds.

Invoice Payments:

Implement timely and accurate payment of invoices in accordance with the approved budget, ensuring compliance with NDIS guidelines.

Financial Reporting:

Provide participants with regular and comprehensive financial reports detailing the expenditure of NDIS funds, promoting transparency and accountability.

Participant Training:

Offer training and support to participants to enhance their understanding of plan management processes, empowering them to make informed financial decisions.

Confidentiality:

Maintain the confidentiality and security of participant financial information in accordance with privacy laws and NDIS regulations.

Review and Updates:

Commit to regularly reviewing and updating the Plan Management Policy to align with any changes in NDIS guidelines or regulations.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Client Travel Policy

Policy Number: CS040

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to comply with the National Disability Insurance Scheme Act, associated rules and regulations, and any other applicable laws governing client travel within Pride Disability Services.

Policy Statement:

Pride Disability Services recognizes the importance of safe and efficient client travel to support National Disability Insurance Scheme (NDIS) participants. This policy outlines the principles and procedures related to client travel services provided by Pride Disability Services.

Scope:

This policy applies to all Pride Disability Services staff, contractors, and any other individuals associated with the organization involved in client travel services for NDIS participants.

Definition:

Client Travel: The provision of transportation services for NDIS participants to access various support and community activities as outlined in their NDIS plans.

Policy Guidelines:

Participant-Centred Approach:

Prioritize participant needs and preferences when organizing client travel, ensuring it aligns with their goals and supports.

Transportation Options:

Provide a range of transportation options, considering the individual requirements of participants, including accessible vehicles for those with mobility challenges.

Safety Standards:

Adhere to all safety standards and regulations when providing client travel services, ensuring the well-being and security of participants during transit.

Booking Procedures:

Establish clear procedures for booking client travel, including the collection of necessary information, scheduling, and coordination with participants and support workers.

Communication:

Maintain open and transparent communication with participants regarding travel arrangements, departure times, and any changes or delays in the schedule.

Qualified Drivers:

Ensure that drivers responsible for client travel are appropriately qualified, trained, and hold valid licenses in accordance with relevant regulations.

Vehicle Maintenance:

Regularly inspect and maintain all vehicles used for client travel to meet safety standards and minimize the risk of breakdowns or accidents.

Emergency Protocols:

Develop and communicate emergency protocols to drivers and participants, including procedures for medical emergencies, vehicle breakdowns, or unexpected incidents.

Cost Transparency:

Clearly communicate any costs associated with client travel, including potential fees or charges, ensuring transparency and understanding for participants and relevant stakeholders.

Feedback Mechanism:

Establish a feedback mechanism for participants to provide input on the quality of client travel services, incorporating suggestions for improvement.

Documentation and Reporting:

Maintain accurate records of client travel, including trip details, participant attendance, and any incidents or issues encountered. Report any significant incidents promptly to the appropriate authorities.

Review and Updates:

Commit to regularly reviewing and updating the Client Travel Policy to align with any changes in NDIS guidelines or regulations.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Relationship, Gender, and Sexuality Policy

Policy Number: CS041

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to comply with the principles outlined in the Victorian Charter of Human Rights and Responsibilities and any other applicable laws governing relationships, gender, and sexuality within Pride Disability Services.

Policy Statement:

Pride Disability Services is committed to promoting and upholding the rights, dignity, and respect of all individuals, irrespective of their gender identity, sexual orientation, or relationship status. This policy outlines the principles and procedures related to fostering an inclusive, diverse, and respectful environment for participants, staff, and stakeholders.

Scope:

This policy applies to all Pride Disability Services staff, contractors, participants, and any other individuals associated with the organization.

Definitions:

Gender Identity: A person's deeply-felt internal experience of gender, which may be different from the sex assigned to them at birth.

Sexual Orientation: An individual's emotional, romantic, or sexual attraction to people of the same and/or different gender.

Policy Guidelines:

Respect for Diversity:

Pride Disability Services promotes an inclusive and respectful environment that values and celebrates diversity in gender identity, sexual orientation, and relationship status.

Non-Discrimination:

Participants, staff, and stakeholders shall not be discriminated against on the basis of their gender identity, sexual orientation, or relationship status.

Confidentiality:

All information related to an individual's gender identity, sexual orientation, or relationship status is treated with the utmost confidentiality and disclosed only with the individual's explicit consent.

Training and Awareness:

Provide training to staff on topics related to gender diversity, sexual orientation, and respectful communication to enhance awareness and sensitivity.

Inclusive Language:

Use inclusive and affirming language that respects and acknowledges diverse gender identities and sexual orientations in all communication, documentation, and interactions.

Support for Participants:

Provide support to participants in expressing and exploring their gender identity and sexual orientation in a safe and affirming environment.

Access to Inclusive Services:

Ensure that all services provided by Pride Disability Services are accessible and affirming to individuals of diverse gender identities and sexual orientations.

Reporting Discrimination or Harassment:

Establish clear procedures for reporting any incidents of discrimination, harassment, or unwelcome behaviour based on gender identity, sexual orientation, or relationship status.

Complaint Resolution:

Implement a fair and transparent process for addressing complaints related to breaches of this policy, ensuring a prompt and thorough investigation.

Policy Review and Updates:

Commit to regularly reviewing and updating the Relationship, Gender, and Sexuality Policy to align with emerging best practices, legislative changes, and the evolving needs of participants and staff.

Approvals:

Peter Adam Sharpe

22/01/2024

Policy Title: Short Term Accommodation Policy

Policy Number: CS042

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to comply with the principles outlined in the National Disability Insurance Scheme (NDIS) Act 2013 and associated rules and regulations governing Short Term Accommodation services within Pride Disability Services.

Policy Statement:

Pride Disability Services is committed to providing high-quality Short Term Accommodation services to participants under the National Disability Insurance Scheme. This policy outlines the principles and procedures related to the provision of Short Term Accommodation to ensure the safety, well-being, and satisfaction of participants.

Scope:

This policy applies to all Pride Disability Services staff, contractors, participants, and any other individuals associated with the organization involved in the delivery of Short Term Accommodation services.

Definitions:

Short Term Accommodation (Respite): Temporary accommodation provided to participants with disabilities, aiming to provide relief to participants and their usual supports.

Policy Guidelines:

Participant-Centred Approach:

Short Term Accommodation services are designed to meet the individual needs, preferences, and goals of each participant, ensuring a person-centred approach to service delivery.

Service Planning:

Collaborate with participants, their families, and support networks to develop comprehensive Short Term Accommodation plans that address their specific requirements and goals.

Safety and Well-being:

Prioritize the safety, health, and well-being of participants during their stay, implementing measures to ensure a secure and comfortable environment.

Qualified Staff:

Ensure that staff providing Short Term Accommodation services possess the necessary qualifications, training, and skills to support participants effectively.

Clear Communication:

Maintain transparent and open communication with participants, their families, and support networks regarding Short Term Accommodation arrangements, expectations, and any changes to the service.

Accessible Facilities:

Provide Short Term Accommodation facilities that are accessible, inclusive, and equipped to meet the diverse needs of participants, including any necessary assistive technology or modifications.

Cultural Sensitivity:

Recognize and respect the cultural diversity of participants and tailor Short Term Accommodation services to be culturally sensitive and inclusive.

Emergency Preparedness:

Develop and regularly review emergency response plans to ensure the safety of participants during their stay, including evacuation procedures and communication protocols.

Feedback and Improvement:

Encourage feedback from participants and their families regarding their Short Term Accommodation experience, using this information to continually improve service quality.

Policy Review and Updates:

Commit to regularly reviewing and updating the Short Term Accommodation Policy to align with emerging best practices, NDIS guidelines, and the evolving needs of participants.

Approvals:

Peter Adam Sharpe

22/01/2024

Policy Title: Client Incarceration Policy

Policy Number: CS043

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to comply with the principles outlined in the National Disability Insurance Scheme (NDIS) Act 2013 and associated rules and regulations governing client incarceration within Pride Disability Services.

Policy Statement:

Pride Disability Services is committed to providing support to participants under the National Disability Insurance Scheme, even in cases where a participant may experience incarceration. This policy outlines the principles and procedures related to the provision of services during and after a participant's period of incarceration to ensure continuity of support and the well-being of the participant.

Scope:

This policy applies to all Pride Disability Services staff, contractors, participants, and any other individuals associated with the organization involved in the delivery of services to participants who may be or have been incarcerated.

Definitions:

Incarceration: The state of being confined in a prison or detention centre as a result of legal proceedings.

Policy Guidelines:

Notification of Incarceration:

Participants or their support networks are encouraged to notify Pride Disability Services promptly if a participant is likely to be or has been incarcerated.

Continuity of Support:

Pride Disability Services will make reasonable efforts to maintain continuity of support during a participant's period of incarceration, taking into consideration the participant's individual needs and circumstances.

Assessment and Planning:

Conduct a reassessment of the participant's needs upon notification of incarceration, collaborating with relevant stakeholders, and adjust the support plan accordingly.

Communication with Authorities:

Where appropriate and with the participant's consent, engage with relevant correctional authorities to facilitate communication and coordination of support services during the participant's incarceration.

Reintegration Planning:

Develop a reintegration plan in collaboration with the participant, correctional authorities, and any other relevant parties to ensure a smooth transition back into the community.

Privacy and Confidentiality:

Maintain the privacy and confidentiality of information related to a participant's incarceration, adhering to relevant privacy laws and guidelines.

Crisis Management:

Develop and implement crisis management procedures in the event of incidents related to a participant's incarceration, ensuring the safety and well-being of all parties involved.

Participant Rights:

Uphold the rights of participants during their period of incarceration, including the right to privacy, dignity, and access to necessary support services.

Training and Awareness:

Provide training to staff on the specific considerations and challenges associated with supporting participants during and after incarceration, fostering understanding and cultural sensitivity.

Policy Review and Updates:

Commit to regularly reviewing and updating the Client Incarceration Policy to align with emerging best practices, NDIS guidelines, and the evolving needs of participants.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Client Plan Review Policy

Policy Number: CS044

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to comply with the principles outlined in the National Disability Insurance Scheme (NDIS) Act 2013 and associated rules and regulations governing the review of client plans within Pride Disability Services.

Policy Statement:

Pride Disability Services is committed to conducting regular reviews of participant plans to ensure the ongoing appropriateness and effectiveness of support services provided under the National Disability Insurance Scheme. This policy outlines the procedures for client plan reviews and the principles guiding these reviews.

Scope:

This policy applies to all Pride Disability Services staff, contractors, participants, and any other individuals associated with the organization involved in the review and adjustment of participant plans.

Definitions:

Client Plan: The participant's individualized plan, as developed and managed under the National Disability Insurance Scheme (NDIS).

Policy Guidelines:

Frequency of Plan Reviews:

Participant plans will be subject to regular reviews based on the NDIS guidelines, participant needs, and any significant changes in circumstances.

Notification of Plan Review:

Participants will be notified in advance of the upcoming plan review, providing them with sufficient time to prepare and contribute to the review process.

Collaborative Review Process:

Plan reviews will be conducted collaboratively with the participant, their support network, and relevant stakeholders, ensuring the inclusion of the participant's goals, aspirations, and changing needs.

Assessment of Participant Goals:

Assess the progress made towards achieving the participant's goals outlined in the current plan, taking into consideration any barriers, challenges, or achievements.

Identification of Changing Needs:

Identify any changes in the participant's circumstances, health, or support requirements that may necessitate adjustments to the current plan.

Documentation and Reporting:

Document the outcomes of the plan review, including any proposed amendments to the participant's plan. Provide the participant with a written report detailing the review findings and proposed changes.

Consent and Participant Involvement:

Seek the participant's informed consent before making any adjustments to the plan. Actively involve the participant in decision-making regarding their support services.

Timely Implementation of Changes:

Implement any approved changes to the participant's plan in a timely manner, ensuring continuity of support and alignment with the participant's evolving needs.

Appeals Process:

Inform participants of their right to appeal decisions related to plan reviews and provide guidance on the appeals process as per NDIS regulations.

Continuous Improvement:

Regularly evaluate the effectiveness of the plan review process and make improvements as necessary to enhance participant outcomes and satisfaction.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Client Management System (Shift Care) Policy

Policy Number: CS045

Effective Date: 22/01/2024

Review Date: 20/01/2025

Legal Framework:

This policy is established to ensure the secure, ethical, and effective use of the Shift Care Client Management System (CMS) in accordance with relevant legislation, privacy regulations, and organizational standards.

Policy Statement:

Pride Disability Services recognizes the importance of utilizing a robust Client Management System to efficiently manage participant information, support planning, and service delivery. This policy outlines the guidelines and procedures for the appropriate use of the Shift Care CMS within the organization.

Scope:

This policy applies to all Pride Disability Services staff, contractors, and any other individuals granted access to the Shift Care CMS for the purpose of managing client information and support services.

Definitions:

Client Management System (CMS): Refers to the Shift Care platform used by Pride Disability Services for managing client information, support planning, and service delivery.

Policy Guidelines:

Access and Authorisation:

Access to the Shift Care CMS is restricted to authorized personnel who require it for their role within Pride Disability Services.

Authorization is granted based on the principle of least privilege, ensuring individuals have access only to the information necessary for their duties.

User Responsibilities:

Users are responsible for maintaining the confidentiality and security of their login credentials.

Users must only access client information relevant to their role and refrain from sharing login credentials with unauthorized individuals.

Data Accuracy and Integrity:

Users are required to input accurate and up-to-date information into the CMS.

Regular reviews and updates of client information are conducted to ensure data integrity.

Privacy and Confidentiality:

Users must adhere to privacy regulations and organizational confidentiality policies when handling client information within the CMS.

Client information should not be disclosed to unauthorized individuals.

Training and Support:

Adequate training is provided to users to ensure they are proficient in using the ShiftCare CMS.

Ongoing support is available for users encountering difficulties or requiring clarification on system-related matters.

Audit Trails and Monitoring:

The CMS maintains audit trails to track user activity, including logins, data modifications, and access history.

Regular monitoring of the CMS is conducted to identify and address any potential security or compliance issues.

Integration with Other Systems:

Any integration of the ShiftCare CMS with other systems is carried out in accordance with data protection regulations and organizational policies.

System Updates and Maintenance:

System updates and maintenance are performed in a way that minimizes disruption to service delivery and ensures data integrity.

Approvals:

Peter Adam Sharpe

22/01/2024

Policy Title: Client Finances Xero Policy

Policy Number: CS046

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure the secure, ethical, and effective use of the Xero accounting system for managing client finances at Pride Disability Services in accordance with relevant financial regulations, privacy laws, and organizational standards.

Policy Statement:

Pride Disability Services recognizes the importance of accurate and transparent financial management for clients. This policy outlines the guidelines and procedures for using the Xero accounting system in the management of client finances within the organization.

Scope:

This policy applies to all Pride Disability Services staff and contractors responsible for managing client finances using the Xero accounting system.

Definitions:

Xero: Refers to the cloud-based accounting software used by Pride Disability Services for financial management.

Client Finances: The financial records and transactions related to clients receiving services from Pride Disability Services.

Policy Guidelines:

Access and Authorization:

Access to the Xero accounting system is restricted to authorized personnel who require it for their role within Pride Disability Services.

Authorization is granted based on the principle of least privilege, ensuring individuals have access only to the financial information necessary for their duties.

Data Accuracy and Integrity:

Users are responsible for entering accurate and up-to-date financial information into Xero.

Regular reviews and reconciliations are conducted to ensure the accuracy and integrity of client financial data.

Privacy and Confidentiality:

Users must adhere to privacy regulations and organizational confidentiality policies when handling client financial information in Xero.

Financial information specific to individual clients should not be disclosed to unauthorized individuals.

Training and Support:

Adequate training is provided to users to ensure they are proficient in using the Xero accounting system.

Ongoing support is available for users encountering difficulties or requiring clarification on financial processes within Xero.

Audit Trails and Monitoring:

Xero maintains audit trails to track user activity, including logins, financial transactions, and access history.

Regular monitoring of financial activities within Xero is conducted to identify and address any discrepancies or issues.

Integration with Other Systems:

Any integration of Xero with other systems is carried out in accordance with financial regulations and organizational policies.

Financial Reporting:

Users are responsible for generating accurate and timely financial reports from Xero as needed for internal and external reporting requirements.

System Updates and Maintenance:

System updates and maintenance for Xero are performed in a way that minimizes disruption to financial management processes.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: [First Aid Policy](#)

Policy Number: CS047

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to ensure the provision of effective and timely first aid in compliance with relevant workplace health and safety regulations and standards.

Policy Statement:

Pride Disability Services is committed to maintaining a safe and healthy environment for all participants, staff, and visitors. This First Aid Policy outlines the guidelines and procedures for the provision of first aid within the organization.

Scope:

This policy applies to all Pride Disability Services staff, contractors, and participants.

Definitions:

First Aid: Immediate and initial care provided to individuals who are injured or become ill, with the goal of preserving life, preventing conditions from worsening, and promoting recovery.

First Aid Officer: Trained individuals designated to provide first aid assistance in the event of an injury or illness.

Policy Guidelines:

First Aid Responsibilities:

Pride Disability Services will identify and appoint trained First Aid Officers.

The designated First Aid Officers are responsible for responding to first aid incidents promptly and effectively.

First Aid Kits:

Adequately stocked first aid kits are maintained in accessible locations throughout Pride Disability Services facilities.

The contents of first aid kits are regularly checked, and expired or depleted items are promptly replaced.

First Aid Training:

Relevant staff members, including but not limited to support workers, undergo appropriate first aid training.

First Aid Officers receive specialized training that aligns with industry standards and covers common health issues and emergencies relevant to the participant population.

Emergency Response Plan:

Pride Disability Services maintains an updated Emergency Response Plan that outlines procedures for first aid in various scenarios.

The Emergency Response Plan is communicated to all staff, and regular drills are conducted to ensure preparedness.

Incident Reporting:

All first aid incidents are promptly reported using the organization's incident reporting procedures.

Information regarding first aid incidents is recorded accurately for evaluation and continuous improvement.

Communication and Accessibility:

Information about the location of first aid kits and the identities of First Aid Officers is clearly communicated to all staff and participants.

Pride Disability Services ensures that first aid resources are easily accessible in all areas of its facilities.

Review and Continuous Improvement:

This First Aid Policy is regularly reviewed to ensure compliance with legislative requirements and industry best practices.

Feedback from first aid incidents and drills is used to update and enhance the effectiveness of the policy.

Approvals:

Peter Adam Sharpe - Director

22/0/2024

Policy Title: Client Hospitalisation Policy

Policy Number: CS048

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to provide guidelines for the management of client hospitalization, ensuring the safety and well-being of participants in compliance with relevant regulations and standards.

Policy Statement:

Pride Disability Services is committed to the health and safety of its participants. This Client Hospitalisation Policy outlines the procedures and responsibilities to be followed in the event of a participant's hospitalization.

Scope:

This policy applies to all Pride Disability Services staff, contractors, and participants.

Definitions:

Hospitalization: The admission of a participant to a hospital for medical treatment or care.

Emergency Contact: A person designated by the participant to be contacted in case of emergencies, including hospitalizations.

Policy Guidelines:

Notification of Hospitalization:

In the event of a participant requiring hospitalization, Pride Disability Services staff must notify the designated emergency contact as soon as possible.

Relevant Pride Disability Services management and support staff must also be informed promptly.

Emergency Medical Care:

If emergency medical care is required, 000 (emergency services) should be contacted immediately.

Pride Disability Services staff present during the emergency should take necessary actions to ensure the participant's safety and well-being until emergency services arrive.

Communication with Hospital Staff:

Upon the participant's admission to the hospital, Pride Disability Services staff should communicate relevant information about the participant's support needs, preferences, and any other pertinent details to the hospital staff.

Consent from the participant or their legal representative should be obtained for sharing information with the hospital.

Participant Re-Entry Planning:

Pride Disability Services will collaborate with the hospital and the participant to plan for their re-entry into the support program after hospitalization.

An updated support plan may be required based on the participant's changed needs post-hospitalization.

Support During Hospitalization:

If feasible and appropriate, Pride Disability Services may provide additional support to the participant during their hospital stay, ensuring continuity of care.

Documentation and Reporting:

All incidents leading to hospitalization must be documented using the organization's incident reporting procedures.

Pride Disability Services will conduct a review of the incident, and if applicable, update the participant's support plan based on the circumstances leading to hospitalization.

Privacy and Confidentiality:

The privacy and confidentiality of the participant's health information will be maintained in accordance with relevant laws and regulations.

Review and Continuous Improvement:

This Client Hospitalisation Policy is subject to periodic review to ensure alignment with legislative requirements and industry best practices.

Feedback and lessons learned from hospitalization incidents will inform updates and improvements to the policy.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Medical and Professional Appointments for Clients

Policy Number: CS049

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to provide guidelines for managing medical and professional appointments for clients, ensuring their health and well-being in compliance with relevant regulations and standards.

Policy Statement:

Pride Disability Services is committed to supporting clients in accessing necessary medical and professional appointments. This policy outlines the procedures and responsibilities to be followed in facilitating and managing such appointments.

Scope:

This policy applies to all Pride Disability Services staff, contractors, and participants.

Definitions:

Medical Appointment: A scheduled visit to a healthcare professional or facility for medical examination, treatment, or consultation.

Professional Appointment: A scheduled meeting or session with a non-medical professional, such as a therapist, counsellor, or specialist, to address specific needs.

Policy Guidelines:

Scheduling Appointments:

Participants are encouraged to inform Pride Disability Services staff about upcoming medical and professional appointments.

Participants or their designated representatives are responsible for scheduling appointments with healthcare and professional service providers.

Coordination and Support:

Pride Disability Services will collaborate with participants to coordinate transportation and support for attending appointments.

The organization will assist in arranging accessible transport or providing support workers, as required.

Notification of Changes or Cancellations:

Participants should promptly inform Pride Disability Services of any changes or cancellations to scheduled appointments.

In case of changes, efforts will be made to adjust support arrangements accordingly.

Consent and Information Sharing:

Participants or their legal representatives are required to provide consent for Pride Disability Services to communicate and share relevant information with healthcare and professional service providers.

Information shared will be limited to what is necessary for the participant's care and support.

Attendance Support:

Support workers accompanying participants to appointments will be trained to provide assistance based on the participant's needs.

Staff will adhere to professional standards and maintain the privacy and confidentiality of participants during appointments.

Documentation:

Pride Disability Services staff will maintain accurate records of scheduled appointments, attendance, and any relevant details discussed during appointments.

Incident reporting procedures will be followed in the event of unexpected incidents or issues arising during appointments.

Feedback and Continuous Improvement:

Participants and support workers are encouraged to provide feedback on the appointment support process.

Feedback will be considered for continuous improvement of the support service.

Emergency Situations:

In the event of a medical emergency during an appointment, staff will follow established emergency procedures, including contacting emergency services.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Assisting Clients to Access Legal Aid Services

Policy Number: CS050

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to provide guidelines for assisting clients in accessing legal aid services, ensuring their rights and legal needs are addressed, in compliance with relevant regulations and standards.

Policy Statement:

Pride Disability Services is committed to supporting clients in accessing legal aid services when needed. This policy outlines the procedures and responsibilities to be followed in facilitating and managing the process of accessing legal aid.

Scope:

This policy applies to all Pride Disability Services staff, contractors, and participants.

Definitions:

Legal Aid: Government-provided legal assistance to individuals who are unable to afford legal representation and access to the court system.

Policy Guidelines:

Identifying Legal Aid Needs:

Pride Disability Services staff will be attentive to participants' legal aid needs and encourage open communication regarding legal concerns.

Providing Information:

Participants will be provided with information about available legal aid services and how to access them.

Staff will explain the types of legal issues covered by legal aid and the criteria for eligibility.

Assessment of Eligibility:

Participants expressing a need for legal aid will be assisted in assessing their eligibility for such services.

Staff will guide participants through the application process and help gather necessary documentation.

Referral to Legal Aid Providers:

Pride Disability Services will maintain a list of reputable legal aid providers and refer participants to these services based on their legal needs.

Participants may be supported in making contact with legal aid organizations.

Support During Legal Processes:

For participants engaging in legal proceedings, Pride Disability Services may provide emotional support and assistance in coordinating logistics related to legal appointments.

Consent and Information Sharing:

Participants or their legal representatives are required to provide consent for Pride Disability Services to communicate and share relevant information with legal aid providers.

Information shared will be limited to what is necessary for the participant's legal representation.

Documentation:

Pride Disability Services staff will maintain accurate records of the assistance provided in accessing legal aid, including any relevant details about legal concerns.

Feedback and Continuous Improvement:

Participants and staff are encouraged to provide feedback on the process of accessing legal aid.

Feedback will be considered for continuous improvement in supporting clients with legal aid needs.

Emergency Legal Situations:

In the event of urgent legal situations, staff will follow established emergency procedures, including seeking immediate legal assistance when required.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: **Death of a Client**

Policy Number: CS051

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to provide guidelines for managing and responding to the death of a client, ensuring a compassionate and organized approach, in compliance with relevant regulations and standards.

Policy Statement:

Pride Disability Services is committed to responding with sensitivity, respect, and efficiency in the event of a client's death. This policy outlines the procedures and responsibilities to be followed by staff and outlines the support provided to the deceased client's family and support network.

Scope:

This policy applies to all Pride Disability Services staff, contractors, and participants.

Definitions:

Next of Kin: The closest living relative or family member of the deceased client.

Policy Guidelines:

Immediate Response:

In the event of a client's death, staff on-site will immediately contact emergency services and follow any relevant emergency response procedures.

Emergency services will be responsible for confirming the death and, if required, facilitating the removal of the deceased.

Notification of Authorities:

Staff will notify the relevant authorities, including the local police and, if applicable, the coroner's office, in compliance with legal requirements.

Contacting Next of Kin:

The client's next of kin will be contacted as soon as possible, with sensitivity and empathy.

Staff will provide the necessary information and support, answering any immediate questions.

Grief Support:

Pride Disability Services will offer grief support and counselling resources to the family and support network of the deceased client.

Information on local bereavement services may also be provided.

Collaboration with Authorities:

Staff will collaborate with authorities during any investigations into the circumstances surrounding the client's death.

Documentation:

Comprehensive and accurate records of the events leading to the client's death, the immediate response, and subsequent actions will be maintained.

Closure of Participant File:

The participant's file will be promptly closed, ensuring that all sensitive information is handled in accordance with privacy and confidentiality policies.

Memorialisation and Recognition:

Pride Disability Services may participate in or support memorialization activities in consultation with the deceased client's family.

Staff Support:

Staff directly involved in the incident will be provided with appropriate support, including counselling services if needed.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Client NDIS Supports Overseas and Virtual Support

Policy Number: CS052

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to provide guidelines for managing and delivering NDIS supports to clients who are overseas and to outline the provision of virtual support services, ensuring compliance with NDIS regulations and standards.

Policy Statement:

Pride Disability Services recognizes the diverse needs and circumstances of its clients, including those who may temporarily reside overseas. This policy outlines the procedures and considerations for providing NDIS supports in such situations and defines the framework for delivering virtual support services.

Scope:

This policy applies to all Pride Disability Services staff involved in providing NDIS supports and services.

Definitions:

Overseas Client: A client temporarily residing outside of Australia.

Virtual Support: Support services delivered remotely through technology, such as video calls, phone calls, or online platforms.

Policy Guidelines:

Eligibility for Overseas Support:

Clients temporarily residing overseas may be eligible for continued NDIS supports if they meet specific criteria outlined by the National Disability Insurance Agency (NDIA).

Assessment and Planning:

Prior to a client's departure overseas, a comprehensive assessment will be conducted to determine the feasibility and nature of ongoing supports.

A support plan will be developed, outlining the specific virtual support services that can be provided during the client's overseas stay.

Virtual Support Services:

Virtual support services may include video calls, phone calls, and other online platforms to ensure ongoing communication and assistance.

The virtual support plan will be tailored to the client's individual needs and goals.

Collaboration with International Providers:

In cases where additional on-site support may be required, Pride Disability Services may collaborate with international service providers, subject to approval and coordination with the NDIA.

Technology and Accessibility:

Pride Disability Services will ensure that clients have access to the necessary technology and support to engage in virtual services effectively.

Regular Reviews:

Ongoing reviews of the client's support plan will be conducted to assess the effectiveness of virtual support services and make adjustments as needed.

Documentation:

Comprehensive records of overseas support arrangements and virtual support services will be maintained, ensuring compliance with NDIS documentation standards.

Compliance with NDIA Guidelines:

Pride Disability Services will stay informed about NDIA guidelines and regulations regarding the provision of supports to clients overseas and adjust practices accordingly.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Client Homelessness

Policy Number: CS053

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to provide guidelines for addressing the unique needs of clients experiencing homelessness while ensuring compliance with National Disability Insurance Scheme (NDIS) regulations and standards.

Policy Statement:

Pride Disability Services acknowledges the challenges faced by clients experiencing homelessness and is committed to providing tailored and sensitive support to meet their specific needs. This policy outlines the procedures and considerations for delivering NDIS supports to clients facing homelessness.

Scope:

This policy applies to all Pride Disability Services staff involved in providing NDIS supports and services.

Definitions:

Homelessness: Lack of a fixed, regular, and adequate nighttime residence.

Policy Guidelines:

Identification and Assessment:

Pride Disability Services will implement processes to identify clients at risk of or experiencing homelessness.

A comprehensive assessment will be conducted to understand the client's specific circumstances, needs, and goals.

Emergency Support:

In cases of immediate danger or crisis, Pride Disability Services will work collaboratively with relevant emergency services and shelters to ensure the safety and well-being of the client.

Development of Individual Support Plan:

A personalized support plan will be developed in consultation with the client, focusing on addressing immediate housing needs and longer-term goals.

Collaboration with Housing Services:

Pride Disability Services will collaborate with local housing services, social workers, and other relevant agencies to explore available housing options for the client.

Provision of Essential Supports:

Essential supports, including mental health services, counselling, and assistance with daily living activities, will be provided to clients experiencing homelessness.

Access to NDIS Supports:

Efforts will be made to ensure that clients experiencing homelessness can access and navigate the NDIS system, including assistance with plan development and implementation.

Regular Reviews:

Ongoing reviews of the support plan will be conducted to assess the effectiveness of interventions and make adjustments as needed.

Advocacy and Empowerment:

Pride Disability Services will advocate for the rights and needs of clients experiencing homelessness, empowering them to actively participate in decisions affecting their lives.

Documentation:

Comprehensive records of the client's homelessness situation, support plan, and service delivery will be maintained, ensuring compliance with NDIS documentation standards.

Training and Awareness:

Staff will receive training to enhance their understanding of homelessness issues and the trauma-informed care required when supporting clients in crisis.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Client Exiting

Policy Number: CS054

Effective Date: 22/01/2024

Review Date: 22/01/2025

Legal Framework:

This policy is established to provide guidelines for the respectful and ethical process of a client exiting services with Pride Disability Services, ensuring compliance with National Disability Insurance Scheme (NDIS) regulations and standards.

Policy Statement:

Pride Disability Services is committed to ensuring a supportive and dignified process for clients when exiting services. This policy outlines the procedures and considerations for client exits, emphasizing transparency, communication, and the well-being of the client.

Scope:

This policy applies to all Pride Disability Services staff involved in providing NDIS supports and services.

Definitions:

Client Exit: The process of a client discontinuing or completing their engagement with Pride Disability Services.

Policy Guidelines:

Transparent Communication:

Pride Disability Services will communicate openly and transparently with clients about the reasons for their exit from services.

Voluntary Exit:

If a client voluntarily decides to exit services, Pride Disability Services will respect their decision and collaborate on a transition plan if needed.

Involuntary Exit:

In cases where an involuntary exit is necessary due to non-compliance, safety concerns, or other reasons, Pride Disability Services will follow established procedures and inform the client of the decision.

Client's Well-being:

Pride Disability Services will prioritize the well-being of the client during the exit process, providing necessary support and referrals to other services if required.

Exit Interviews:

Where possible and appropriate, an exit interview may be conducted to gather feedback from the client about their experiences with Pride Disability Services.

Transition Plans:

For clients transitioning to alternative services, Pride Disability Services will collaborate with the new service providers to ensure a smooth transition and continuity of care.

Documentation:

Comprehensive records of the exit process, including reasons for exit, any agreements made, and communication records, will be maintained in compliance with NDIS documentation standards.

Confidentiality:

Information related to a client's exit will be handled with utmost confidentiality, adhering to privacy laws and organizational policies.

Staff Training:

Staff will receive training on the client exit process, emphasizing empathy, sensitivity, and professionalism.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Continuity of Supports

Policy Number: CS055

Effective Date: 22/01/2024

Review Date: 22/01/2025

1. Purpose

The purpose of this policy is to ensure that Pride Disability Services provides consistent, reliable, and high-quality support to all participants under the National Disability Insurance Scheme (NDIS). This policy outlines the principles and procedures to be followed to maintain the continuity of supports for participants, ensuring their needs and preferences are met at all times.

2. Scope

This policy applies to all staff, volunteers, and contractors of Pride Disability Services involved in the delivery of supports and services to NDIS participants.

3. Policy Statement

Pride Disability Services is committed to delivering continuous, stable, and uninterrupted supports to all NDIS participants. We recognize the importance of consistent service provision in achieving positive outcomes for participants and their families. We strive to minimize disruptions and ensure that any changes in service delivery are managed effectively and with minimal impact on participants.

4. Principles

- **Participant-Centred Approach:** Supports will be tailored to the individual needs, preferences, and goals of participants.
- **Communication:** Clear, transparent, and timely communication with participants and their families regarding any changes to their supports.
- **Collaboration:** Working closely with participants, their families, and other service providers to ensure seamless service delivery.
- **Quality Assurance:** Regular monitoring and evaluation of support services to maintain high standards of care and responsiveness to participants' changing needs.

5. Procedures

5.1 Initial Assessment and Planning

1. **Comprehensive Assessment:** Conduct a thorough assessment of the participant's needs, preferences, and goals during the initial intake process.
2. **Individualised Support Plan:** Develop a detailed support plan in collaboration with the participant and their family, outlining the specific services and supports to be provided.
- 3.

5.2 Continuity During Service Delivery

1. **Consistent Staffing:** Assign consistent support workers to participants wherever possible to build trust and familiarity.
2. **Staff Training:** Ensure all staff are adequately trained and familiar with the participant's support plan and specific needs.
3. **Backup Plans:** Develop and implement backup plans for support worker absences to ensure continuity of care.
4. **Regular Reviews:** Conduct regular reviews of the support plan to ensure it continues to meet the participant's needs and adjust as necessary.

5.3 Managing Changes and Transitions

1. **Transition Planning:** Develop transition plans for any anticipated changes in support, such as moving between services or changing support workers.
2. **Advance Notice:** Provide participants and their families with advance notice of any significant changes to their supports.
3. **Support During Transition:** Offer additional support during transition periods to minimize disruption and anxiety for participants.

5.4 Emergency Procedures

1. **Crisis Management:** Establish procedures for managing emergencies and unexpected disruptions to services, ensuring that participants receive the necessary support during such events.
2. **Communication:** Maintain open lines of communication with participants and their families during emergencies, providing updates and reassurances as needed.

5.5 Feedback and Continuous Improvement

1. **Feedback Mechanism:** Implement a robust feedback mechanism for participants and their families to share their experiences and suggestions for improvement.
2. **Continuous Improvement:** Use feedback to inform continuous improvement initiatives and enhance the quality and consistency of support services.

6. Responsibilities

- **Management:** Responsible for overseeing the implementation of this policy, ensuring resources are allocated appropriately, and monitoring compliance.
- **Staff and Volunteers:** Responsible for adhering to this policy and its procedures, maintaining open communication with participants, and participating in training and development.
- **Participants and Families:** Encouraged to provide feedback and participate in the planning and review processes to ensure supports meet their needs.

7. Review and Evaluation

This policy will be reviewed annually, or more frequently if required, to ensure it remains relevant and effective in providing continuity of supports to NDIS participants. Feedback from participants, families, and staff will be considered during the review process.

By adhering to this Continuity of Supports Policy, Pride Disability Services aims to provide reliable, high-quality, and person-centred services to all NDIS participants, ensuring their needs are consistently met with minimal disruption.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Client Money, Bank Details

Policy Number: CS056

Effective Date: 22/01/2024

Review Date: 22/01/2025

1. Purpose

The purpose of this policy is to safeguard the financial assets of clients at Pride Disability Services. This policy outlines the principles and procedures to ensure that staff do not have access to clients' money, bank details, or any other financial information, thus preventing financial abuse and ensuring financial security.

2. Scope

This policy applies to all staff, volunteers, and contractors of Pride Disability Services who are involved in providing services and supports to clients.

3. Policy Statement

Pride Disability Services is committed to protecting the financial security of our clients. Staff are strictly prohibited from accessing, managing, or handling clients' money, bank details, or any other personal financial information. This policy is designed to prevent financial abuse and ensure that clients' financial information remains secure.

4. Principles

- **Confidentiality:** Respect and protect the confidentiality of clients' financial information.
- **Integrity:** Maintain the highest standards of honesty and integrity in all dealings with clients.
- **Empowerment:** Support clients to manage their own finances independently or with the assistance of a trusted third party.
- **Compliance:** Ensure compliance with relevant legislation and standards regarding financial management.

5. Procedures

5.1 Access to Client Financial Information

1. **Prohibition on Access:** Staff, volunteers, and contractors are not permitted to access, handle, or manage clients' money, bank details, or any other financial information.
2. **Secure Storage:** Clients' financial information must be securely stored and only accessible by the client or their legally appointed representative.

3. **Client Responsibility:** Clients are encouraged to manage their own financial matters or designate a trusted family member, friend, or legal guardian to do so.

5.2 Handling of Financial Information

1. **Collection and Storage:** Collect only the financial information necessary to provide services and supports, and store it securely.
2. **Confidentiality Agreements:** Ensure that all staff, volunteers, and contractors sign confidentiality agreements that outline their obligations to protect clients' financial information.
3. **Training:** Provide regular training to staff on ethical standards and procedures for protecting clients' financial information.

5.3 Breaches of Policy

1. **Reporting:** Staff must immediately report any suspected breaches of this policy to their supervisor or the designated compliance officer.
2. **Investigation:** Conduct a thorough investigation of any reported breaches, maintaining confidentiality throughout the process.
3. **Disciplinary Action:** Implement appropriate disciplinary action for any staff member found to have breached this policy, up to and including termination of employment.

5.4 Support for Clients

1. **Financial Management Assistance:** Assist clients in accessing financial management support services, such as independent financial advisors, if needed.
2. **Legal Advice:** Provide information on where clients can obtain legal advice regarding the management of their finances.
3. **Empowerment Programs:** Offer programs to empower clients with the skills and knowledge to manage their own finances safely and effectively.

6. Responsibilities

- **Management:** Responsible for enforcing this policy, providing training, and ensuring compliance with relevant legislation.
- **Staff, Volunteers, and Contractors:** Responsible for adhering to this policy, maintaining the confidentiality of client information, and reporting any breaches.
- **Clients and Families:** Encouraged to manage their own financial information and report any concerns regarding financial management.

7. Review and Evaluation

This policy will be reviewed annually, or more frequently if necessary, to ensure its effectiveness and relevance. Feedback from clients, families, and staff will be considered in the review process to continuously improve the protection of clients' financial information.

By adhering to this Client Money and Bank Details Policy, Pride Disability Services aims to ensure the financial security of our clients, fostering a safe and trustworthy environment for all those we support.

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Waste Management for Infectious and Hazardous Substances

Policy Number: CS057

Effective Date: 28/05/2024

Review Date: 28/05/2025

Purpose

To establish standardized procedures for the safe and effective disposal of waste, including infectious and hazardous substances, ensuring compliance with regulatory standards and minimizing environmental impact and health risks.

Scope

This policy applies to all staff, including healthcare providers, support staff, and management, involved in the handling and disposal of waste within Pride Disability Services.

Policy Statement

Pride Disability Services is committed to maintaining a safe and healthy environment for clients, staff, and the community by adhering to strict protocols for the disposal of infectious and hazardous waste. This policy outlines the procedures for identification, segregation, handling, storage, transportation, and disposal of such waste.

Procedures

1. Identification and Segregation

- **Waste Classification:** Classify waste into appropriate categories, such as general waste, infectious waste, sharps, pharmaceutical waste, and chemical waste.
- **Color-Coding:** Use color-coded containers for different types of waste (e.g., red for infectious waste, yellow for sharps, black for general waste).
- **Labeling:** Ensure all waste containers are clearly labeled with the type of waste and appropriate hazard symbols.

2. Handling and Storage

- **PPE Usage:** Staff must wear appropriate personal protective equipment (PPE) when handling waste.
- **Containment:** Place waste in suitable, leak-proof, and puncture-resistant containers.

- **Sharps Disposal:** Dispose of needles and other sharp objects immediately after use in designated sharps containers without recapping.
- **Storage Areas:** Store waste in designated, secure areas away from public access until disposal.

3. Transportation

- **Internal Transport:** Transport waste within the facility using designated, covered carts or bins to prevent spillage and exposure.
- **External Transport:** Ensure that waste is transported by licensed waste management contractors following local and national regulations.

4. Disposal

- **Infectious Waste:** Treat infectious waste (e.g., autoclaving or incineration) before final disposal in accordance with regulatory guidelines.
- **Pharmaceutical Waste:** Return unused or expired medications to designated disposal programs or facilities.
- **Chemical Waste:** Dispose of chemical waste according to the Material Safety Data Sheet (MSDS) instructions and regulatory requirements.
- **Documentation:** Maintain records of waste disposal, including dates, quantities, and methods, to ensure traceability and compliance.

Infection Control

- **Hand Hygiene:** Perform hand hygiene before and after handling waste.
- **Spill Management:** Follow spill response procedures to safely clean and decontaminate any accidental spills of infectious or hazardous substances.

Training and Competency

- **Staff Training:** Provide training on waste management policies, including proper segregation, handling, and disposal techniques.
- **Ongoing Education:** Conduct regular refresher training and updates on changes to regulations or best practices.

Monitoring and Evaluation

- **Audits:** Perform regular audits of waste management practices to ensure compliance and identify areas for improvement.
- **Incident Reporting:** Report and investigate any incidents related to waste handling or disposal to prevent recurrence.

Responsibilities

- **Healthcare Providers and Support Staff:** Responsible for the proper segregation, handling, and disposal of waste according to this policy.
- **Management:** Ensure that adequate resources, training, and support are available to implement and maintain this policy.
- **Waste Management Contractors:** Must comply with all regulatory requirements and provide proof of proper disposal.

Compliance and Legal Considerations

- **Regulatory Compliance:** Adhere to all local, state, and federal regulations regarding waste management.
- **Documentation:** Keep all necessary permits, records, and documentation related to waste disposal for the required retention periods.

Review

This policy will be reviewed annually and updated as necessary to reflect current regulations and best practices.

Approval

Approvals:

Peter Adam Sharpe - Director

22/01/2024

Policy Title: Urinary Catheter Management

Policy Number: CS058

Effective Date: 28/05/2024

Review Date: 28/05/2025

Purpose

To establish standardized procedures for the management of urinary catheters in clients served by Pride Disability Services, ensuring safety, comfort, and the prevention of complications such as infections.

Scope

This policy applies to all healthcare providers, support staff, and caregivers involved in the care of clients with urinary catheters within Pride Disability Services.

Policy Statement

Pride Disability Services is committed to providing the highest standard of care in managing urinary catheters, minimizing risks, and enhancing the quality of life for clients. This policy outlines the protocols for catheter insertion, maintenance, monitoring, and removal.

Procedures

1. Catheter Insertion

- **Indications:** Catheters are to be used only when medically necessary, such as for urinary retention, severe incontinence, or during certain surgical procedures.
- **Consent:** Obtain informed consent from the client or their legal guardian.
- **Aseptic Technique:** Use aseptic technique during catheter insertion to prevent infection.
- **Documentation:** Record the reason for catheterization, type, size, and date of insertion in the client's medical record.

2. Catheter Maintenance

- **Hygiene:** Perform regular perineal hygiene using mild soap and water, avoiding harsh chemicals.
- **Drainage System:** Ensure the drainage bag is below the level of the bladder and free from kinks to facilitate proper drainage.
- **Bag Emptying:** Empty the drainage bag at least every 8 hours or when it is two-thirds full, using clean technique.
- **Securement:** Secure the catheter to prevent accidental dislodgement and reduce urethral trauma.
- **Monitoring:** Monitor for signs of infection, blockage, or leakage and report any abnormalities to a healthcare provider.

3. Catheter Removal

- **Assessment:** Assess the client for readiness to have the catheter removed, considering factors like resolution of the initial indication.
- **Procedure:** Remove the catheter using a clean technique, ensuring the client is comfortable and aware of what to expect.
- **Post-Removal Care:** Monitor the client for the ability to void post-removal and watch for any signs of urinary retention or infection.

Infection Control

- **Hand Hygiene:** Perform hand hygiene before and after any catheter-related procedure.
- **Personal Protective Equipment (PPE):** Use appropriate PPE, such as gloves, when handling the catheter or drainage system.
- **Sterile Equipment:** Use sterile equipment and supplies for catheter insertion and maintenance.

Training and Competency

- **Staff Training:** All staff involved in catheter care must receive training on this policy and demonstrate competency in catheter management techniques.
- **Ongoing Education:** Provide regular updates and refresher training on catheter care best practices.

Client Education

- **Instructions:** Educate clients and their families on the importance of catheter care, signs of complications, and when to seek medical advice.
- **Resources:** Provide written materials and contact information for support and further questions.

Monitoring and Evaluation

- **Audits:** Conduct regular audits of catheter care practices and outcomes to ensure compliance with this policy.
- **Feedback:** Encourage feedback from clients and staff to continuously improve catheter management protocols.

Responsibilities

- **Healthcare Providers:** Responsible for the insertion, maintenance, and removal of catheters following this policy.
- **Support Staff:** Assist with catheter care tasks under the supervision of healthcare providers.
- **Management:** Ensure adequate resources, training, and support for staff to comply with this policy.

Review

This policy will be reviewed annually and updated as necessary to reflect current best practices and guidelines.

Approvals:

Peter Adam Sharpe - Director

28/05/2024

Policy Title: Supporting Participants with Severe Dysphagia in the Management of Food and Drink Consumption

Policy Number: CS059

Effective Date: 28/05/2024

Review Date: 28/05/2025

Purpose

To establish standardized procedures for supporting participants with severe dysphagia in safely managing the consumption of food and drink, ensuring their nutritional needs are met while minimizing the risk of aspiration and other complications.

Scope

This policy applies to all healthcare providers, support staff, and caregivers involved in the care of participants with severe dysphagia within Pride Disability Services.

Policy Statement

Pride Disability Services is committed to providing safe and effective care for participants with severe dysphagia. This policy outlines the protocols for assessing, planning, and managing the consumption of food and drink to ensure participant safety and well-being.

Procedures

1. Assessment

- **Initial Assessment:** Conduct a comprehensive assessment by a qualified healthcare professional, such as a speech-language pathologist (SLP) or a dysphagia specialist, to determine the severity of dysphagia and individual needs.
- **Regular Reassessments:** Perform regular reassessments to monitor changes in the participant's condition and adjust care plans as necessary.

2. Care Plan Development

- **Individualized Plan:** Develop an individualized care plan based on the assessment, outlining specific strategies for safe food and drink consumption.
- **Diet Modifications:** Specify necessary modifications to food texture and liquid consistency, following standardized guidelines (e.g., International Dysphagia Diet Standardization Initiative - IDDSI).
- **Feeding Techniques:** Include recommended feeding techniques and positioning to reduce the risk of aspiration.

3. Food and Drink Preparation

- **Texture Modification:** Prepare food to the required texture, such as pureed, minced, or chopped, to match the participant's swallowing ability.
- **Liquid Consistency:** Adjust liquid consistency as prescribed, which may include thin, nectar-thick, honey-thick, or pudding-thick liquids.
- **Safe Handling:** Ensure all food and drink are prepared and handled safely to prevent contamination and infection.

4. Feeding Assistance

- **Trained Staff:** Ensure that all staff assisting with feeding are trained in dysphagia management, including recognizing signs of aspiration and choking.
- **Proper Positioning:** Assist the participant in maintaining an upright position during and after meals to facilitate swallowing and reduce the risk of aspiration.
- **Slow and Small Bites:** Encourage slow eating and provide small bites or sips to allow adequate time for swallowing.

5. Monitoring and Supervision

- **Close Supervision:** Provide close supervision during meals to promptly address any signs of difficulty.
- **Signs of Aspiration:** Monitor for signs of aspiration, such as coughing, choking, wet voice, or difficulty breathing, and respond immediately by stopping feeding and seeking medical assistance if necessary.
- **Intake Monitoring:** Record the participant's food and liquid intake to ensure they are receiving adequate nutrition and hydration.

Training and Competency

- **Staff Training:** Provide comprehensive training for all staff involved in the care of participants with dysphagia, including recognition of symptoms, emergency response, and safe feeding techniques.
- **Competency Evaluation:** Regularly evaluate staff competency in dysphagia management and provide refresher training as needed.

Participant and Family Education

- **Education Sessions:** Offer education sessions for participants and their families on the nature of dysphagia, the importance of diet modifications, and safe feeding practices.
- **Written Materials:** Provide written materials with guidelines and tips for managing dysphagia at home.

Documentation and Reporting

- **Care Plan Documentation:** Maintain detailed documentation of the participant's care plan, assessments, and any modifications to their diet or feeding techniques.
- **Incident Reporting:** Report and document any incidents of choking or aspiration, and review these incidents to improve care practices.

Monitoring and Evaluation

- **Regular Reviews:** Conduct regular reviews of dysphagia management practices and participant outcomes to ensure compliance with this policy and identify areas for improvement.
- **Feedback Mechanism:** Encourage feedback from participants, families, and staff to continuously enhance the quality of care.

Responsibilities

- **Healthcare Providers:** Responsible for conducting assessments, developing care plans, and providing direct care to participants with dysphagia.
- **Support Staff:** Assist with the preparation and delivery of food and drink, and support participants during meals as per the care plan.
- **Management:** Ensure that adequate resources, training, and support are available to implement and maintain this policy.

Review

This policy will be reviewed annually and updated as necessary to reflect current best practices and guidelines in dysphagia management.

Approvals:

Peter Adam Sharpe - Director
28/05/2024

Policy Title: Medication Administration

Policy Number: CS060

Effective Date: 28/05/2024

Review Date: 28/05/2025

Purpose

To establish standardized procedures for the safe and effective administration of medications to participants served by Pride Disability Services, ensuring compliance with Victorian regulatory requirements and promoting participant health and well-being.

Scope

This policy applies to all healthcare providers, support staff, and caregivers involved in the administration of medications within Pride Disability Services in Victoria.

Policy Statement

Pride Disability Services is committed to the safe and accurate administration of medications to participants. This policy outlines the procedures for prescribing, storing, administering, documenting, and monitoring medications to ensure participant safety and the efficacy of treatments in accordance with Victorian standards.

Procedures

1. Prescribing Medications

- **Authorized Prescribers:** Medications must be prescribed by licensed healthcare providers, such as doctors, nurse practitioners, or pharmacists authorized under the Drugs, Poisons and Controlled Substances Act 1981 (Vic).
- **Valid Prescription:** Ensure that a valid prescription includes the participant's name, medication name, dosage, route, frequency, and duration of administration. The prescription must meet all regulatory requirements outlined by the Victorian Department of Health.

2. Medication Storage

- **Secure Storage:** Store all medications in a secure, locked area accessible only to authorized staff. Storage areas must comply with Victorian legislation regarding the storage of medications.
- **Proper Conditions:** Maintain appropriate storage conditions (e.g., temperature, humidity) as specified by the manufacturer.
- **Controlled Substances:** Store controlled substances in accordance with the Drugs, Poisons and Controlled Substances Regulations 2017 (Vic), in a separate, double-locked cabinet and maintain accurate inventory records.

3. Medication Administration

- **Authorized Personnel:** Only trained and authorized staff, such as Registered Nurses (RNs) or Enrolled Nurses (ENs), may administer medications. Support

staff may assist under the supervision of an RN or EN, as per Victorian regulations.

- **Five Rights of Medication Administration:** Verify the right participant, right medication, right dose, right route, and right time before administering any medication.
- **Hand Hygiene:** Perform hand hygiene before and after administering medications.
- **Equipment Use:** Use appropriate equipment (e.g., pill crushers, liquid measuring devices) for accurate medication administration.

4. Documentation

- **Accurate Recording:** Document each medication administration in the participant's medical record immediately after administration. Include the date, time, dosage, route, and any observations or reactions.
- **MAR (Medication Administration Record):** Maintain an up-to-date MAR for each participant, ensuring all entries are accurate and legible.
- **Error Reporting:** Report and document any medication errors or adverse reactions promptly according to incident reporting protocols, in line with Victorian healthcare standards.

5. Monitoring and Follow-Up

- **Observation:** Monitor participants for therapeutic effects and potential side effects or adverse reactions following medication administration.
- **Regular Reviews:** Conduct regular medication reviews in collaboration with the prescribing healthcare provider to assess the ongoing need for medications and make adjustments as necessary.

Training and Competency

- **Staff Training:** Provide comprehensive training on medication administration, including the five rights, infection control practices, and emergency procedures for adverse reactions. Training must comply with Victorian healthcare training standards.
- **Competency Assessment:** Regularly assess staff competency in medication administration through direct observation and periodic evaluations.

Participant and Family Education

- **Education Sessions:** Offer education sessions for participants and their families on the importance of medication adherence, potential side effects, and the correct administration techniques.
- **Written Materials:** Provide written information and instructions regarding prescribed medications to participants and their families.

Compliance and Legal Considerations

- **Regulatory Compliance:** Adhere to all Victorian state regulations and guidelines regarding medication administration.
- **Confidentiality:** Maintain the confidentiality of participant medication records in compliance with the Health Records Act 2001 (Vic) and other relevant privacy laws.

Monitoring and Evaluation

- **Audits:** Conduct regular audits of medication administration practices to ensure compliance with this policy and identify areas for improvement.

- **Feedback Mechanism:** Encourage feedback from participants, families, and staff to continuously enhance medication administration practices.

Responsibilities

- **Healthcare Providers:** Responsible for prescribing medications and providing guidance on their administration.
- **Authorized Staff:** Responsible for the safe administration, documentation, and monitoring of medications.
- **Management:** Ensure that adequate resources, training, and support are available to implement and maintain this policy.

Review

This policy will be reviewed annually and updated as necessary to reflect current best practices and guidelines in medication administration.

Approvals:

Peter Adam Sharpe - Director
28/05/2024

Policy Title: **Complex Bowel Management**

Policy Number: CS061

Effective Date: 11/06/2024

Review Date: 11/06/2025

1. Purpose

The purpose of this policy is to establish a standardized approach for the management of complex bowel care to ensure optimal patient outcomes, enhance patient comfort, prevent complications, and provide clear guidelines for healthcare professionals.

2. Scope

This policy applies to all healthcare professionals involved in the care of patients with complex bowel management needs, including but not limited to nurses, physicians, and allied health professionals.

3. Definitions

- **Complex Bowel Management:** Involves the assessment, planning, implementation, and evaluation of care for patients with significant bowel dysfunction, requiring specialized interventions beyond routine bowel care.
- **Bowel Dysfunction:** Includes conditions such as chronic constipation, fecal incontinence, neurogenic bowel, and obstructive defecation.

4. Responsibilities

- **Healthcare Providers:** Ensure adherence to the policy, deliver care as per the guidelines, document interventions and outcomes, and participate in training.
- **Nurses:** Assess bowel function, implement bowel care plans, monitor and document patient progress, and educate patients and families.
- **Physicians:** Diagnose bowel conditions, prescribe treatments, and oversee overall management plans.
- **Allied Health Professionals:** Provide specialized input, including dietary advice, physical therapy, and psychological support.

5. Assessment

1. Initial Assessment:

- Comprehensive history and physical examination.
- Review of medical, surgical, and medication history.
- Use of standardized assessment tools (e.g., Bristol Stool Form Scale, bowel diaries).
- Identification of risk factors (e.g., immobility, neurological conditions).

2. Ongoing Monitoring:

- Regular assessment of bowel patterns and symptoms.
- Monitor for complications such as impaction, incontinence, and skin breakdown.

6. Care Planning

1. Individualized Care Plan:

- Develop a tailored bowel management plan based on the initial assessment.
- Set realistic goals and timelines.
- Incorporate patient and family preferences and concerns.

2. Interventions:

- Dietary modifications: High-fiber diet, adequate fluid intake.
- Pharmacologic treatments: Laxatives, stool softeners, enemas, or suppositories as prescribed.
- Non-pharmacologic treatments: Digital stimulation, bowel training programs, manual evacuation if necessary.
- Use of assistive devices: Anal plugs, rectal catheters, or other supportive equipment.

3. Coordination of Care:

- Multidisciplinary approach involving dietitians, physical therapists, occupational therapists, and social workers.
- Regular team meetings to review and adjust care plans.

7. Implementation

1. Patient and Family Education:

- Provide education on bowel management techniques and lifestyle modifications.
- Training on the use of assistive devices and medications.

2. Documentation:

- Accurate and timely documentation of all assessments, interventions, and patient responses.
- Use of electronic health records (EHR) for tracking progress and outcomes.

8. Evaluation

1. Outcome Measures:

- Regular evaluation of patient outcomes against established goals.
- Use of patient feedback to assess satisfaction and quality of life.

2. Quality Improvement:

- Continuous review of bowel management practices.
- Participation in audits and quality improvement initiatives.

9. Complications Management

1. Identification and Early Intervention:

- Prompt identification of complications such as bowel obstruction, perforation, and severe constipation.
- Immediate intervention and referral to appropriate specialists if necessary.

10. Training and Competency

1. Staff Training:

- Regular training sessions on complex bowel management techniques and updates in best practices.
- Competency assessments to ensure staff are skilled in providing complex bowel care.

11. Policy Review

- This policy will be reviewed annually or as needed based on new evidence, clinical guidelines, and feedback from healthcare professionals and patients.

Approvals:

Peter Adam Sharpe - Director
11/06/2024

Policy Title: Enteral (Naso-Gastric Tube – Jejunum or Duodenum) Feeding and Management

Policy Number: CS062

Effective Date: 11/06/2024

Review Date: 11/06/2025

1. Purpose

The purpose of this policy is to establish standardized guidelines for the safe and effective management of enteral feeding via naso-gastric, jejunal, or duodenal tubes, ensuring the well-being of clients receiving such nutrition support through Pride Disability Services.

2. Scope

This policy applies to all healthcare professionals, caregivers, and staff involved in the care and management of clients requiring enteral feeding, including nurses, dietitians, and support staff.

3. Definitions

- **Enteral Feeding:** The delivery of nutrients directly into the stomach or intestines via a tube.
- **Naso-Gastric Tube (NG Tube):** A tube inserted through the nose into the stomach for feeding.
- **Jejunal Tube (J Tube):** A tube inserted into the jejunum (part of the small intestine) for feeding.
- **Duodenal Tube (D Tube):** A tube inserted into the duodenum (the first part of the small intestine) for feeding.

4. Responsibilities

- **Healthcare Providers:** Ensure adherence to the policy, deliver care as per the guidelines, document interventions and outcomes, and participate in training.
- **Nurses:** Insert and manage feeding tubes, administer enteral nutrition, monitor and document client progress, and educate clients and families.
- **Dietitians:** Assess nutritional needs, develop and adjust feeding plans, and provide dietary guidance.
- **Support Staff:** Assist with routine care and monitoring under supervision.

5. Assessment

1. Initial Assessment:

- Comprehensive assessment of the client's nutritional status, medical history, and specific needs.
- Evaluation of the appropriate type of enteral tube and placement site.
- Risk assessment for potential complications (e.g., aspiration, tube displacement).

2. Ongoing Monitoring:

- Regular monitoring of tube placement and patency.
- Assessment of tolerance to feedings and gastrointestinal function.
- Monitoring for signs of infection, aspiration, or other complications.

6. Care Planning

1. Individualized Care Plan:

- Develop a tailored enteral feeding plan based on the initial assessment.
- Set clear nutritional goals and timelines.
- Incorporate client and family preferences and concerns.

2. Interventions:

- **Insertion and Verification:**
 - Tube insertion should be performed by trained personnel following established protocols.
 - Verification of tube placement through appropriate methods (e.g., pH testing, imaging).
- **Feeding Administration:**
 - Use of prescribed enteral formulas.
 - Administration schedule (continuous, intermittent, or bolus feeding) based on client needs.
 - Proper handling and storage of feeding formulas to maintain safety and quality.

- **Tube Maintenance:**
 - Routine flushing of the tube to maintain patency.
 - Regular inspection and care of the insertion site.

3. Coordination of Care:

- Collaboration with multidisciplinary teams, including physicians, dietitians, and nurses.
- Regular team meetings to review and adjust care plans as needed.

7. Implementation

1. Client and Family Education:

- Provide education on the enteral feeding process, tube care, and potential complications.
- Training on how to administer feedings and manage the tube at home if applicable.

2. Documentation:

- Accurate and timely documentation of all assessments, interventions, and client responses.
- Use of electronic health records (EHR) for tracking progress and outcomes.

8. Evaluation

1. Outcome Measures:

- Regular evaluation of client outcomes against established nutritional goals.
- Use of client feedback to assess satisfaction and quality of life.

2. Quality Improvement:

- Continuous review of enteral feeding practices.
- Participation in audits and quality improvement initiatives.

9. Complications Management

1. Identification and Early Intervention:

- Prompt identification of complications such as infection, aspiration, tube blockage, or displacement.
- Immediate intervention and referral to appropriate healthcare providers if necessary.

10. Training and Competency

1. Staff Training:

- Regular training sessions on enteral feeding techniques and updates in best practices.
- Competency assessments to ensure staff are skilled in providing enteral feeding care.

11. Policy Review

- This policy will be reviewed annually or as needed based on new evidence, clinical guidelines, and feedback from healthcare professionals and clients.

Approvals:

Peter Adam Sharpe - Director
11/06/2024

Policy Title: Tracheostomy Management

Policy Number: CS063

Effective Date: 11/06/2024

Review Date: 11/06/2025

1. Purpose

The purpose of this policy is to establish standardized guidelines for the safe and effective management of tracheostomies to ensure the well-being of clients receiving care through Pride Disability Services.

2. Scope

This policy applies to all healthcare professionals, caregivers, and staff involved in the care and management of clients with tracheostomies, including nurses, respiratory therapists, and support staff.

3. Definitions

- **Tracheostomy:** A surgical procedure to create an opening through the neck into the trachea (windpipe) to allow direct access for breathing.
- **Tracheostomy Tube:** A tube inserted into the tracheostomy to maintain the airway and facilitate breathing.

4. Responsibilities

- **Healthcare Providers:** Ensure adherence to the policy, deliver care as per the guidelines, document interventions and outcomes, and participate in training.
- **Nurses:** Provide daily care of the tracheostomy site, change dressings, clean and change tracheostomy tubes, monitor client status, and educate clients and families.
- **Respiratory Therapists:** Assist with tracheostomy care, provide respiratory treatments, and monitor ventilator settings if applicable.
- **Support Staff:** Assist with routine care and monitoring under supervision.

5. Assessment

1. Initial Assessment:

- Comprehensive assessment of the client's respiratory status, medical history, and specific needs.
- Evaluation of tracheostomy type, placement, and potential complications.

- Assessment of client's ability to communicate and nutritional needs.

2. Ongoing Monitoring:

- Regular monitoring of respiratory status, tracheostomy site, and tube patency.
- Assessment for signs of infection, blockage, or other complications.
- Monitoring oxygen saturation levels and ventilator settings if applicable.

6. Care Planning

1. Individualized Care Plan:

- Develop a tailored tracheostomy care plan based on the initial assessment.
- Set clear respiratory goals and timelines.
- Incorporate client and family preferences and concerns.

2. Interventions:

- **Tracheostomy Care:**

- Daily cleaning and dressing changes of the tracheostomy site.
- Regular inspection and cleaning of the tracheostomy tube.
- Scheduled tube changes as per clinical guidelines or manufacturer recommendations.

- **Suctioning:**

- Perform suctioning as needed to clear secretions and maintain airway patency.
- Use sterile technique and appropriate equipment to minimize infection risk.

- **Humidification:**

- Ensure proper humidification of inspired air to prevent mucous plugging.

- **Emergency Management:**

- Have emergency equipment (e.g., suction machine, spare tracheostomy tubes, ambu bag) readily available.
- Training staff in emergency procedures, including tube dislodgement and obstruction management.

3. Coordination of Care:

- Collaboration with multidisciplinary teams, including physicians, nurses, respiratory therapists, and speech therapists.
- Regular team meetings to review and adjust care plans as needed.

7. Implementation

1. Client and Family Education:

- Provide education on tracheostomy care, suctioning, and recognizing complications.
- Training on how to perform routine care and emergency procedures at home if applicable.

2. Documentation:

- Accurate and timely documentation of all assessments, interventions, and client responses.
- Use of electronic health records (EHR) for tracking progress and outcomes.

8. Evaluation

1. Outcome Measures:

- Regular evaluation of client outcomes against established respiratory and care goals.
- Use of client feedback to assess satisfaction and quality of life.

2. Quality Improvement:

- Continuous review of tracheostomy management practices.
- Participation in audits and quality improvement initiatives.

9. Complications Management

1. Identification and Early Intervention:

- Prompt identification of complications such as infection, tube blockage, dislodgement, or skin breakdown.
- Immediate intervention and referral to appropriate healthcare providers if necessary.

10. Training and Competency

1. Staff Training:

- Regular training sessions on tracheostomy care techniques and updates in best practices.
- Competency assessments to ensure staff are skilled in providing tracheostomy care.

11. Policy Review

- This policy will be reviewed annually or as needed based on new evidence, clinical guidelines, and feedback from healthcare professionals and clients.

Approvals:

Peter Adam Sharpe - Director

11/06/2024

Policy Title : Ventilator Management

Policy Number: CS064

Effective Date: 11/06/2024

Review Date: 11/06/2025

1. Purpose

The purpose of this policy is to establish standardized guidelines for the safe and effective management of ventilators to ensure the well-being of clients receiving care through Pride Disability Services.

2. Scope

This policy applies to all healthcare professionals, caregivers, and staff involved in the care and management of clients requiring mechanical ventilation, including nurses, respiratory therapists, and support staff.

3. Definitions

- **Mechanical Ventilation:** The use of a mechanical device (ventilator) to assist or replace spontaneous breathing.
- **Ventilator:** A machine designed to provide mechanical ventilation by delivering breathable air into and out of the lungs.

4. Responsibilities

- **Healthcare Providers:** Ensure adherence to the policy, deliver care as per the guidelines, document interventions and outcomes, and participate in training.
- **Nurses:** Monitor ventilator settings, assess client's respiratory status, provide airway care, suctioning, and perform tracheostomy care if applicable.
- **Respiratory Therapists:** Manage ventilator settings, perform respiratory treatments, assess lung function, and provide education to clients and families.
- **Support Staff:** Assist with routine care and monitoring under supervision.

5. Assessment

1. Initial Assessment:

- Comprehensive assessment of the client's respiratory status, medical history, and specific needs.
- Evaluation of ventilator dependence, mode of ventilation, and underlying pulmonary conditions.

- Assessment of the airway, lung sounds, and oxygenation status.

2. Ongoing Monitoring:

- Regular monitoring of ventilator parameters, including tidal volume, respiratory rate, and oxygen saturation.
- Assessment of lung mechanics and compliance.
- Monitoring for signs of respiratory distress or ventilator-associated complications.

6. Care Planning

1. Individualized Care Plan:

- Develop a tailored ventilator management plan based on the initial assessment.
- Set clear respiratory goals and ventilation parameters.
- Incorporate client and family preferences and concerns.

2. Interventions:

- **Ventilator Settings:**
 - Adjust ventilator settings as per physician orders and clinical indications.
 - Monitor and optimize parameters such as FiO₂, PEEP, and inspiratory pressure.
- **Airway Management:**
 - Perform regular airway suctioning to clear secretions and maintain airway patency.
 - Ensure proper positioning to optimize lung ventilation.
- **Tracheostomy Care:**
 - If applicable, provide routine care and maintenance of the tracheostomy site.
 - Monitor for signs of infection or tube displacement.
- **Oxygen Therapy:**
 - Administer supplemental oxygen as needed to maintain adequate oxygenation.
 - Monitor oxygen saturation levels and adjust therapy accordingly.

3. Coordination of Care:

- Collaboration with multidisciplinary teams, including physicians, nurses, respiratory therapists, and physical therapists.
- Regular team meetings to review and adjust care plans as needed.

7. Implementation

1. Client and Family Education:

- Provide education on ventilator use, settings, and alarms.
- Training on how to recognize signs of respiratory distress and respond appropriately.
- Education on tracheostomy care if applicable.

2. Documentation:

- Accurate and timely documentation of all assessments, interventions, and client responses.
- Use of electronic health records (EHR) for tracking progress and outcomes.

8. Evaluation

1. Outcome Measures:

- Regular evaluation of client outcomes against established respiratory and ventilation goals.
- Use of client feedback to assess satisfaction and quality of life.

2. Quality Improvement:

- Continuous review of ventilator management practices.
- Participation in audits and quality improvement initiatives.

9. Complications Management

1. Identification and Early Intervention:

- Prompt identification of complications such as ventilator-associated pneumonia, barotrauma, or oxygen toxicity.
- Immediate intervention and referral to appropriate healthcare providers if necessary.

10. Training and Competency

1. Staff Training:

- Regular training sessions on ventilator management techniques and updates in best practices.
- Competency assessments to ensure staff are skilled in providing ventilator care.

11. Policy Review

- This policy will be reviewed annually or as needed based on new evidence, clinical guidelines, and feedback from healthcare professionals and clients.

Approvals:

Peter Adam Sharpe - Director

11/06/2024

Policy Title : Subcutaneous Injections

Policy Number: CS065

Effective Date: 11/06/2024

Review Date: 11/06/2025

1. Purpose

The purpose of this policy is to establish standardized guidelines for the safe and effective administration of subcutaneous injections to ensure the well-being of clients receiving care through Pride Disability Services.

2. Scope

This policy applies to all healthcare professionals, caregivers, and staff involved in the administration of subcutaneous injections to clients, including nurses, physicians, and support staff.

3. Definitions

- **Subcutaneous Injection:** The administration of medication into the subcutaneous tissue layer, typically in the upper arm, thigh, or abdomen.
- **Medication:** Any drug, vaccine, or therapeutic substance prescribed for subcutaneous administration.

4. Responsibilities

- **Healthcare Providers:** Ensure adherence to the policy, deliver care as per the guidelines, document interventions and outcomes, and participate in training.
- **Nurses:** Administer subcutaneous injections, assess injection sites, monitor for adverse reactions, and educate clients and families.
- **Physicians:** Prescribe medications for subcutaneous administration and provide guidance on injection techniques and dosage.
- **Support Staff:** Assist with the preparation and documentation of injections under supervision.

5. Assessment

1. Client Assessment:

- Comprehensive assessment of the client's medical history, allergies, and current medications.
- Evaluation of the indication for subcutaneous medication administration.

- Assessment of appropriate injection sites and rotation schedule.

2. Injection Site Assessment:

- Inspection of skin integrity and suitability of the injection site.
- Assessment of tissue thickness and vascularity to ensure proper medication absorption.

6. Care Planning

1. Individualized Care Plan:

- Develop a tailored plan for subcutaneous medication administration based on the client's needs and preferences.
- Set clear goals for medication management and monitoring.

2. Interventions:

○ Injection Technique:

- Use aseptic technique during preparation and administration of injections.
- Select appropriate needle gauge and length based on the medication viscosity and client's tissue characteristics.

○ Medication Administration:

- Follow prescribed dosage and administration schedule.
- Rotate injection sites to prevent tissue damage and absorption issues.

○ Injection Site Care:

- Apply gentle pressure after injection to minimize bruising or leakage.
- Provide client education on self-care and monitoring for injection site reactions.

7. Implementation

1. Client and Family Education:

- Provide education on the purpose of subcutaneous injections, medication effects, and potential side effects.
- Demonstrate proper injection techniques and self-administration if applicable.
- Provide written instructions and resources for reference.

2. Documentation:

- Accurate and timely documentation of all administered injections, including medication name, dosage, site, and client response.
- Use of electronic health records (EHR) for tracking medication administration and monitoring.

8. Evaluation

1. Outcome Measures:

- Regular evaluation of client response to medication therapy.
- Monitoring for adverse reactions or complications related to subcutaneous injections.
- Use of client feedback to assess satisfaction and effectiveness of treatment.

2. Quality Improvement:

- Continuous review of injection practices and adherence to protocols.
- Participation in audits and quality improvement initiatives to enhance safety and efficiency.

9. Complications Management

1. Identification and Early Intervention:

- Prompt recognition of adverse reactions such as injection site reactions, allergic reactions, or medication errors.
- Immediate intervention and referral to appropriate healthcare providers if necessary.

10. Training and Competency

1. Staff Training:

- Regular training sessions on subcutaneous injection techniques, medication administration, and recognition of adverse reactions.

- Competency assessments to ensure staff are skilled in providing subcutaneous injections.

11. Policy Review

- This policy will be reviewed annually or as needed based on new evidence, clinical guidelines, and feedback from healthcare professionals and clients.

Approvals:

Peter Adam Sharpe - Director

11/06/2024

Policy Title : Complex Wound Management

Policy Number: CS066

Effective Date: 11/06/2024

Review Date: 11/06/2025

1. Purpose

The purpose of this policy is to establish standardized guidelines for the assessment, treatment, and ongoing management of complex wounds to ensure optimal healing outcomes and the well-being of clients receiving care through Pride Disability Services.

2. Scope

This policy applies to all healthcare professionals, caregivers, and staff involved in the care and management of clients with complex wounds, including nurses, wound care specialists, physicians, and support staff.

3. Definitions

- **Complex Wound:** Refers to wounds that are difficult to heal due to various factors, including size, depth, underlying conditions (such as diabetes or vascular disease), and presence of infection or necrosis.
- **Wound Assessment:** Comprehensive evaluation of wound characteristics, including size, depth, exudate, tissue viability, and surrounding skin condition.
- **Wound Care Plan:** Individualized plan developed based on the wound assessment findings, aiming to promote healing and prevent complications.

4. Responsibilities

- **Healthcare Providers:** Ensure adherence to the policy, deliver care as per the guidelines, document interventions and outcomes, and participate in training.
- **Nurses/Wound Care Specialists:** Conduct comprehensive wound assessments, develop and implement wound care plans, monitor wound progress, and provide client education.
- **Physicians:** Diagnose underlying conditions contributing to wound complexity, prescribe appropriate treatments, and collaborate with the multidisciplinary team.
- **Support Staff:** Assist with wound care procedures and client support under supervision.

5. Assessment

1. Initial Wound Assessment:

- Thorough evaluation of wound characteristics, including size, depth, undermining, tunnelling, and tissue necrosis.
- Assessment of wound edges, surrounding skin condition, and signs of infection.
- Identification of factors contributing to wound complexity (e.g., chronic conditions, nutritional status, mobility issues).

2. Ongoing Monitoring:

- Regular assessment of wound healing progress, including changes in wound size, appearance, and exudate.
- Monitoring for signs of infection, inflammation, or complications such as dehiscence or fistula formation.

6. Care Planning

1. Individualized Wound Care Plan:

- Develop a tailored plan based on the initial wound assessment findings, client's overall health status, and treatment goals.
- Set realistic objectives for wound healing, pain management, and prevention of complications.
- Incorporate client preferences, cultural considerations, and available resources.

2. Interventions:

- **Wound Debridement:**
 - Surgical or mechanical removal of necrotic tissue, slough, or foreign material to promote wound healing.
- **Wound Cleansing:**
 - Gentle irrigation with appropriate wound cleansing solutions to remove debris and minimize infection risk.
- **Dressing Selection:**
 - Use of advanced wound dressings tailored to the wound characteristics and stage of healing.
 - Consideration of moisture balance, absorption capacity, and antimicrobial properties.

- **Negative Pressure Wound Therapy (NPWT):**
 - Application of NPWT for wounds with excessive exudate or difficulty healing to promote granulation tissue formation and wound closure.
- **Pain Management:**
 - Implementation of strategies to manage wound-related pain, including pharmacological and non-pharmacological interventions.
- **Nutritional Support:**
 - Assessment of nutritional status and provision of dietary interventions to optimize wound healing.
- **Mobility and Positioning:**
 - Encourage appropriate positioning and mobility strategies to reduce pressure and shear forces on the wound.

3. Coordination of Care:

- Collaboration with other healthcare disciplines, including physical therapists, dietitians, and social workers.
- Regular team meetings to discuss wound progress, adjust care plans, and address interdisciplinary concerns.

7. Implementation

1. Client and Family Education:

- Provide education on wound care principles, including dressing changes, wound assessment, and signs of complications.
- Demonstrate wound care techniques and provide written instructions for reference.
- Address client and family concerns and provide emotional support as needed.

2. Documentation:

- Accurate and detailed documentation of all wound assessments, interventions, and client responses.
- Use of electronic health records (EHR) for tracking wound progress and outcomes.

8. Evaluation

1. Outcome Measures:

- Regular evaluation of wound healing progress against established objectives.
- Monitoring for complications, including infection rates, wound size reduction, and pain control.
- Use of client feedback to assess satisfaction with wound care services.

2. Quality Improvement:

- Continuous review of wound management practices and adherence to evidence-based guidelines.
- Participation in audits and quality improvement initiatives to enhance care delivery and outcomes.

9. Complications Management

1. Identification and Early Intervention:

- Prompt recognition and management of wound-related complications, including infection, dehiscence, or deterioration in wound status.
- Immediate referral to appropriate healthcare providers or specialists as needed.

10. Training and Competency

1. Staff Training:

- Regular training sessions on wound assessment techniques, wound care principles, and advanced wound management modalities.
- Competency assessments to ensure staff are skilled in providing complex wound care.

11. Policy Review

- This policy will be reviewed annually or as needed based on new evidence, clinical guidelines, and feedback from healthcare professionals and clients.

Approvals:

Peter Adam Sharpe - Director

11/06/2024

Policy Title: High Intensity Daily Personal Activities Module Policy

Policy Number: CS067

Effective Date: 11/06/2024

Review Date: 11/06/2025

1. Purpose

The purpose of this policy is to outline the procedures and guidelines for the provision of High Intensity Daily Personal Activities (HIDPA) support module, in accordance with the standards set forth by the National Disability Insurance Scheme (NDIS) Commission and Quality Safeguards.

2. Scope

This policy applies to all staff and caregivers involved in delivering HIDPA support services to participants registered under the NDIS scheme within [Organization Name].

3. Definitions

- **High Intensity Daily Personal Activities (HIDPA):** Refers to support services provided to participants with significant and ongoing functional impairment in activities of daily living, including but not limited to personal hygiene, continence management, mobility assistance, and mealtime support.
- **NDIS Commission:** The independent agency responsible for overseeing NDIS quality and safeguards.
- **Quality Safeguards:** The framework designed to ensure the safety and well-being of NDIS participants.

4. Principles

- **Participant-Centred Care:** All HIDPA services will be delivered with a focus on participant choice, dignity, and respect for individual preferences and cultural backgrounds.
- **Safety and Quality:** All activities will adhere to the highest standards of safety, quality, and risk management, in line with NDIS Commission and Quality Safeguards.
- **Continuous Improvement:** Regular review and evaluation of HIDPA services will be conducted to identify areas for improvement and ensure ongoing compliance with regulatory requirements.

5. Service Delivery

1. Assessment and Planning:

- Conduct comprehensive assessments of participants' functional needs, goals, and preferences in collaboration with participants, their families, and other relevant stakeholders.
- Develop individualized support plans outlining the HIDPA services required, including frequency, duration, and specific tasks.

2. Service Provision:

- Deliver HIDPA services in accordance with the participant's individualized support plan, ensuring consistency and adherence to best practice standards.
- Provide assistance with personal care activities such as bathing, grooming, toileting, dressing, and eating, as required.
- Offer support with mobility, transfers, and positioning to promote independence and safety.

3. Staff Training and Supervision:

- Ensure all staff members delivering HIDPA services receive appropriate training in personal care techniques, infection control, manual handling, and communication skills.
- Supervise staff members regularly to monitor service delivery, provide guidance, and address any issues or concerns.

4. Participant Feedback and Review:

- Solicit regular feedback from participants and their families regarding the quality and effectiveness of HIDPA services.
- Conduct periodic reviews of participants' support plans to assess progress, adjust goals, and make any necessary modifications to service delivery.

6. Compliance and Reporting

1. Documentation:

- Maintain accurate and up-to-date records of HIDPA service delivery, including support plans, progress notes, incident reports, and communication logs.
- Ensure documentation complies with NDIS Commission and Quality Safeguards requirements and is accessible to relevant stakeholders.

2. Incident Reporting:

- Promptly report any incidents, accidents, or allegations of abuse or neglect involving participants or staff members in accordance with organizational policies and regulatory guidelines.
- Cooperate fully with any investigations conducted by the NDIS Commission or other relevant authorities.

3. Compliance Monitoring:

- Conduct regular audits and internal reviews to monitor compliance with HIDPA policies and procedures, as well as NDIS Commission and Quality Safeguards standards.
- Take corrective actions as necessary to address any identified areas of non-compliance and prevent recurrence.

7. Communication and Collaboration

1. Interdisciplinary Collaboration:

- Foster collaborative relationships with other service providers, healthcare professionals, and community organizations to coordinate and integrate HIDPA services with other supports and interventions.

2. Participant and Family Engagement:

- Communicate openly and transparently with participants and their families, providing them with relevant information, resources, and opportunities for involvement in decision-making processes.

8. Policy Review

- This policy will be reviewed annually or as needed to ensure alignment with current NDIS Commission and Quality Safeguards requirements, as well as best practice standards in HIDPA service delivery.

Approvals:

Peter Adam Sharpe - Director

11/06/2024

Policy for Managing Schedule 8 Medicines Safely

Policy Number: CS068

Effective Date: 14/06/2024

Review Date: 14/06/2025

Creating a comprehensive policy for managing Schedule 8 medicines safely within a Pride Disability Services setting involves several key components. This policy must comply with relevant legislation and ensure the safety and well-being of both clients and staff. Below is a draft outline for such a policy:

Policy for Managing Schedule 8 Medicines Safely

1. Purpose

The purpose of this policy is to ensure the safe and legal management of Schedule 8 (S8) medicines within Pride Disability Services, in compliance with relevant legislation, and to safeguard the health and well-being of clients and staff.

2. Scope

This policy applies to all staff, volunteers, and contractors involved in the handling, administration, and management of Schedule 8 medicines at Pride Disability Services.

3. Legislation and Guidelines

- **Relevant Legislation:**
 - Department of Health – Victoria – health.vic.gov.au/drugs-and-poisons/schedule-8-permits-and-notifications
 - The Medicines and Poisons Act
 - The Controlled Substances Act
 - Health Practitioner Regulation National Law
- **Guidelines:**
 - National Safety and Quality Health Service (NSQHS) Standards
 - Guidelines from relevant professional bodies (e.g., Australian Health Practitioner Regulation Agency - AHPRA)

4. Definitions

- **Schedule 8 Medicines:** Drugs and substances which have a high potential for abuse and addiction, and thus are subject to strict regulation.
- **Authorised Personnel:** Individuals who have the necessary qualifications and permissions to handle S8 medicines, such as registered nurses and pharmacists.

5. Responsibilities

- **Management:** Ensure compliance with this policy and provide necessary training.
- **Staff:** Adhere to the procedures outlined in this policy and attend required training sessions.
- **Pharmacists and Healthcare Providers:** Supply S8 medicines in compliance with legal requirements and ensure proper documentation.

6. Procedures

6.1 Procurement and Storage

- Obtain S8 medicines through authorized suppliers.
- Store S8 medicines in a locked, secure cabinet that meets legislative requirements.
- Maintain accurate records of stock levels, including receipts and usage logs.

6.2 Administration

- Administer S8 medicines only as prescribed by a licensed healthcare provider.
- Verify the identity of the client prior to administration.
- Document each administration event, including date, time, dosage, and the administering personnel's name.

6.3 Record Keeping

- Maintain a register of all S8 medicines in stock.
- Record details of each transaction involving S8 medicines.
- Conduct regular audits to ensure accuracy of records and compliance with legislation.

6.4 Disposal

- Dispose of expired or unused S8 medicines in accordance with legislative requirements.
- Document disposal actions and retain records for the required period.

7. Training and Competency

- Provide regular training for all staff on the safe handling and administration of S8 medicines.
- Ensure staff competency through regular assessments and refresher courses.

8. Incident Reporting and Management

- Report any incidents involving S8 medicines (e.g., theft, loss, adverse reactions) immediately to management.
- Conduct thorough investigations of incidents and implement corrective actions.

9. Review and Monitoring

- Conduct regular reviews of this policy to ensure ongoing compliance with legislation.
- Monitor adherence to the policy through audits and feedback mechanisms.

Appendices

Appendix A: Relevant Legislation and Guidelines

- Detailed list of applicable laws and guidelines with links to official documents.

Appendix B: Training Resources

- List of approved training programs and materials for staff.

Appendix C: Incident Report Form

- Template for reporting incidents involving S8 medicines.

Compliance and Legal Considerations

- Ensure that the policy is reviewed by legal counsel to confirm compliance with all relevant legislation.
- Engage with stakeholders, including healthcare professionals and client representatives, to incorporate their feedback and ensure the policy meets practical needs.

By adhering to this policy, Pride Disability Services can manage Schedule 8 medicines safely and legally, ensuring the health and safety of all clients and staff involved.

Approvals:

Peter Adam Sharpe - Director

14/06/2024

Pride Disability Services Staff Entry and Consent Policy

Policy Number: CS069

Effective Date: 18/07/2024

Review Date: 18/07/2025

Purpose: This policy outlines the procedures and guidelines for staff members entering the homes of clients residing in shared housing. The goal is to ensure respect for residents' privacy, safety, and comfort, while enabling staff to provide necessary services.

Scope: This policy applies to all staff members of Pride Disability Services who are required to enter shared housing environments where clients reside.

1. General Principles

- **Respect and Dignity:** Staff must always treat residents with respect and dignity, acknowledging their right to privacy and personal space.
- **Informed Consent:** Staff must ensure that residents are fully informed about the reasons for entry and have provided consent.
- **Confidentiality:** Staff must maintain the confidentiality of all residents and their personal information.

2. Consent for Entry

- **Private Spaces:**
 - Staff must obtain explicit permission from the resident before entering any private space (e.g., bedrooms, personal bathrooms).
 - In emergencies, where immediate entry is required for safety reasons, staff may enter without prior consent but must notify the resident as soon as possible.
- **Common Areas:**
 - Staff may enter common areas (e.g., kitchen, living room, shared bathrooms) for providing services.
 - Staff must announce their presence and purpose before entering common areas.

3. Scheduled Visits

- **Advance Notice:** Regular visits should be scheduled in advance with at least 24 hours' notice given to residents.
- **Communication:** Residents must be informed of the purpose, expected duration, and any changes to the schedule.

4. Unscheduled Visits

- **Seeking Consent:** For unscheduled visits, staff must seek verbal or written consent from residents before entering.
- **Emergency Situations:** If immediate entry is necessary for health or safety reasons, staff must explain the situation to residents as soon as possible.

5. Visitor Policy

- **Approval:** Any visitors accompanying staff must be approved by residents in advance.
- **Conduct:** Staff are responsible for ensuring that visitors adhere to house rules and respect residents' privacy.
- **Logging Visits:** A log of all visitors, including the purpose and duration of their visit, must be maintained.

6. Privacy and Confidentiality

- **Knock and Announce:** Staff must always knock and announce their presence before entering any space.
- **Respecting Boundaries:** Staff must leave immediately if a resident requests, unless an emergency situation dictates otherwise.
- **Personal Information:** Staff must not disclose any personal information about residents without their explicit consent.

7. Emergency Protocols

- **Immediate Action:** In emergencies, staff may enter private spaces without prior consent if there is an immediate risk to health or safety.
- **Notification:** Residents must be informed of the reasons for such entry and any actions taken as soon as it is safe and practical to do so.

8. Communication and Feedback

- **Open Dialogue:** Staff are encouraged to maintain open communication with residents to address any concerns or changes.
- **Regular Meetings:** Regular meetings will be held to discuss and update entry protocols.
- **Feedback Mechanism:** A system will be in place for residents to provide feedback or express concerns regarding staff entry and privacy issues.

9. Training and Awareness

- **Staff Training:** All staff members will receive training on respecting residents' privacy and the protocols outlined in this policy.
- **Resident Orientation:** New residents will be oriented on their rights and the consent policy regarding staff entry.

10. Dispute Resolution

- **Mediation:** A mediation process will be available to resolve disputes related to staff entry and privacy concerns.
- **External Support:** If necessary, external help from legal advisors or tenant rights organizations may be sought.

11. Documentation

- **Entry Logs:** Staff must document all entries into private spaces, noting the time, reason, and staff member involved.
- **Incident Reports:** Any incidents or disputes regarding entry must be reported and documented immediately.

Compliance: All staff members are required to comply with this policy. Non-compliance will result in disciplinary action, up to and including termination of employment.

Policy Review: This policy will be reviewed annually or as needed to ensure it remains relevant and effective. Feedback from residents and staff will be considered in the review process.

Approvals:

Peter Adam Sharpe - Director

18/07/2024

Pride Disability Services Policy: Participant Choice and Control Change of Funding

Policy Number: CS070

Effective Date: 13/08/2024

Review Date: 13/08/2025

1. Purpose

The purpose of this policy is to ensure that all changes to a client's funding are made with full transparency, respect for the participant's choice and control, and in alignment with their goals and needs. This policy outlines the procedures that must be followed to obtain explicit consent from both the participant and their Support Coordinator before any changes are implemented.

2. Scope

This policy applies to all staff members, participants, and Support Coordinators involved with Pride Disability Services. It governs all changes to funding allocations related to service delivery, support hours, and associated costs.

3. Policy Statement

Pride Disability Services is committed to ensuring that any changes to a client's funding are made with full transparency and respect for the participant's choice and control. Therefore, no changes will be made to a client's funding without obtaining explicit consent from both the participant and their designated Support Coordinator. This ensures that all financial decisions are aligned with the participant's goals and needs, and that they are fully informed and in agreement with any adjustments.

4. Procedures

4.1 Identification of Need for Change

- Any staff member or participant who identifies a need for a change in funding allocations must document the reason for the proposed change.
- Reasons for change may include a shift in the participant's goals, changes in support needs, or adjustments in service delivery requirements.

4.2 Consultation Process

- Upon identifying the need for a funding change, the relevant staff member must initiate a consultation process with the participant and their Support Coordinator.
- The consultation must include:
 - A detailed explanation of the proposed changes.
 - The reasons behind the changes.
 - How the changes align with the participant's current goals and needs.

4.3 Obtaining Consent

- Written consent from both the participant and the Support Coordinator is required before any changes are implemented.
- This consent must clearly state the nature of the change and the agreement from both parties.
- A record of this consent will be maintained in the participant's file.

4.4 Preparation and Approval of New Quote

- Once all consents have been obtained, Pride Disability Services will prepare a new quote reflecting the approved changes.
- The new quote will be sent to the nominated approver for final approval.
- Upon acceptance of the new quote, Pride Disability Services will apply the changes to the participant's plan and roster accordingly.

4.5 Implementation and Monitoring

- The approved changes will be implemented, and all relevant staff will be notified of the updated plan.
- Continuous monitoring will be conducted to ensure that the changes meet the participant's needs and expectations.
- Feedback will be sought regularly from both the participant and the Support Coordinator.

5. Responsibilities

- ****Staff Members:**** Responsible for identifying the need for changes, initiating the consultation process, and ensuring that consent is obtained and documented.
- ****Support Coordinators:**** Collaborate with participants to review proposed changes, provide consent, and support the implementation of approved changes.
- ****Service Delivery Manager:**** Oversees the approval process and ensures that changes are implemented and monitored effectively.

6. Documentation

All records related to the consultation, consent, and implementation process will be maintained in the participant's file for accountability and future reference.

7. Review

This policy will be reviewed annually or as required to ensure it remains current and effective in supporting participant choice and control.

Approvals:

Peter Adam Sharpe - Director

13/08/2024