



OPERATIONAL POLICY HANDBOOK

ARC DISABILITY SERVICES INC.

59 187 522 904

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ARC Disability Services Inc. (the "Organisation") reserves the right to change, add to or modify any of the provisions of this handbook, to reflect changes in legislation and/or work practices.

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001 – GENERAL GRIEVANCE RESOLUTION POLICY OPERATIONAL POLICY



POLICY TITLE:	001 – GENERAL GRIEVANCE RESOLUTION POLICY		
VERSION:	004	DATE EFFECTIVE:	11/03/2016
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	07/10/2021

PURPOSE

To ensure that all associated with ARC Disability Services Inc. (ARC) have a structured process by which to air disputes, conflicts and/or grievances, regarding any service received or not received, or any contact made with the organisation and/or any Employee, Volunteer or Board Member associated with ARC.

SCOPE

All Participants, their families or support networks
All Employees
All Volunteers
The CEO
All Board Members

WHO CAN MAKE A COMPLAINT?

Participants and their family members
Individual Workers
An advocate
Community Visitor
A Professional
Member of Community

IMPLEMENTATION

It is the policy of ARC that any person connected with ARC, be that a person who has a disability, their family/carer, an employee, volunteer or community member, has the right to pursue any grievance, without fear of recrimination.

ARC is committed to taking action in a timely and confidential manner to address grievances raised, and will aim to reach a positive resolution for all parties.

Feedback on the progress and/or outcome will be provided as soon as is practicable. However, due to the many variables that can affect the timeframe for resolution of each individual grievance, ARC will inform individuals of the expected timeframe for responses on an individual basis.

Many issues, concerns or grievances can often be attributed to a misunderstanding or miscommunication and are best resolved sooner rather than later. If you do have a concern, issue or grievance relating to ARC please let us know as soon as possible so that we address the situation promptly and take the opportunity to improve our service.

ARC is committed to using complaints received to identify and act upon any opportunities that will assist in continuous improvements to service delivery.

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COMPLAINT RESOLUTION

- Step 1. Contact the relevant Coordinator, Manager or CEO as soon as possible.
Contact can be made in any of the following ways:
- direct to the office on 07 4046 3600
 - Direct to the CEO on 07 4046 3602 or CEO@arcinc.org.au
 - By mail to PO Box 942N North Cairns 4870
 - In person either at the office at 92 Little Street, Manunda or at a place of your choice by arrangement
 - By email to the individual coordinator of your choice or to feedback@arcinc.org.au
 - Through one of the advocacy or support agencies listed at the end of this document, or by an independent support person of the Participant's choice.
- Step 2. The grievance will be logged within ARC via a complaint form so that actions and feedback can be recorded.
- Step 3. If the matter is not resolved or relates to a Coordinator or Manager, the CEO should be contacted, so that a mutually convenient time may be arranged to discuss the matter.
- Step 4. If the matter is still not resolved or if the issue relates to the CEO, the ARC Disability Services Board of Management will be contacted to help resolve the matter. Please contact the office and ask for the Chairperson or another board member to contact you. Alternatively the Chair can be emailed directly at board@arcinc.org.au.
- Step 5. If the matter is still not resolved the CEO will contact the National Disability Insurance Scheme Quality and Safeguards Commission or other relevant government department/agency to help resolve the matter.
- Step 6. Once a resolution is agreed upon the matter will be recorded and a copy of such records will be given to all parties.
- Step 7. If a resolution cannot be reached, agreement will be made between all parties about an acceptable way to move forward, without prejudice to a person's support services, employment or engagement as a volunteer.
- Step 8. ARC will retain an accurate record of all complaints received and the resolutions reached, so that these records can be made available to the NDIS Quality and Safeguards Complaints Commissioner, should they require it.

At any stage during the above process, the person lodging the grievance may request an independent advocate, support person or advisor. Should there be a cost associated with advocacy or support, ARC may be able to assist with this by prior arrangement.

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ADVOCACY AGENCIES

Rights in Action	Ph; (07) 4031 7377
QLD Aged & Disability Advocacy	Ph: 1800 818 338
Disability Legal Advocacy Service	Ph; 1800 650 197
Fair work Australia	Ph; 131 394
National Disability Insurance Agency	Ph; 1800 800 110
NDIS Quality and Safeguards Commission	Ph; 1800 035 544

Should any Participant, their family, staff member or volunteer feel that they are unable to address their concerns, issue or complaint directly with ARC than any of the above relevant agency(s) may be contacted in the initial instance. ARC encourages general feedback at any time; this can be undertaken by contacting the ARC office directly, or emailing feedback@arcinc.org.au.

REFERENCES

NDIS Quality and Safeguards Framework
Human Services Quality Framework
Fair Work Act 2009

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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002 – WORKPLACE HEALTH & SAFETY AUDIT POLICY OPERATIONAL POLICY



POLICY TITLE:	002 – WORKPLACE HEALTH & SAFETY AUDIT POLICY		
VERSION:	003	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

To ensure a structured system is in place within the organisation to facilitate appropriate, regular checks are at all worksites of ARC. This is to ensure they remain safe for our team, participants and general public.

SCOPE

All employees have a responsibility to identify and report any risks, potential hazards, and incidents that may occur during a support or at a worksite.

Coordinators and Managers have a responsibility to act upon any reported risks, hazards or incidents in a timely manner.

The Board of Management and CEO have a responsibility to ensure the overall health and safety of the organisation is upheld to meet the requirements of all relevant legislations including the Work Health & Safety Act (2011), the Disability Service Act (2006), the Human Services Quality Framework (HSQF) and the National Disability Insurance Scheme Quality and Safeguards.

IMPLEMENTATION

To ensure that the staff, participants and general public of ARC Disability Services Inc. have the right to reside in an environment free from risks and hazards, maintained by relevant audits and policy and procedures.

LOCATIONS NOT OWNED BY ARC:

Private residential locations not owned by the organisation, but are locations where an employee of ARC may conduct their supports are still considered “Worksites”. These worksites need to be assessed for the potential risks or hazards that may impair or endanger the support worker from ARC. These sites will have a Workplace Health & Safety Assessment conducted by the coordinator of the services as soon as possible. This audit will be completed on the relevant form and signed off by the coordinator, participant/carer and manager. Any potential risks noted are to have a risk assessment conducted to ensure it is safe for the support worker to proceed in providing support. In instances where a risk is deemed too great, a worker from ARC is not able to provide support in that area until the risk is deemed an acceptable risk, or eliminated. Coordinators and Managers of ARC are able to work with participants when appropriate to reduce/eliminate this risk. In instances where the relationship between the coordinator and the participant may be damaged due to a Workplace Health and Safety Assessment, another coordinator is able to conduct the assessment. Assessments are to be kept in the relevant participant file, and any noted risks or hazards are to be reported to any potential support workers before they engage in an activity at the location.

Workplace Health and Safety Assessments remain current until the situation for a service user changes, (i.e. service user moves to a new premises or a Hazard or Risk has been reported to a coordinator)

PREMISES OWNED OR LEASED BY ARC:

All premises owned or leased by ARC Disability Services Inc. will have an annual Health and Safety Audit on the appropriate form. This is to ensure that the area remains free from risk and hazards that may have the potential to harm employees, volunteers, members of the public or participants. This report is to be made available upon request to the Board annually.

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AUDIT SCHEDULE

Practices and procedures of the organisation are to be audited biannually and a report if requested is to be made available to the Board Meeting.

Any areas for improvement that are identified by the annual audit are to be assessed as per the Risk Management Framework and addressed within a recommended time period; and reported as per the continuous improvement program.

The audits on the ARC Premises and the Policy and Procedures are to be reported back to the CEO/Board of Management, along with any progress on the noted areas for improvement. Reviews of the areas for improvement are also to be addressed, if applicable, in the following years annual workplace health and safety audit report.

REFERENCES

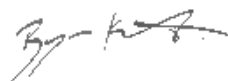
Disability Services Act 2006

Work Health and Safety Act 2011

Human Services Quality Framework

AUTHORISATION

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BENJAMIN KEAST

Chief Executive Officer

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003 TRAINING POLICY OPERATIONAL POLICY



POLICY TITLE:	003 – TRAINING POLICY		
VERSION:	002	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

The purpose of the Training Policy is to ensure all staff and volunteers have appropriate access to information, training and development, in order to better assist them provide a quality support to the participants who access ARC.

SCOPE

All employees and volunteers of ARC.

IMPLEMENTATION

- Training will be provided to all new workers to ARC through the initial online induction. This training needs to be completed BEFORE a new employee is able to commence work in a direct support capacity. An additional face to face introduction training is to be attended within the prospective employees own time.
- When training is specifically required so that the worker is able to safely and competently provide support to a service user, this training will be organised with an appropriate trainer, and ARC will pay for the registration (if applicable) and the workers time.
- When training is identified by either the Coordinator/Manager/Supervisor, or a worker, the training is directly related to the support the worker provides, and is within the budget of the service, this training may be deemed “compulsory,” and ARC will pay for both the worker’s registration and their time to attend.
- When training is identified by either the Coordinator/Manager/Supervisor or a worker that is considered to be training of relevance or interest that would assist the worker provide a quality support, but not directly related to supports they provide, this training is considered “optional” and ARC may pay the registration, but not the workers time, if it is within the relevant services budget.
- Workers are informed about available training at team meetings, through the PROSIMS online, staff notice board/website/emails or through discussion with their Supervisor or Coordinator.
- Workers are able to request specific training through service improvement forms (SIFs); during supervision; via surveys. Or in discussion with a Coordinator/Supervisor/Manager at ARC.
- ARC holds two “compulsory” Staff Development days a year.

PROCESS

- When training has been identified by a Coordinator (**Compulsory**). The Coordinator or Corporate Services Delegate will follow any requirements to complete the registration form.
- When training is requested (**Optional**), a “Training Request Form” is to be completed by either the worker, or their coordinator on behalf of the worker
- The “Training Request Form” is then approved by the worker’s supervisor, and passed onto the Corporate Services Delegate to be registered for this training.
- The Corporate Services Delegate will complete the confirmation details, and send them to the worker attending the training.
- The Corporate Services Delegate will arrange relevant payment in conjunction with Finance.
- Once training has been completed, the worker may be requested to complete a “Training Evaluation Form” so that the organisation is able to gauge the appropriateness of the training for the future.
- Once the training has been completed, ARC may request a brief synopsis developed so the learnings can be shared with other team members.
- Training attended will be recorded on the employee’s PROSIMS file.

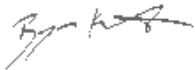
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REFERENCES

Social, Community, Home Care and Disability Services Industry Award 2010
Workplace Health and Safety Act 2009

AUTHORISATION

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BENJAMIN KEAST

Chief Executive Officer

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004 – VEHICLE USE POLICY OPERATIONAL POLICY



POLICY TITLE:	004 – VEHICLE USE POLICY		
VERSION:	003	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

To outline the use and operation of all vehicles in conjunction with ARC whether owned personally or ARC owned.

SCOPE

All employees are responsible for maintaining and using appropriately ARC owned vehicles as well as personal vehicles whilst actively working at ARC.

IMPLEMENTATION

- The driver is responsible for ensuring that all other workplace and legal requirements are met whilst driving a vehicle during the course of their work, i.e. adherence to ARC Policies and Procedures and the law.
- Any fines incurred, including parking or speeding fine is the responsibility of the driver. Additionally, a breach on traffic law will result in a formal warning from ARC.
- The driver is responsible for ensuring that safety is a high priority. The vehicle is to be driven in a safe manner and the driver must ensure that the driver and all passengers are using appropriate restraints at all times.
- Any vehicle must not be used by any driver who is affected by drugs, prescribed or social, or alcohol. No employee can drive a private vehicle or a vehicle owned by ARC with a blood alcohol level above the prescribed limit (insurance becomes void), or be under the influence of medication and/or social drugs which may impair performance. An employee who is found to have driven under the influence of drugs or alcohol may be dismissed.
- It is a traffic offence to initiate or receive calls without the use of approved hands free devices. Drivers must comply with this law at all times. Drivers who break the law will be dealt with under ARC’s discipline procedure.
- All Vehicles which are to be used to provide transport for participants of ARC must be maintained in a safe, roadworthy condition. Should a concern be raised regarding the condition of a vehicle, ARC will pay for the vehicle Inspection, however any work required to meet safety requirements will be at the expense of the owner of the vehicle.
- ARC Disability Services Inc. recommends team members notifies their comprehensive insurance provider their usage of their motor vehicle for work purposes to ensure appropriate cover.

VEHICLES OWNED BY ARC DISABILITY SERVICES INC.

Vehicles owned by ARC Disability Services Inc. (ARC) are only to be driven by approved employees. Drivers are to be approved by the Human Resources Manager, having sighted an appropriate driver’s license and having retained a copy on file. Employees are to notify ARC Disability Services Inc. immediately of any change to the status or validity of the license. It is mandatory that all drivers hold a current appropriate license for the vehicle/s which they will be driving. It is the responsibility of the Corporate Services to ensure that all drivers meet Insurance regulations.

- A mileage log stating start and finish time, the destination of the trip and the driver must be kept at all times. Log books will be checked regularly by the Financial Services or Corporate Services team.

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004 – VEHICLE USE POLICY OPERATIONAL POLICY



- There will be no smoking in vehicles owned by ARC Disability Services Inc., or personal vehicles whilst on active support.
- The mobile phones supplied for ARC vehicles must always be operative while Service Users are being transported. However, at no time is the driver to use the mobile phone supplied whilst the vehicle is in operation. It is a traffic offence to initiate or receive calls without the use of approved hands free aids devices. Drivers must comply with this law at all times.
- Due to the lack of secure garaging facilities at the office, vehicles may be home garaged by employees, having sought approval from the CEO.
- Vehicles must never be under ¼ of a tank of fuel when returned to the office.
- Fuel will be purchased as required on account at the *BP Plus* petrol stations.
- Vehicles must be locked at all times when unattended

ARC OWNED VEHICLES WILL BE MAINTAINED AS FOLLOWING

It is the responsibility of all employees using an ARC owned vehicle to ensure the following:

- Vehicle will be cleaned inside and out.
- Ensure that the vehicle has sufficient petrol and oil at all times
- Report any damage or repairs required as soon as possible
- Ensure that required servicing and maintenance is carried out.

VEHICLES NOT OWNED BY ARC DISABILITY SERVICES INC.

- The use of an employee's motor vehicle for work purposes will only occur with the prior approval of ARC following the completion and due authorisation of the use of Private Motor Vehicle agreement form, if the Vehicle is comprehensively insured, registered and in a roadworthy condition.
- The use of a Participants motor vehicle for work purposes will only occur with the prior approval of ARC following the completion and due authorisation of the use of Private Motor Vehicle agreement form, if the Vehicle is comprehensively insured, registered and in a roadworthy condition. *Vehicles owned by a Participant and/or their families/carers are only to be used for the purpose of work relating to that particular Participant.*
- It is the responsibility of all employees using their personal vehicle whilst employed at ARC that they notify their insurance that your vehicle will be used for work purposes

MISDEMEANOUR

- Any employee who does not abide by this policy will be dealt with under ARC's Employee Discipline Procedure. Immediate dismissal could result if any employee is found to be in control of an ARC vehicle or a private vehicle during work hours whilst under the influence of alcohol or drugs. Dismissal could also result if an employee steals from ARC or by using the fuel account for private purchases.
- If an employee causes damage to a vehicle through his or her own negligence, then that employee may be required to pay for the repair of the damage. Failure to comply with the above policies may result in the removal of vehicle usage or disciplinary action including termination or employment in serious circumstances.

REFERENCES

Transport Operations Regulation 2010
Workplace Health and Safety Act 2011

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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005 – VEHICLE MAINTENANCE POLICY OPERATIONAL POLICY



POLICY TITLE:	005 – VEHICLE MAINTENANCE POLICY		
VERSION:	004	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	14/05/2020

PURPOSE

To provide guidelines around how vehicles owned and operated by ARC Disability Services Inc. will be maintained and serviced.

SCOPE

This policy applies to all employees using ARC owned vehicles.

IMPLEMENTATION

- Vehicles owned and operated by ARC Disability Services Inc. will be maintained in accordance with the manufacturer/dealers warranty provided with the vehicle.
- Appropriate servicing of vehicles will be the responsibility of designated administration/finance staff.
- ARC Disability Services Inc. will be responsible financially for all maintenance and repairs to vehicles owned by the organisation.
- It is the responsibility of any staff member who becomes aware of any problem with a vehicle to report the problem to designated staff. The appropriate person will ensure the problem is addressed.
- It is the duty of the vehicle custodian to ensure that the vehicle is regularly cleaned and serviced.
- All vehicles will be regularly serviced in accordance with the manufacturer recommendation.

VEHICLE SERVICING

- Vehicles under manufactures warranty to be serviced at point of purchase.
- Vehicles not under manufacturer’s warranty will be services at the organisations preferred supplier.
- Fuel is available on account from BP Fuel Stations. Account ID # ARC. Designated staff to ensure oil, water and tyres are checked regularly and all vehicle users must ensure that there is always a minimum of a quarter of a tank of fuel in the vehicle. Each vehicle has individual fuel cards.
- If for any reason the vehicle requires any work not included in the service or covered by warranty designated staff will acquire quotes for the required work and follow delegation policy to proceed with repairs.

AUTHORISATION

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006 – RESTRICTIVE PRACTICE POLICY OPERATIONAL POLICY



POLICY TITLE:	006 – RESTRICTIVE PRACTICE POLICY		
VERSION:	002	DATE EFFECTIVE:	15/05/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	15/07/2020

PURPOSE

To provide clear expectations, guidelines, education and information to all ARC employees in regards to Restrictive Practices; if they are deemed to be required to assist a participant when engaging in ARC’s services.

SCOPE

This policy applies to the Chief Executive Officer (CEO) and the Chief Services Officer (CSO) as well as all other ARC employees and volunteers who assist in service delivery to participants.

IMPLEMENTATION

ARC follows a least restrictive alternative approach wherever possible when providing support. This is defined as a system or an option that causes the least disruption to a person and maximises their independence and freedoms. Following the least restrictive alternative may require the use of regulated restrictive practices to be approved and implemented to ensure balance of; quality of life, Safety of Participants/Employees and to uphold an individual’s Human Rights.

Restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Under the NDIS, certain restrictive practices are subject to regulation.

These regulated Restrictive Practices (as determined by the NDIS Quality and Safeguards Framework) include:

- **Seclusion:** Seclusion is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exist is not permitted
- **Chemical Restraint:** Chemical Restraint is the use of medication or chemical substance for the primary purpose of influencing a person’s behaviour. It does not include use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.
- **Mechanical Restraint:** Mechanical Restraint is the use of a device to prevent, restrict, or subdue a person’s movement for the primary purpose of influencing a person’s behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.
- **Physical Restraint:** Physical Restraint is the use of physical force to prevent, restrict or subdue movement of a person’s body, or part of their body, for the primary purpose on influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/Injury, consistent with what could reasonably be considered as the exercise of care towards a person.
- **Environmental Restraint:** Environmental restraint restricts a person’s free access to all parts of their environment, including items or activities.

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POSITIVE BEHAVIOUR SUPPORT PLANNING

ARC Supports many individuals. In some cases, it will be identified that an individual has the need for a positive behaviour support plan to assist in supporting their needs whilst improving their quality of life. A positive behaviour support plan will be considered when the participant's behaviours:

- Puts their physical safety or emotional well-being at significant risk, or
- Puts those around them at risk, or
- Jeopardises their inclusion at home, school or other services.

The severity of the behaviours will determine the necessity for a behaviour support plan. Within this plan, there may be the requirement for Restrictive Practices.

The inclusion of a restrictive practice requires consent from:

- The person's guardian
- Positive Behaviour Support and Restrictive Practices Team,
- Disability Connect Queensland | Department of Communities, Disability Services and Seniors.

If a participant requires a Positive Behaviour Support Plan (PBSP) a relevant Positive Behaviour Support Practitioner will be engaged in order to develop one – this may be approved for use for between 6-12 months; constant review and least restrictive options should be engaged in this time. ARC employees supporting the individual within the PSPB are to ensure they clearly document supports. The RP authorisation and PBSP will need to be reviewed before the end of the approved period. In some instances, a participants PBSP will authorise the use of a regulated restrictive practice. In this event the PBSP will be uploaded to the NDIS Quality and Safeguards Online Portal and the authorised Restrictive Practice and accompanying PBSP will need to be followed within support. From this point ARC has the obligation to report all uses/ non uses of the restrictive practice to the commission. At all times when using an authorised Restrictive Practice, the goal is to move towards the reduction and elimination of the restrictive practice – it is not a forever solution

INTERIM BEHAVIOUR SUPPORT PLAN

Upon a participant commencing engagement with a Positive Behaviour Support Practitioner they have a one-month period to develop an interim PBSP after the initial use of the Restrictive Practice. ARC will assist the positive behaviour support practitioner in this time to gather information needed. In most cases an interim behaviour support plan will last for 6 months, during this time a full comprehensive behaviour support plan will be organised.

RESTRICTIVE PRACTICE REPORTING

ARC has a requirement under the NDIS Quality and Safeguards Framework to report on all authorised and emergency uses of regulated Restrictive Practices. These are both done online through the NDIS Commission Portal by the CSO or the Quality Coordinator.

AUTHORISED RESTRICTIVE PRACTICE REPORTING

At the end of each month each service coordinator is responsible for reporting authorised regulated restrictive practices that occurred within their service. They are required to email through a summary of their use throughout the month to the Quality Coordinator or alternatively the CSO. At the start of each month the Quality Coordinator will report all Authorised Regulated Restrictive Practices to the Commission through the portal. This needs to be completed within the first 5 days of the month. In the event that the Quality Coordinator is unable to report, this responsibility shall fall to the CSO.

EMERGENCY RESTRICTIVE PRACTICE REPORTING

In the event that a regulated Restrictive Practice is used without authorisation in an emergency circumstance this is deemed as a reportable incident under the NDIS Quality and Safeguards Framework. This will need to be reported within 5 business days to the NDIS Quality and Safeguards Commission as per ARC's Incident Policy. In the event that the incident resulted in harm to a person with disability, it must be reported within 24 hours. This responsibility is to be taken on by the CSO (or delegated other employee) and to be recorded in the incident management register by the Quality Coordinator. In the event that after an emergency use of restrictive practice occurs – if it is deemed that this restrictive practice may occur again, the participant will be supported to engage

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with a Positive Behaviour Support Practitioner to assist them with managing their complex behaviours. The reporting to the NDIS Quality and Safeguards Commissioner doesn't replace any other obligations to report to other government departments/agencies/law enforcement. ARC is only required to notify the NDIS Commission of reportable incidents that occur within direct service provision.

NOTIFICATION OF OBSERVATION

In the event that an ARC employee (such as a support coordinator or support worker) witnesses or becomes aware of an incident or conduct (defined by the Incident Policy) involving another NDIS provider this will be reported through ARC's internal incident reporting processes and will then be raised with the commission via an email as record of notification of observation. This shall be sent to the Incident Management and reportable incident team at the NDIS Quality and safeguards commission at Qldreportableincidents@ndiscommission.gov.au. This email is to be sent within 5 business days of observation or if the incident has resulted in harm to a person with disability, it must be reported within 24 hours. This is fulfilling ARC's obligation as a service provider under the NDIS Code of Conduct. In the event that the notification of Observation requires a final report this falls to the CSO or another delegated employee. In the event that the employee who identifies the concern wishes to report this to the commission themselves – external from ARC this decision will be supported.

IMPLEMENTATION OF RESTRICTIVE PRACTICE

Upon a Participant receiving a Positive Behaviour Support Plan with an authorised regulated Restrictive Practice included, a stakeholders meeting will be held to outline the outlined requirements in the plan. After this meeting, any training that is required for staff will be sourced and expectations of reporting the use of the restrictive practice are established. As per the requirements in the Disability Act ARC is required to keep a copy of the PBSP at the premises where support is provided. In the event of a regular restrictive practice which occurs as part of that participants regular documented routine, this does not require a case note as it is assumed to happen every day. If a variation to the participants documented routine occurs – they must then record this in their case notes. In the event that a participant has an authorised regulated restrictive practice which only occurs as a result of a certain action or periodic challenging behaviour, which is not part of their documented routine, this is required to be included in the support workers case notes.

RESTRICTIVE PRACTICE WITHIN FAMILY HOMES

ARC acknowledges that often we provide support to participants within their family home. The families of the participants are not subject to the same rules against Restrictive Practice that ARC's support workers are. In the event that a parent/guardian requests for the support worker to use an unauthorised restrictive practice they are required to inform the parent/guardian of this policy and to inform them they will not be able to carry out this practice. The families would then be encouraged to speak to the coordinator to discuss alternative options or to discuss the need for positive behaviour support.

STATEMENT ABOUT THE USE OF RESTRICTIVE PRACTICE

Queensland Legislation (The *Disability Services Act 2006*) has a requirement which provides that if ARC is considering using restrictive practices in relation to an adult with an intellectual or cognitive disability, then ARC must give a statement in the form the individual will understand best, about the use of restrictive practices generally. This will be provided to:

- the participant
- a person with sufficient and continuing interest in the participant (an interested person).

The statement must state:

- why ARC is considering using restrictive practices in relation to the participant
- how the participant and the interested person can be involved and express their views in relation to the use of restrictive practices
- who decides whether restrictive practices will be used in relation to the participant
- how the participant and the interested person can make a complaint about, or seek review of, the use of restrictive practices.

Also, ARC must explain the statement to the participant:

- In the language or way, the participant is most likely to understand
- In a way that has appropriate regard to the participant's age, culture, disability and communication ability.

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The purpose of this provision is to ensure that the participant, family members and others in the participants support network who have ongoing involvement in the participant's life are aware why ARC. is considering that any restrictive practice might be necessary; how they can be involved in planning and decision making and express their views; who will make the decision whether or not to authorise the restrictive practice; and what are the review and redress avenues, should there be a complaint

COMMUNITY STANDARD

Community Standards are classified as any practice or standard that is generally accepted as occurring by the greater community and is not applied due to an individual's disability. Arc deems that any practice which is community standards is not classified as a restrictive practice. These include but are not limited to:

- Locking external doors of a household (see Building Security Policy)
- The use of seat belts within vehicles
- The locking away of medication in ARC owned/operated locations
- The locking away of money in ARC owned/operated locations
- The use of child locks on car doors when it is appropriate to the age of the participant – this is typically age 10
- The use of fences in a childcare setting – up to the age of 10
- Holding a child's hand whilst crossing the road

REFERENCES

Positive Behaviour Support Capability Framework 2019
NDIS Act 2013
NDIS Quality and Safeguards Framework
NDIS Restrictive Practices and Behaviour Support Rules 2018
NDIS Code of Conduct
Disability Services Act 2006

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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008 – SWIMMING POLICY OPERATIONAL POLICY



POLICY TITLE:	008 – SWIMMING POLICY		
VERSION:	004	DATE EFFECTIVE:	01/06/2008
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

To ensure the safety of ARC’s participant and employees while accessing locations with water while on supports. In line with Workplace Health and Safety Policy and Risk Management Framework.

SCOPE

All staff in collaboration with Coordinators, Managers, Participants and their Families.

IMPLEMENTATION

- During stinger season¹, swimming in the ocean is off limits to all. Participants may walk along the sand, and wade² in the stinger nets, while a life guard³ is on duty.
- Staff and Participants may access swimming locations while on supports, only in places that a qualified lifeguard is on duty or in the Participants backyard swimming pool.
- Swimming is only to occur when the staff member feels confident and comfortable to be able to support the participant and themselves whilst in the water.
- In most cases the staff to participant ratio is to be 1:1. In situations where the participant to staff ratio is greater, a risk assessment needs to be completed, on the appropriate form by the Manager / Coordinator, and signed off by the staff member swimming and where appropriate the participant, and/or their parent/carer/guardian.
- If swimming is an approved activity for a support, swimming will be included on the Participant’s activity sheet / or as part of a chosen day program activity.
- At no stage are workers and participants to access “water holes”, “creeks”, “streams”, “rivers” or any other such area that does not have a life guard on duty and is subject to environmental changes. Environmentally impacted swimming locations are too high of a risk for ARC’s staff to safely, confidently and competently support participants if they wish to go swimming.

SAFETY OF SWIMMING

Swimming in a Participants backyard swimming pool is allowed upon a risk assessment being completed on the appropriate form, and is agreed upon by support workers, coordinators, parents/carers & participants.

At any stage a worker is able to state, and is encouraged to state, to their coordinator, if they do not feel comfortable or confident to take a participant swimming.

A risk assessment of the service users’ ability to swim is to be conducted at every occurrence of swimming as the person’s ability and/or mood will change each time. If the worker does not feel that swimming at this time is appropriate, another activity will be undertaken.

¹ Stinger season is considered October – April, however times may change due to environmental changes.

Please check before accessing the beach

² Wading is considered to be walking in the water, or sitting and playing in a depth that is less than the participants’ knees.

³ Life guards are on duty at various times at each location. Checking before and on arrival will need to take place. Some beaches only have lifeguards on weekends and also beaches may be closed due to particular conditions or issues. All staff and participants are to follow instructions and guides given by Life Guards and other professional entities (i.e. Cairns Regional Council, Police)

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REFERENCES

Queensland Development Code
Workplace Health and Safety Act 2011

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BENJAMIN KEAST

Chief Executive Officer

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009 – FIRST AID AND CPR POLICY OPERATIONAL POLICY



POLICY TITLE:	009 – FIRST AID AND CPR POLICY		
VERSION:	004	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	01/12/2020

PURPOSE

To ensure a standard of knowledge is maintained by all frontline staff to prepare them for reporting any health care situations.

SCOPE

All Staff who are involved directly with participants.

IMPLEMENTATION

A current and valid First Aid Certificate (including current CPR component) is recommended for all employees of ARC Disability Services Inc. (ARC) who are involved in a hands on capacity to provide support to participants.

QUALIFICATIONS

To support employees in obtaining and renewing their qualifications, ARC will reimburse course fees (100% of CPR, and 50% of First Aid) upon issue of a tax receipt, current certificate issued by an Australian registered training organisation, and completion of an ARC reimbursement form. This reimbursement will apply to any qualifications obtained or renewed during the employment period.

First Aid and/or CPR certificates will only be recognised if they're nationally recognised statement of attainment/s issued by an Australian Registered Training Organisation for the nationally endorsed units of competency *Provide First Aid* and *Provide Cardiopulmonary resuscitation*.

NOMINATED FIRST AID OFFICERS

A designated First Aid officer will be appointed when there are more than as recommended in the applicable Codes of Practice.

In appointing employees as Nominated First Aid Officers, ARC will consider the following capabilities:

- Qualifications
- Regular workplace location
- Ability to remain calm in an emergency;
- Reliability;
- Ability to complete required studies; and
- Ability to use the knowledge and skills gained.

TRAINING AND SKILLS

Nominated First Aid Officers include the following:

- An employee who holds a current first aid certificate issued after successful completion of an approved first aid course; or
- An employee who holds a current occupational first aid certificate issued after successful completion of an approved occupational first aid course; or
- A Level 3 or greater Queensland Ambulance Officer, a registered nurse or a medical practitioner.

A person with one or more of the above qualifications can be appointed by the organisation to be the designated First Aid Officer should they accept the nomination.

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The cost of first aid training, including the cost of re-certification, for persons appointed as Nominated First Aid Officers will be at the cost of the Organisation.

DUTIES

Nominated First Aid Officers undertake the initial management of persons suffering from injury and illness in the workplace. The initial management provided by First Aid Officers should be consistent with their level of training and competence. When the first aid management required is beyond the level of training and competence of Nominated First Aid Officers available, they should recommend that the person requiring first aid seek medical assistance.

It is important to recognise that, in some cases, staff who are exposed to or involved in traumatic incidents, such as violence, may suffer psychological trauma. Persons suffering from such trauma should be referred for appropriate treatment as soon as possible to minimise its severity and any long-term effects.

First aid duties can be demanding, both physically and emotionally, and first aid personnel should have the capacities to perform such duties. Health and Wellbeing support will be provided to Nominated First Aid Officer where the demands of the position require these resources. First Aid Officers should familiarise themselves with the ARC's Employee Assistance Program.

First Aid Officers are required to:

- Undertake the initial treatment of injuries and illnesses occurring at the workplace as required;
- Record details of first aid given; and
- Participate in courses to maintain their first aid skills at an acceptable level (for example, by attending annual refresher courses in cardiopulmonary resuscitation).

When providing first aid, it is preferable that a Nominated First Aid Officer is accompanied by another employee. When providing first aid, it is also preferable that a Nominated First Aid Officer asks the person requiring treatment whether or not they want other persons to be present.

First Aid Officers are not responsible for continuing medical care.

CONFIDENTIALITY OF TREATMENT

Information about the first aid treatment provided to any staff member or visitor is strictly confidential. This information may include details of medical conditions, treatment provided and the results of tests. Disclosure of this type of information without that person's written consent is unethical and in some cases may be illegal.

REMUNERATION

Remuneration for Nominated First Aid Officers are set out in the Award.

FIRST AID FACILITIES

First aid facilities are provided that are adequate for the immediate treatment of injuries and illnesses that may arise at the workplace. First aid kits supplied comprise items in accordance with Code of Practice guidelines.

FIRST AID RESPONSE

While on duty all employees have a duty of care to themselves and others to provide first aid assistance to the level of their competence, and to call on expert assistance if necessary. The Nominated First Aid Officer is informed of the need for first aid, and will respond immediately if available. Emergency medical care and/or an ambulance is to be called if required.

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REFERENCES

Workplace Health and Safety Act 2011
Workplace Health and Safety Regulations 2011
Social, Community, Home care and Disability Services Award 2010
First Aid Code of Practice 2021

AUTHORISATION

This Policy is approved and issued by:



BENJAMIN KEAST

Chief Executive Officer

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010 – SEXUAL HARASSMENT POLICY OPERATIONAL POLICY



POLICY TITLE:	010 – SEXUAL HARASSMENT POLICY		
VERSION:	003	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

Sexual harassment in ARC Disability Services Inc. (ARC) is unacceptable behavior and will not be tolerated under any circumstances. ARC believes that all employees should be able to work in an environment free of intimidation, hostility, offensiveness and sexual harassment.

SCOPE

Applies to all staff, volunteers and participants of ARC

IMPLEMENTATION

Sexual harassment may cause the loss of trained and talented employees and damage staff morale and productivity. Under the Queensland Anti-Discrimination Act 1991, sexual harassment is against the law. In addition to being unlawful, it is also quite simply inappropriate workplace behavior. Managers and Coordinators must ensure that all employees are treated equitably and are not subject to sexual harassment. They must also ensure that people who make complaints, or become witnesses, are not victimised, or treated unfairly in any way. Any reports of sexual harassment will be treated seriously and investigated promptly, confidentially and impartially. Disciplinary action will be taken against anyone who is found to have sexually harassed a co-worker. Discipline may involve a warning, counseling, demotion or dismissal, depending on the circumstances and in line with the organisations Employee Discipline Procedure.

WHAT IS SEXUAL HARASSMENT?

All Employees must understand sexual harassment in order to ensure that it doesn't occur in ARC. Sexual harassment is any form of sexual attention that is unwelcome. It may be unwelcome touching or other physical contact, remarks with sexual connotations, smutty jokes, requests for sexual favours, leering or the display of offensive material. Sexual harassment has nothing to do with mutual attractions, these such friendships are a private matter. Sexual harassment can be a single incident or a series of repeated incidents - it depends on the circumstances. Obviously some actions or remarks are so offensive that they constitute sexual harassment in themselves, even if they are not repeated. Sexual harassment can happen to anyone. Employees are encouraged to provide feedback honestly to co-workers about behaviour they find offensive. However, there is no onus on the person being harassed to say he/she finds the conduct objectionable. Many people find it difficult to speak up. All employees are responsible for their own behaviour. If you think the behaviour may offend, then don't do it!

WHAT TO DO IF YOU ARE SEXUALLY HARASSED?

There are several options. Choose the course of action you feel most comfortable with: -

1. Discuss the situation with any of the following; CEO; Manager; Human Resources; or Service Coordinator. These people will treat all concerns seriously and will endeavor to resolve the situation.
2. Lodge a formal grievance by following the Grievance Procedures contained in ARC Disability Services Inc. Policies and Procedures Manual. The CEO can advise on how to do this.
3. Make a complaint under antidiscrimination and human rights legislation to the Queensland Human Rights Commission or relevant authority.
4. Contact the relevant Union for advice.

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010 – SEXUAL HARASSMENT POLICY OPERATIONAL POLICY



Do not ignore sexual harassment or hope it will go away. Silence may give the impression that sexual harassment is acceptable. ARC is committed to providing an environment which is safe for all People. An employee will not be disadvantaged in their employment conditions or opportunities as a result of lodging a complaint.

REFERENCES

- Anti-Discrimination Act 1991*
- Queensland Human Rights Act 2019*
- Workplace Health and Safety Act 2011*
- Sex Discrimination Act 1984*

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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011 – NON SMOKING POLICY OPERATIONAL POLICY



POLICY TITLE:	011 – NON SMOKING POLICY		
VERSION:	003	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

To ensure that all employees and participants at ARC are providing a smoke free workplace for all.

SCOPE

All employees, volunteers and Participants are responsible.

IMPLEMENTATION

- The smoking of any tobacco products is strictly prohibited on all premises or in multiple occupancy buildings or common areas controlled or owned by ARC Disability Services Inc.
- Smoking is strictly prohibited by employees while working with Service Users, regardless of location.
- As Per vehicle use Policy smoking is not allowed in ARC owned Vehicles or personal vehicles whilst actively on a support.
- Employees who breach this Policy shall be dealt with under the ARC Disability Services Inc. Discipline Procedures.
- ARC Disability Services Inc. recognises its responsibility to provide a safe and healthy workplace for all employees in accordance with the QLD Work Health & Safety Act (2011)
- Smoking or Non-smoking is not part of selection processes and shall not be a determinant as to whether a person is offered employment or not offered employment with ARC Disability Services Inc. Persons who smoke tobacco products and who are selected to become an Employee shall not be permitted to smoke at work in accordance with this Policy.
- This policy includes the use of “e-cigarettes” and any other forms of inhalation processes.

REFERENCES

Tobacco and Other Smoking Product Act 1998
Workplace Health and Safety Act 2011
NDIS Code Of Conduct

AUTHORISATION

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Chief Executive Officer

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012 ALCOHOL AND OTHER DRUGS POLICY OPERATIONAL POLICY



POLICY TITLE:	012 – ALCOHOL AND OTHER DRUGS POLICY		
VERSION:	004	DATE EFFECTIVE:	01/03/2016
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

This has been developed to assist in the provision of a quality service. This policy is intended to prescribe a set of conditions of employment that if complied with will ensure that no employee/volunteer or other person is put at risk by an employee/volunteer acting under the influence of alcohol or other drug which may impair judgment or performance.

SCOPE

All employees and volunteers

- As a duty of care and in the interests of team harmony, all employees shall approach the Service Coordinator, Manager, CEO or Board when in their opinion other Employees or Volunteers may be affected by alcohol and / or other drug/s.
- The Coordinators, Managers, Human Resources, CEO and Board shall take responsibility for implementation of this policy.

IMPLEMENTATION

No employee or volunteer shall present themselves for work or resume duties under the influence of alcohol or any other drug, except where the drug is legally prescribed by a registered medical practitioner for the purpose of treating a medical condition.

During work hours, no employee or volunteer shall ingest, inhale or inject any alcohol or other drug (except where the drug is legally prescribed by a registered medical practitioner for the purposes of treating a medical condition). In instances when an employee or volunteer is required to ingest, inhale or inject a medication as per the direction of a medical practitioner for the purpose of treating a medical condition; the person will inform a Coordinator or Manager of such requirement. The Employee/Volunteer and Manager/Coordinator will ensure appropriate risk assessment is undertaken. This risk assessment may be verbally.

Where an employee or volunteer is on prescribed medication which may impair their judgment or performance, they must notify their supervisor and may be required to take sick leave. Where medication is legally prescribed by a registered medical practitioner for the purpose of treating a medical condition and the medication is to be taken during working hours then the employee will ensure that the medication is stowed in a locked cupboard while on ARC Disability Services Inc. premises, they abide by Duty of Care responsibilities, and ensure that the medication is not to be placed where participants would have access to the medication

The CEO and Board shall have the discretion to permit limited alcohol consumption for events or functions.

DRUG TESTING

Any Employee or Volunteer where there is a reasonable suspicion that they may be under the influence of drugs or alcohol shall be required to undertake drug testing at cost to the organisation. If a positive reading is detailed from the test, the organisational discipline procedure will be followed, which may result in formal counselling or termination of employment.

REFERENCES

Narcotic Drugs Act 1967

Workplace Health and Safety Act 2011

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012 ALCOHOL AND OTHER DRUGS POLICY OPERATIONAL POLICY



AUTHORISATION

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Chief Executive Officer

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013 – WORKPLACE REHABILITATION POLICY STATEMENT OPERATIONAL POLICY



POLICY TITLE:	013 WORKPLACE REHABILITATION POLICY STATEMENT		
VERSION:	004	DATE EFFECTIVE:	01/02/2011
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

ARC recognizes that there are substantial benefits to be gained from rehabilitation principles and practices and is committed to implementing them within the workplace. We recognize that the Workers’ Compensation and Rehabilitation Act 2003 and Workers’ Compensation and Rehabilitation Regulation 2014 provide the legislative support for workplace rehabilitation activities.

SCOPE

All Employees, ARC’s rehabilitation and return to work coordination is the responsibility of the HR Manager

STATEMENT

Experience has shown that workplace rehabilitation assists the healing process and helps restore the worker’s normal function sooner. Workplace rehabilitation includes early provision of timely and adequate services, including suitable duties programs, and aims to:

- maintain injured or ill workers at work or;
- ensure the worker’s earliest possible return to work or;
- maximize the worker’s independent functioning and;
- provide for durable employment.

ARC IS COMMITTED TO:

- Providing a safe and healthy work environment, but in the event of an injury or illness, making sure workplace rehabilitation is started as soon as possible in accordance with medical advice.
- Ensuring appropriate suitable duties are made available to injured or ill workers to facilitate their safe and early return to work. These duties must be consistent with the current medical certificate and will be time limited.
- Respecting the confidential nature of medical and rehabilitation information and ensuring there will be both verbal and written confidentiality.
- Ensuring all workers are aware that, in the event of injury or illness, they will be consulted to ensure a structured and safe return to work that will not disadvantage them.
- Complying with legislation obligations with respect to the standard for rehabilitation.
- Adopting a multidisciplinary approach to rehabilitation as required.
- Reviewing this policy and procedures at least every three years to ensure it continues to meet legislative requirements and the needs of all parties.

Workplace rehabilitation procedures have been developed to support this policy. The procedures define key terms, describe key roles and outline steps in the return to work process. A copy of the procedures is attached to this policy.

REFERENCES

- Workers’ Compensation and Rehabilitation Act 2003*
- Workers’ Compensation and Rehabilitation Regulation 2014*
- Workplace Health and Safety Act 2011*

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**013 – WORKPLACE REHABILITATION POLICY
STATEMENT
OPERATIONAL POLICY**



AUTHORISATION

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Chief Executive Officer

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014 STRESS MANAGEMENT POLICY OPERATIONAL POLICY



POLICY TITLE:	014 – STRESS MANAGEMENT POLICY		
VERSION:	003	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

To ensure a structured system is in place within the organisation to assist in minimising the stressors in the workplace and to assist in preventing and dealing with workplace related stress.

SCOPE

All employees have a responsibility to identify stressors and potential stressors within their work environment and raise these with their Coordinator or Manager.

Coordinators or Managers have a responsibility to work with employees whom they supervise to assist in identifying and responding to stressors and potential stressors.

DEFINITION

The Health and Safety Executive define stress as “*the adverse reaction people have to excessive pressure or other types of demand placed on them*”. This makes an important distinction between pressure, which can be a positive state if managed correctly, and stress which can be detrimental to health

IMPLEMENTATION

ARC recognises that working in the community sector can, at times, be stressful. In recognition of this the organisation has identified a number of factors which can have an impact on stress in the workplace and has developed the following policy and procedures to address the issue of workplace stress.

To minimise the potential for stress to occur in the workplace a clear delineation must be made between home and work as well as ensuring a supportive well structured environment. Therefore, the following regulations shall apply:

- Permanent employees are requested to take annual leave on a regular planned basis with at least two consecutive weeks per year as per the annual leave policy.
- Casual employees are to be encouraged to plan in conjunction with their Coordinator or Manager regular breaks and holidays from work.
- Employees are not to work over and above their regular hours without prior approval of their Coordinator or Manager, except where flexible working hours are in place.
- If employees are required to work over and above their rostered hours this will be by mutual agreement and will be renegotiated after no longer than one month.
- Time off in lieu should not accumulate above 20hrs in a calendar month and should be used within one month of being accumulated. – TOIL is to be approved prior to accrual with an agreed time to take back the accrued hours.
- All administrative/office employees working over 5hrs will take a minimum 30-minute unpaid lunch break except in exceptional circumstances. Staff are to manage this within their daily workloads.
- Employees will not be required to work from home after office hours or on weekends except in exceptional circumstances. If this is to occur, the employee must have prior approval from the CEO/HR or relevant Manager. This does not apply in the instances of emergencies. This will be discussed with the relevant Manager/CEO on the next business day.
- ARC owned mobile phones and the lap top computers will be left in the office during periods of annual leave. Mobile phones or laptops that employees may need outside of usual working hours are to be pre-arranged with the CEO.
- Employees who are unwell should not attend work. If the employee has insufficient sick leave, then the use of annual leave or time off without pay may be negotiated with the Human Resource Manager.
- Whilst employees are on annual leave or sick leave no contact will be made on behalf of work except in exceptional circumstances.

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014 STRESS MANAGEMENT POLICY OPERATIONAL POLICY



- Permanent employees who are on leave for five consecutive days or more will have some or all of their workload covered to reduce potential stress on their return to work. This is to be coordinated prior to leave in conjunction with the line supervisor.
- By arrangement with the Human Resource Manager/CEO, leave without pay may be granted to assist employees to minimise stress by maintaining a healthy balance between home, work and family life.

PREVENTATIVE MEASURES TO MINIMISE WORKPLACE STRESS

- Supervision will be provided to all employees. Supervision will be on a minimum of an annual basis with the timeframe dependent upon individual needs and circumstances.
- Within the framework of supervision, employees will be assisted to identify day to day frustrations, longer term issues, incidents, and counselling or debriefing requirements. Strategies to manage stress caused through work will be identified, and support provided to implement such strategies.
- Regular training and support will be provided to employees in the identification and management of stress as available.
- Access to professional counselling and/or debriefing will be available to all employees. Three sessions with ARC's employee assist program will be available to each employee per year. Alternative arrangement may be made with each staff member's supervisor based on individual need and circumstances.
- Staff at any time may request to debrief with their line supervisor; HR Manager or CEO to assist with any personal or professional stressors/incidents/issues/challenges. A time will be made as soon as practicable based on mutual availability.

RESPONSIVE MEASURES TO MINIMISE WORKPLACE STRESS

- Employees who identify that they are experiencing workplace stress will be supported to reduce or remove the factor causing them stress or to adapt their workplace to minimize the impact on their health and wellbeing.
- The employee will be encouraged and supported to access appropriate debriefing should this be required. This may be with their immediate supervisor, another identified person within the organisation or an external professional.
- The employee will be encouraged and supported to access appropriate professional counselling should this be required, this may be with ARC's Employee Assist Program, or another appropriate professional.
- The employee will not be required to return to a work situation which they identify as being a stressor until measures have been put in place to minimize the stress and the person is comfortable to return. NOTE: Employee disciplinary process is not considered a "stressor". Issues of under or poor performance will be dealt with under the employee disciplinary procedure. At all stages the organisations Employee Assist Program will be available to employees.

REFERENCES

Social, Community, Home Care and Disability Services Award 2010

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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015 – MANUAL HANDLING POLICY OPERATIONAL POLICY



POLICY TITLE:	015 – MANUAL HANDLING POLICY		
VERSION:	002	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	30/04/2020

PURPOSE

To ensure that ARC Disability Services Inc. (ARC) provides a workplace designed to minimise risk to workers and a safe environment for participants who need to be moved/transferred as part of their care requirements.

DEFINITIONS

MANUAL HANDLING – DEFINITION AS PER WH&S

“Any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any animate or inanimate object.”

QUEENSLAND ADVISORY STANDARD

No worker should fully lift a person, other than a small child, unaided.

SCOPE

CEO, all Managers, Coordinators, Employees, Volunteers, Families, Carers and Participants

IMPLEMENTATION

The greatest risk of injury at work comes from poor manual handling techniques and heavy workloads. ARC aims to reduce the risk with a safer manual handling policy which benefits both participants and employees.

This policy requires a risk assessment to be conducted for manual handling tasks; and the risk to be reduced to the lowest level that is reasonably practicable.

Manual Handling Risk Management minimises the risk of injury to employees and participants and ensures full compliance with WH&S legislation so that ARC can satisfy users and insurers of its commitment to ensuring the highest standards of performance.

GENERAL OBJECTIVES FOR SAFE MANUAL HANDLING

ARC's policy is one of minimal lift that requires employees to:

- Avoid hazardous manual handling
- Assess what cannot be avoided
- Reduce the risk to lowest minimum level
- Follow provided care plans and use any equipment stated in said plan

TRAINING OBJECTIVES

ARC will ensure that all employees will be provided with information and ongoing training in safe systems of work appropriate to the needs of the service.

- Manual Handling trainers will provide training to employees.
- Advice should be obtained from Manual Handling Trainers.
- Training in manual handling for new employees will be carried out by Manual Handling Trainers as soon as reasonably practicable. Employees must not carry out manual handling manoeuvres unless they have been trained to do so.

DOCUMENTATION

All participants who require manual handling assistance by employees of ARC must have a manual handling plan. The plan must be completed by a physiotherapist or qualified manual handling trainer, approved by ARC. All plans must be countersigned by the participant or their parent/carer/manager.

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ARC will hold documentation on all manual handling risk assessments and manual handling plans which will be signed and updated as necessary.

Participant risk assessments and manual handling plans must be kept for all participants who require manual handling, which must be updated whenever there is a change in the participants individual handling needs.

All training given to employees must be recorded with course content.

Incident forms must be completed where there is an incident during manual handling in line with organisation's incident reporting procedure.

Weight limits and instructions for use must be clearly displayed on equipment or available for employees to refer to.

AUDIT

Audits will involve documentation, manual handling training, equipment and work related manual handling incidents.

EQUIPMENT

It is the responsibility of all Managers/Coordinators in conjunction with Manual Handling Trainers to regularly review the need for new and replacement equipment. Any issues around the provision of equipment must be reported to Managers/Coordinators for action.

RESPONSIBILITY OF MANAGERS AND COORDINATORS

- To support the Manual Handling Trainers in their role.
- To undertake reviews of Manual Handling equipment and its suitability and status. Be responsible for prioritizing the need for new/replacement equipment determined by risk assessment.
- To identify Manual Handling risks with Manual Handling trainers for their areas of responsibility.
- To ensure employees obtain manual handling training and updates as required.
- To ensure documentation is signed and updated.
- To ensure employees comply with Manual Handling requirements.
- To support the audit cycle and the resulting actions and recommendations.
- To ensure all new staff receive manual handling training in line with induction procedures and to ensure no staff are involved in practical manual handling unless they have been trained to do so.
- To ensure any concerns/incidents and suspected injuries are reported immediately.
- To communicate with Manual Handling trainers any training needs.

RESPONSIBILITY AND ROLE OF MANUAL HANDLING TRAINERS

- To formulate and provide manual handling training programmes for new and existing employees including updates.
- To keep records of all training given, including attendance and course content.
- To be a resource person for Manual Handling.
- To keep up to date with Manual Handling practice.
- To coordinate in service Manual Handling training for employees.
- To complete audit of Manual Handling documentation and practice.

RESPONSIBILITIES OF INDIVIDUALS

- Clothing worn by employees involved in manual handling tasks will allow unrestricted posture and movement.
- Employees involved in manual handling tasks will wear sturdy, enclosed footwear with non-slip soles and heels.
- All employees must risk assess each situation regarding manual handling.
- All employees must ensure that they follow the manual handling plans and advise coordinators if they need reviewing.
- All employees must use equipment provided and available appropriately for their own safety.
- All employees must report any defective equipment to their coordinator and/or family immediately.

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- All employees must be familiar with any manual handling plans and risk assessments for the participants or manual handling task and where they are located.
- All employees must report uncertainties about their own ability to perform manual handling manoeuvres to their coordinator.
- All employees must ensure that they attend manual handling training and updates as required.

RESPONSIBILITIES OF FAMILIES/CARERS/PARTICIPANTS

- Families/carers should identify and report any known manual handling issues to managers/coordinators and support staff.
- Families/carers are required to work with the organisation to minimise manual handling risks to lowest level to ensure a safe environment for participants and support staff.
- Any equipment or handling plans identified to minimise risks to be made available to support staff.
- Any mechanical aids and equipment in family homes are to be serviced and maintained by the family and remain the responsibility of the family.

REFERENCES

Workplace Health and Safety Act 2011

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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016 – FIRE POLICY OPERATIONAL POLICY



POLICY TITLE:	016 – FIRE POLICY		
VERSION:	003	DATE EFFECTIVE:	01/03/2013
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

To ensure the safety of all people, property and others in the event of a fire.

SCOPE

All employees, volunteers and Participants are responsible for fire safety

IMPLEMENTATION

Each building under the control of ARC Disability Services Inc. (ARC) shall follow the *Emergency Fire Evacuation Procedure* and have an Individualised fire evacuation plan, detailing specifics for that location clearly displayed. The evacuation plan shall identify all exits and the placement of all firefighting equipment, (i.e. fire hoses, extinguishers, fire blankets). An annual risk assessment checklist including fire safety risks, will be completed annually for the buildings under ARC's control.

EVACUATION PLAN

Pictorial and written Evacuation Plans are to be displayed along evacuation routes and near all fire exits so as to be easily read by anyone. Pictorial Evacuation Plans are to be large enough to be easily recognised and followed with evacuation paths marked in red arrows. The Evacuation Plan is to include details of the appointed fire wardens who can be contacted with questions, queries or suggestions regarding fire evacuation policies and procedures.

REGULAR FIRE/DISASTER DRILLS

Emergency Evacuation Plans are to be put to the test on a regular basis in the form of evacuation drills. Evacuation drills should be conducted at no less than one (1) per year and more than one is recommended per year. Service Users are to be included in the drills and the waiting area is to be clearly defined and known by everyone.

FIRE EXTINGUISHER - CHECKS

Fire Extinguishers are to be placed in defined areas as per Queensland Fire Service instruction. A part of routine maintenance designated office staff shall be responsible for the arranging of an authorised person to check fire extinguishers and replenishment/replacement of extinguishers as required. Fire Extinguishers will be checked six monthly, and this shall be recorded in the ARC maintenance log.

FIRE EVACUATION – EMPLOYEE TRAINING

- All Employees shall be given instructions in the use of fire extinguishers.
- All Employees are to be instructed on fire/disaster evacuation.
- All Employees are to participate in fire drills and evacuations as they happen
- All Employees will be reminded of fire procedures annually, during supervision.

REFERENCES

- Workplace Health and Safety Act 2011*
- Building Fire Safety Regulation 2008*

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017 – NEEDLE STICK POLICY OPERATIONAL POLICY



POLICY TITLE:	017 – NEEDLE STICK POLICY		
VERSION:	002	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	30/04/2020

PURPOSE

To provide employees of ARC Disability Services Inc. (ARC) with information and guidelines regarding the requirements about needle stick management and actions to take in the event of a needle stick injury.

SCOPE

All staff.

IMPLEMENTATION

Under the Health and Safety at Work Regulations this requires employers to assess the risks to the health and safety of their employees and arrange for implementation of a safety management system. This to include:

- Risk Assessment
- Risk Management
- Training
- Personal Protective Equipment (PPE)/devices
- Disposal of needles
- Follow up on any incidents

RISK ASSESSMENT

Risk assessments should be made of all situations where a worker may be exposed to blood or other potentially infectious material.

RISK MANAGEMENT

A combination of training, safer working practices and the use of medical devices incorporating sharps protection assists in minimising the risks associated with needle stick and sharps injuries.

TRAINING

Training should include:

- The risks associated with blood and bodily fluid exposures
- The correct use and disposal of sharps
- The use of medical devices incorporating sharps protection mechanisms.
- Procedure in relation to the task undertaken.

EMPLOYEE'S ROLE

- Adhere to using safe procedures when assisting service users with needle stick/sharp procedures so as not to adversely affect their own health or that of others.
- Do not recap needles.
- Any needle changes to be done by service user or appropriately trained person.
- Participate in any training and follow any recommended infection control practices.
- Report all needle stick and other sharps related injuries immediately to ensure you receive appropriate follow up care.
- Wear and use any appropriate PPE supplied

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REFERENCES

Workplace Health and Safety Act 2011
Occupational Health and Safety Act 2004

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018 – WORKPLACE HEALTH & SAFETY CLOTHING AND MANNER OF DRESS POLICY OPERATIONAL POLICY



POLICY TITLE:	018 – WORKPLACE HEALTH & SAFETY CLOTHING AND MANNER OF DRESS POLICY		
VERSION:	003	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

To ensure all employees and volunteers of the ARC Disability Services Inc. (ARC) adhere to the clothing policy, which has been developed to ensure team members workplace health and safety; and that an appropriate, professional standard of dress is maintained throughout the organisation.

SCOPE

All employees have a responsibility to ensure they come to work in attire appropriate for the tasks they will be completing. Team members need to ensure they consider tasks, climate, location, professional image and potential hazards when deciding on daily attire.

Coordinators or Managers have a responsibility to ensure all staff adheres to this policy. Coordinators and Managers are to discuss and non-compliance with this policy with the team member involved; and report any non-compliance to Human Resources.

Human Resources has a responsibility to ensure staff are aware of the requirements regarding appropriate clothing, and resolve any dress code complaints and concerns.

CEO and Board have a responsibility to ensure the overall health and safety of the organization is upheld to meet the requirements of all relevant legislations including the Workplace Health & Safety Act (2011), the Human Services Quality Framework (HSQF) and the NDIS Quality and Safeguards Commission

IMPLEMENTATION

ALL TEAM MEMBERS

- Dress in a manner that is not likely to be offensive to co-workers, service users or the general public.
- Wear clothes which are clean, in good condition and of a “smart casual – professional” image.
- Wear sensible footwear that is unlikely to cause them to slip, trip or fall and relevant to the duties and locations where the duties are undertaken.

DIRECT SUPPORT – ALL EMPLOYEES/VOLUNTEERS SUPPLYING SUPPORT

- Must wear closed-in, flat shoes whilst working including any training provided by ARC. (do not wear thongs, or open toe shoes when providing direct care unless the activity is such that closed-in shoes are impractical e.g. swimming; cultural requirements) In instances where footwear must be removed, the team member must undertake a risk assessment and contact the relevant coordinator if concerned.
- Be aware of workplace hazards regarding the choice of clothing and consult with coordinator as necessary.
- Always dress appropriately to be able to assist the person being supported in any situation. Being mindful of any loose jewellery or rings and loose hair that may impair the ability to provide appropriate support, or pose potential risks.
- Team members are to be mindful of personal risk hazards i.e. nails that may be too long, will need to be trimmed to an acceptable length for assisting individuals with personal care requirements. Nails should be kept to a similar length as an individual’s fingers.
- Team members must wear sun smart clothing and protective ware when working outdoors.

REFERENCES

Workplace Health and Safety Act 2011

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018 – WORKPLACE HEALTH & SAFETY CLOTHING AND MANNER OF DRESS POLICY OPERATIONAL POLICY



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019 – KINDNESS POLICY OPERATIONAL POLICY



POLICY TITLE:	019 – KINDNESS POLICY		
VERSION:	002	DATE EFFECTIVE:	01/09/2013
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

Every member of the ARC Disability Services Inc. (ARC) Community has the duty to be kind to every other member and also to all members of the public. The “ARC Community” includes the Board, Staff, Volunteers, Service Users and their families.

SCOPE

All members of the ARC community

DEFINITION

The word “kindness” is derived from the notion of kinship, from the idea that people of the same family or clan are bonded together by natural affection and mutual goodwill.

The requirement is not that people should like one another, for liking cannot be enforced, but that they should treat each other as they would wish to be treated themselves, and that their attitude to all people should be based on goodwill and respect. By definition, kindness excludes unkindness in thought, word and deed.

IMPLEMENTATION

All members of the ARC Community are responsible for:

- Setting an example of kindness in the way they speak, act and in their attitude of goodwill to all members of the community
- Actively promoting kind words and deeds among the community
- Dealing with unkindness should it arise
- Reporting any unkindness, they are unable to correct. Such reporting is mandatory

Members of the ARC Community must report instances of unkindness which are not being corrected.

Intervention – will be necessary when the unkindness of some makes life difficult or distasteful for others. It is mandatory that cases of severe unkindness – whether by deed, word, telephone, text messaging, e-mail, group exclusion or harassment – should be reported to a member of the ARC Management Team.

Counselling – can be provided to anyone who has been affected by un-kindness. Follow up is necessary by line managers to ensure a positive outcome is achieved for everyone. Professional counselling is available from ARC’s Employee Assist Program on 1300 361 008. Follow Up – Further actions will be in accordance in with ARC’s Policies and Procedures, to ensure a positive outcome for all associated with ARC. Employees who don’t align with ARC’s Kindness policy will have the opportunity to embrace the intent of the policy. Should this not occur, the employee will be referred to ARC’s Employee Discipline procedure.

REFERENCES

Anti-Discrimination Act 1991

Human Services Quality Framework

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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POLICY TITLE:	020 – ADVOCACY POLICY		
VERSION:	003	DATE EFFECTIVE:	01/03/2013
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

This policy supports the role of advocates and acknowledges the importance of advocates, Participants’ rights, the commitment of ARC to maintain links with formal advocacy services and staff training with regard to advocacy services. It also recognises that specific groups, for example, people from culturally and linguistically diverse backgrounds and people with disabilities may need assistance to understand and to participate in the advocacy process by using an advocate of their choice.

SCOPE

All Employees, participants and the ARC community are responsible for ensuring that individuals are heard when they speak out about their rights.

DEFINITION

Participant advocacy can be described as the process of standing beside an individual or group and speaking out on their behalf to protect and promote their rights and interests. An advocate may be a friend, a family member, a neighbour or someone from an independent advocacy organisation.

IMPLEMENTATION

ARC Disability Services Inc. (ARC) embraces the principle that Participants have the right to raise concerns regarding services without fear of retribution. ARC is committed to ensuring that all Participants are encouraged to use an advocate and have access to an advocate of their choice, who can play a critical role in ensuring the rights and interests of the Participant is respected and realised. The Participant’s right to decide to self-advocate or change their advocate is consistent with this policy.

All citizens of Australia have fundamental rights, which are underpinned by the principles of social justice. These fundamental rights are embedded in the values of ARC. Accordingly, Participants are entitled to express their views and uphold their rights. It may be difficult for Participants to do this alone, as they may not always have the confidence or skills required. In some instances, it may be more effective to seek the assistance of a friend or relative or an advocacy agency. As Participants of ARC, individuals have the right to involve an advocate of their choice to represent their interests at any time. Participants are entitled, as a minimum, to the following:

- The right to privacy and confidentiality;
- The right to access personal information held by ARC;
- The right to be treated with respect and dignity;
- The right to recognition and respect of cultural, religious and linguistically diverse backgrounds;
- The right to receive a good quality service that meets the Participant’s specific needs and to be advised of the limits of the provided service;
- The right to accurate information about available services to assist the Participant make an informed decision about the most appropriate service for their needs;
- The right to provide direct and honest feedback about the service provided without fear of retribution;
- The right to the assistance of an interpreter if English is not the Service User’s first language, and
- The right to express opinions and to be supported by an advocate who may be a friend or relative or an advocacy agency to speak out on the Service User’s behalf to protect and promote their rights and interests.

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DISABILITY ADVOCACY AGENCIES

Disability advocacy agencies provide a critical role in ensuring the rights and interests of people with a disability are respected and realised.

ARC believes that:

- Any user of its services has a right to seek the support of an advocate; or an advocacy agency to help deal with a disagreement with the organisation;
- It has a responsibility to work together in a co-operative manner with workers from such agencies, and
- It has the responsibility to make sure that users of its services are aware of advocacy agencies and how to contact them.

Details of relevant advocacy agencies are as follows.

Rights in Action: (07) 4031 7377
Qld Aged & Disability Advocacy: 1800 818 338
Disability Legal Advocacy Service: 1800 650 197
NDIS Quality & Safeguards Commission: 1800 035 544

STAFF TRAINING

ARC Staff are required to integrate into their regular activities, practices that are consistent with the Advocacy Policy. To this end, links with formal advocacy services will be maintained. Where possible staff training will recognise the cultural needs of Participants and include information about:

- The role of an advocate;
- Assisting a Participants to use and engage an advocate;
- How to work with Participants who choose to use an advocate;
- How and where to document the Participant's choice of advocate,
- The process for the use of interpreters when required; and
- Information regarding formal advocacy service agencies.

REFERENCES

Human Services Quality Framework
NDIS Code of Conduct

AUTHORISATION

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021 - PRIVACY AND CONFIDENTIALITY POLICY OPERATIONAL POLICY



POLICY TITLE:	021 – PRIVACY AND CONFIDENTIALITY POLICY		
VERSION:	003	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

To ensure each Participant’s right to privacy, dignity and confidentiality in all aspects of their life is recognised and respected. To ensure a good understanding of confidentiality, privacy and dignity for all employee, volunteers, committee members, Participants and their families.

SCOPE

All Staff, volunteers and Board Members are responsible.

IMPLEMENTATION

It is the policy of ARC Disability Services Inc. that privacy and confidentiality are a high priority in all dealing with Participants, their families and employees. It is expected that all staff, Board and volunteers have a good understanding of the 13 Australian Privacy Principles (APP), and will be provided with information regarding this policy and the 13 Australian Privacy Principles at induction. All employees, Board and volunteers are required to sign a confidentiality agreement on commencement with the organisation.

THE AUSTRALIAN PRIVACY PRINCIPLES

- **APP 1 Open and transparent management of personal information;** Manages personal information in an open and transparent way.
- **APP 2 Anonymity and pseudonymity;** Individuals are given the option of not identifying themselves, or of using a false name. However, exceptions do apply.
- **APP 3 Collection of solicited personal information;** Collection of personal information that is solicited.
- **APP 4 Dealing with unsolicited personal information;** Outlines how to deal with unsolicited personal information.
- **APP 5 Notification of the collection of personal information;** Outlines when and in what circumstances you can collect personal information and must notify an individual of certain matters.
- **APP 6 Use or disclosure of personal information;** Outlines the circumstances in which you may use or disclose personal information that it holds.
- **APP 7 Direct marketing;** an organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.
- **APP 8 Cross-border disclosure of personal information;** Outlines the steps that you must take to protect personal information before it is disclosed overseas.
- **APP 9 Adoption, use or disclosure of government related identifiers;** Outlines the limited circumstances when an organisation may adopt a government related identifier of an individual as its own identifier, or use or disclose a government related identifier of an individual.
- **APP 10 Quality of personal information;** the organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete. The organisation must also take reasonable steps to ensure the personal information it uses or discloses is accurate, up to date, complete and relevant, having regard to the purpose of the use or disclosure.

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- **APP 11 Security of personal information;** the organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. The organisation has obligations to destroy or de-identify personal information in certain circumstances.
- **APP 12 Access to personal information;** the organisation has an obligation when an individual request to be given access to personal information held about them by the organisation. This includes a requirement to provide access unless a specific exception applies.
- **APP 13 Correction of personal information;** the organisation has an obligation in relation to correcting the personal information it holds about individuals.

INFORMATION MANAGEMENT

It is the policy of ARC that all information that comes through the organisation is managed appropriately and used purposefully. Personal information shall only be collected for a purpose that is lawful and directly related to a function or activity required to provide a service.

The organisation shall allow individuals to access their own personal information if required unless the individual has been denied access through an authorised person or by law.

ARC shall ensure that personal information is stored securely and that personal information shall only be held for as long as required and will be disposed of appropriately. Information that is no longer required to be held by the organisation will be archived and stored securely or shredded.

CONFIDENTIALITY

- ARC respects the rights of all of our Participants and their families to confidentiality and privacy in all our dealings. This service and its staff will strive to maintain that confidentiality at all times.
- Personal details will not be released to other agencies without written consent unless it is an emergency situation and vital to the well-being of the person in our care.

DIRECT SUPPORTS

1. Staff members will knock on bedroom and bathroom doors before entering when the bedroom or bathroom is being used by a participant.
2. Staff will encourage all Participants to respect the privacy of others by knocking before entering rooms.
3. Personal care tasks will take place in a private area, preferably a bedroom or bathroom and not in communal living areas.
4. All Participants have the right to request that visits or phone calls from family and friends can take place in private.
5. At all times staff will demonstrate and encourage, respectful and appropriate language and behaviour to protect the privacy, dignity and confidentiality of all Participants.

REFERENCES

Privacy Act 1998

Australian Human Rights Commission

The NDIS Code Of Conduct

AUTHORISATION

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Chief Executive Officer

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022 – INFORMATION MANAGEMENT AND CONTROL OF DOCUMENTS (PRIVACY) POLICY OPERATIONAL POLICY



POLICY TITLE:	022 – INFORMATION MANAGEMENT AND CONTROL OF DOCUMENTS (PRIVACY) POLICY		
VERSION:	002	DATE EFFECTIVE:	11/03/2016
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	30/04/2020

PURPOSE

ARC Disability Service Inc. (ARC) respects the privacy of all ARC’s people including members, employees, volunteers, our participants, donors, business partners and online users, and is committed to safeguarding the personal information that is provided to us.

SCOPE

This policy and procedure applies to all ARC’s members, volunteers, employees, participants, donors, business partners and online users.

The Privacy Act and this Policy do not apply to acts or practices which directly relate to employee records of ARC’s current and former employees.

DEFINITIONS

online users refer to anyone that accesses ARC’s website [www.arcinc.org.au]

personal information as defined by the *Privacy Act 1988* (as amended) is information or an opinion about an identified individual, or an individual who is reasonably identifiable, whether true or not, and whether recorded in a material form or not.

sensitive information as defined by the *Privacy Act 1988* (as amended) is information or opinion (that is also personal information) about an individual’s racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preferences or practices or criminal record or health, genetic, biometric information or biometric templates, that is also personal information.

IMPLEMENTATION

As a lead service provider we influence change. We work collaboratively with our participants, their support networks and the community to facilitate a range of options and opportunities which promote active participation for all. ARC provides services through a range of accommodating, responsive and creative supports in individuals living with a disability, and their support networks. These may include;

- Daily Activity
- Social Community Participation
- Short/Medium Term Accommodation
- Supported Independent Living
- Plan Management
- Coordination of Supports
- Capacity Building

In carrying out this mission ARC engages volunteers and employees, and receives donations, funding and support from members of the community, corporations, groups, governments as well as participant directed supported funded by the National Disability Insurance Scheme.

In addition to the services which we provide from funds donated by the public, ARC also holds contracts to deliver State and Commonwealth government programs. In providing such services, we comply with the relevant privacy principles and any additional obligations under the contract.

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OUTLINE OF THIS POLICY

'Part A — Personal Information Handling Practices' explains our general information handling practices across ARC, including information about how we collect, use, disclose and store your personal information.

'Part B — Files' offers further detail by explaining our personal information handling practices in relation to specific ARC functions or activities. Here you can find out what sort of records we keep and why. You may find this section helpful if, for example, you have made an enquiry to the organisation and wish to know how we manage our enquiries files.

PART A — OUR PERSONAL INFORMATION HANDLING PRACTICES

OUR OBLIGATIONS UNDER THE PRIVACY ACT

This privacy policy sets out how we comply with our obligations under the *Privacy Act 1988* (Privacy Act). We are bound by the Australian Privacy Principles (APPs) in the Privacy Act which regulate how organisations may collect, use, disclose and store personal information, and how individuals may access and correct personal information held about them.

COLLECTION OF PERSONAL AND SENSITIVE INFORMATION

If you would like to access any of ARC's services on an anonymous basis or using a pseudonym, please tell us. If this is possible and lawful, we will take all reasonable steps to comply with your request. However, we may not be able to provide the services in question if we are not provided with the personal information requested.

The nature and extent of personal and sensitive information collected by ARC varies depending on your particular interaction with the organisation.

ARC collects personal and sensitive information from participants, donors, business partners, ARC people and online users. Further information about the kind of information collected from each of these groups and the usage of such information is detailed below.

ARC'S PARTICIPANTS

Kind of information collected:

- contact details (name, address, email etc.)
- personal details including: date of birth, gender, income
- information on personal issues and experiences, relationships,
- family background, supports clients may have in the community
- areas of interest
- health information and/or medical history
- bank account details

How the information is collected:

- membership applications
- online registration
- telephone
- face to face
- electronically

Purpose for which ARC uses the information:

- to provide ARC's services
- to provide participants with the most appropriate services for their needs
- to meet any requirements of government funding for programs
- to monitor and evaluate existing services and plan for future services
- to produce annual reports and for research purposes which may involve contracted organisations
- to comply with legal obligations

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ARC'S DONORS

Kind of information collected:

- contact details (name, address, telephone numbers, email etc.)
- personal details including: date of birth, gender, income
- areas of interest
- donation history
- bank account details of all our donors

How the information is collected:

- communications, email, flyers
- electronically
- telephone
- face to face

Purpose for which ARC uses the information:

- to provide services
- to process donations and provide accurate receipts
- to facilitate on-going fundraising and marketing activities
- to comply with legal obligations
- to provide transparency relating to donated funds, particularly for Appeals for public donations

ARC'S BUSINESS PARTNERS

Type of information collected:

- contact person's name, the name of the organisation which;
- employs the person, telephone numbers, fax number, street and
- postal address, email address and position title
- areas of interest by category and industry
- bank details (if ARC is to receive payment or make payment for services received)
- Australian Business Number (ABN)
- type of support (e.g. workplace giving, goods in kind, program support, volunteering)

How the information is collected:

- communications, email, flyers
- electronically
- telephone
- face to face

Purpose for which ARC uses the information:

- to provide services
- to process donations and provide accurate receipts
- to pay for services
- to establish and manage partnerships
- to receive services from you or the organisation which employs you
- to manage ARC 's relationship with the business partner
- to provide information about NFP Organisation 's services
- to update the company on NFP Organisation appeals for public donations, programs and services

ARC'S PEOPLE

(volunteers, employees, delegates) and candidates for volunteer work and prospective employees

Type of information collected:

- contact details (name, address, telephone numbers, email etc.)
- personal details including personal details of emergency contact person(s)
- date of birth
- country of birth, citizenship, residency and/or visa details

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- details of current/previous employment or volunteer involvement
- skills and experience
- languages spoken and written
- qualifications, drivers licence details
- information and opinions from referees for prospective employees and candidates for volunteer work
- a worker suitability screening is required for some roles in ARC (particularly those involving children, young people and other vulnerable individuals). Individuals will be required to provide certain information for worker suitability screening.
- in some situations, it is necessary for ARC Disability Services Inc. to collect or receive information about an individual's health. In this circumstance, ARC will advise why the information is being collected and whether and to whom it will be released.

Purpose for which ARC uses the information:

- to provide services
- to process an application to become a member, volunteer or employee of our organisation
- to facilitate a placement in an appropriate service or position
- to assist with services whilst an individual is employed or engaged as a volunteer with ARC
- to provide feedback on performance as a volunteer or employee
- to meet legislative responsibilities to all volunteers and employees
- to obtain feedback from individuals about their experiences
- to assist ARC to review and improve its programs and services to keep individuals informed about the organisations developments and opportunities
- to provide information about ARC's services
- to facilitate further involvements with ARC (eg. Disability supports, membership, donor)

ARC'S MEMBERS

Type of information collected:

- contact details (name, address, telephone numbers, email etc.)
- date of birth
- areas of interest

Purpose for which ARC uses the information:

- to provide services
- to provide communication updates and ensure transparency
- relating to donated funds, particularly Appeals for public donations, and the organisations operations
- to process donations and provide accurate receipts
- to facilitate ongoing fundraising and marketing activities
- to provide info about ARC
- to receive invitations to upcoming events and activities
- to recognise your support of ARC.

ONLINE USERS

To the extent that this Privacy Policy applies to online privacy issues, it is to be read as forming part of the terms and conditions of use for the organisations website.

Type of information collected:

- contact details (name, address, telephone numbers, email etc.)
- non-personal information e.g. visitor navigation and statistics
- server address, browser type, date and time of visit
- personal information

Purpose for which ARC uses the information:

- to process donations, purchase orders, online bookings, purchases/ transactions (eg. booking First Aid Health & Safety courses)
- to analyse website usage and make improvements to the website

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- ARC does not match the personal information collected with the non-personal information

Additional Information

The website may from time to time contain links to other websites. ARC stresses that when an online user accesses a website that is not the organisation's website, it may have a different privacy policy. To verify how that website collects and uses information, the user should check that particular website's policy.

HOW WE COLLECT INFORMATION

Where possible, we collect your personal and sensitive information directly from you. We collect information through various means, including telephone and in-person interviews, appointments, forms and questionnaires. If you feel that the information that we are requesting, either on our forms or in our discussions with you, is not information that you wish to provide, please feel free to raise this with us.

In some situations, we may also obtain personal information about you from a third party source. If we collect information about you in this way, we will take reasonable steps to contact you and ensure that you are aware of the purposes for which we are collecting your personal information and the organisations to which we may disclose your information, subject to any exceptions under the Act. For example, we may collect information about you from a health care professional, such as your doctor.

HEALTH INFORMATION

As part of administering ARC's services, ARC may collect health information. For example, ARC collects health information (such as medical history) from some participants engaging in the organisations programs. When collecting health information from you, ARC will obtain your consent to such collection and explain how the information will be used and disclosed.

If health information is collected from a third party (such as your doctor), ARC will inform you that this information has been collected and will explain how this information will be used and disclosed.

ARC will not use health information beyond the consent provided by you, unless your further consent is obtained or in accordance with one of the exceptions under the Privacy Act or in compliance with another law. If ARC uses your health information for research or statistical purposes, it will be de-identified if practicable to do so.

USE AND DISCLOSURE OF PERSONAL INFORMATION

We only use personal information for the purposes for which it was given to us, or for purposes which are related to one of our functions or activities.

For the purposes referred to in this Policy (discussed above under '*Collection of Personal and Sensitive Information*'), we may also disclose your personal information to other external organisations including:

- Government departments/agencies who provide funding for ARC's services
- NDIS Quality and Safeguards Commission & National Disability Insurance Agency
- Contractors who manage some of the services we offer to you, such as distribution centres who may send information to you on behalf of ARC. Steps are taken to ensure they comply with the APPs when they handle personal information and are authorized only to use personal information in order to provide the services or to perform the functions required by ARC;
- Doctors and health care professionals, who assist us to deliver our services;
- Other regulatory bodies, such as Work Health and Safety Queensland and WorkCover;
- Referees and former employers of ARC employees and volunteers, and candidates for employee and volunteer positions; and
- Our professional advisors, including our accountants, auditors and lawyers.

Except as set out above, ARC will not disclose an individual's personal information to a third party unless one of the following applies:

- the individual has consented
- the individual would reasonably expect us to use or give that information for another purpose related to the purpose for which it was collected (or in the case of sensitive information – directly related to the purpose for which it was collected)

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- it is otherwise required or authorised by law
- it will prevent or lessen a serious threat to somebody’s life, health or safety or to public health or safety
- it is reasonably necessary for us to take appropriate action in relation to suspected unlawful activity, or misconduct of a serious nature that relates to our functions or activities
- it is reasonably necessary to assist in locating a missing person
- it is reasonably necessary to establish, exercise or defend a claim at law
- it is reasonably necessary for a confidential dispute resolution process
- it is necessary to provide a health service
- it is necessary for the management, funding or monitoring of a health service relevant to public health or public safety
- it is necessary for research or the compilation or analysis of statistics relevant to public health or public safety
- it is reasonably necessary for the enforcement of a law conducted by an enforcement body.

We do not usually send personal information out of Australia. If we are otherwise required to send information overseas we will take measures to protect your personal information. We will protect your personal information either by ensuring that the country of destination has similar protections in relation to privacy or that we enter into contractual arrangements with the recipient of your personal information that safeguards your privacy.]

SECURITY OF PERSONAL AND SENSITIVE INFORMATION

ARC takes reasonable steps to protect the personal and sensitive information we hold against misuse, interference, loss, unauthorised access, modification and disclosure.

These steps include password protection for accessing our electronic IT system, securing paper files in locked cabinets and physical access restrictions. Only authorized personnel are permitted to access these details.

When the personal information is no longer required, it is destroyed in a secure manner, or deleted according to our Records Disposal Policy.

ACCESS TO AND CORRECTION OF PERSONAL INFORMATION

If an individual requests access to the personal information we hold about them, or requests that we change that personal information, we will allow access or make the changes unless we consider that there is a sound reason under the Privacy Act or other relevant law to withhold the information, or not make the changes.

Requests for access and/or correction should be made to the CEO (details of which are set out below). For security reasons, you will be required to put your request in writing and provide proof of your identity. This is necessary to ensure that personal information is provided only to the correct individuals and that the privacy of others is not undermined.

In the first instance, ARC will generally provide a summary of the information held about the individual. It will be assumed (unless told otherwise) that the request relates to current records. These current records will include personal information which is included in the organisations databases and in paper files, and which may be used on a day to day basis.

We will provide access by allowing you to inspect, take notes or print outs of personal information that we hold about you. If personal information (for example, your name and address details) is duplicated across different databases, ARC will generally provide one printout of this information, rather than multiple printouts.

We will take all reasonable steps to provide access or the information requested within 14 days of your request. In situations where the request is complicated or requires access to a large volume of information, we will take all reasonable steps to provide access to the information requested within 30 days.

ARC may charge you reasonable fees to reimburse us for the cost we incur relating to your request for access to information, including in relation to photocopying and delivery cost of information stored off site. For current fees, please contact the CEO.

If an individual is able to establish that personal information ARC holds about her/him is not accurate, complete or up to date, ARC will take reasonable steps to correct our records.

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Access will be denied if:

- the request does not relate to the personal information of the person making the request;
- providing access would pose a serious threat to the life, health or safety of a person or to public health or public safety;
- providing access would create an unreasonable impact on the privacy of others;
- the request is frivolous and vexatious;
- the request relates to existing or anticipated legal proceedings;
- providing access would prejudice negotiations with the individual making the request;
- access would be unlawful;
- denial of access is authorised or required by law;
- access would prejudice law enforcement activities;
- access would prejudice an action in relation to suspected unlawful activity, or misconduct of a serious nature relating to the functions or activities of ARC Disability Services Inc.
- access discloses a 'commercially sensitive' decision making process or information; or
- any other reason that is provided for in the APP's or in the Privacy Act.

If we deny access to information we will set our reasons for denying access. Where there is a dispute about your right of access to information or forms of access, this will be dealt with in accordance with the complaints procedure set out below.

COMPLAINTS PROCEDURE

If you have provided us with personal and sensitive information, or we have collected and hold your personal and sensitive information, you have a right to make a complaint and have it investigated and dealt with under this complaints procedure.

If you have a complaint about ARC's privacy practices or our handling of your personal and sensitive information, please contact our CEO (details of which are set out below).

All complaints will be logged on our database.

A privacy complaint relates to any concern that you may have regarding the organisations privacy practices or our handling of your personal and sensitive information. This could include matters such as how your information is collected or stored, how your information is used or disclosed or how access is provided to your personal and sensitive information.

The goal of this policy is to achieve an effective resolution of your complaint within a reasonable timeframe, usually 30 days or as soon as practicable.

However, in some cases, particularly if the matter is complex, the resolution may take longer.

Once the complaint has been made, we will try to resolve the matter in a number of ways such as:

- Request for further information: We may request further information from you. You should be prepared to provide us with as much information as possible, including details of any relevant dates and documentation. This will enable us to investigate the complaint and determine an appropriate solution. All details provided will be kept confidential.
- Discuss options: We will discuss options for resolution with you and if you have suggestions about how the matter might be resolved you should raise these with our CEO.
- Investigation: Where necessary, the complaint will be investigated. We will try to do so within a reasonable time frame. It may be necessary to contact others in order to proceed with the investigation. This may be necessary in order to progress your complaint.
- Conduct of our employees: If your complaint involves the conduct of our employees we will raise the matter with the employee concerned and seek their comment and input in the resolution of the complaint.
- The complaint is substantiated: If your complaint is found to be substantiated, you will be informed of this finding. We will then take appropriate agreed steps to resolve the complaint, address your concerns and prevent the problem from recurring.

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- If the complaint is not substantiated, or cannot be resolved to your satisfaction, but this Policy has been followed, ARC may decide to refer the issue to an appropriate intermediary. For example, this may mean an appropriately qualified lawyer or an agreed third party, to act as a mediator.
- At the conclusion of the complaint, if you are still not satisfied with the outcome you are free to take your complaint to the Office of the Australian Information Commissioner at www.oaic.gov.au.

We will keep a record of your complaint and the outcome.

We are unable to deal with anonymous complaints. This is because we are unable to investigate and follow-up such complaints. However, in the event that an anonymous complaint is received we will note the issues raised and, where appropriate, try and investigate and resolve them appropriately.

CHANGES TO THIS PRIVACY POLICY

ARC reserves the right to review, amend and/or update this policy from time to time.

We aim to comply with the APPs and other privacy requirements required to be observed under State or Commonwealth Government contracts.

If further privacy legislation and/or self-regulatory codes are introduced or our Privacy Policy is updated, we will summarise any substantial modifications or enhancements in this section of our Privacy Policy.

HOW TO CONTACT US

Individuals can obtain further information in relation to this privacy policy, or provide any comments, by contacting us:

CEO/Privacy Officer's Details

Mr Benjamin Keast

Telephone

07 4046 3600

E-mail

CEO@arcinc.org.au

Assisted Contact

Rights in Action – 07 4031 7377; info@rightsinaction.org; www.rightsinaction.org

Deaf Services – 07 4032 3033; TTY 07 4032 3033; dsg@deafservices.org.au; www.deafservices.org.au

Multilingual Interpreting Services – 07 4033 0105

Post

PO Box 942N

NORTH CAIRNS QLD 4870

Email

info@arcinc.org.au

Note: These calls can be made for a local call cost from fixed residential landlines anywhere in Australia, but calls from mobile and pay phones may incur higher charges. Check with the service provider for costings from mobile and pay phones.

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PART B — FILES: HOW WE HANDLE SPECIFIC TYPES OF FILES THAT CONTAIN PERSONAL INFORMATION

PUBLIC AWARENESS AND EDUCATION FILES

The purpose of public awareness and education files is to record details of public awareness and educational activities, such as contact with the media, speeches, event management, surveys and publication preparation. The limited personal information in public awareness and education files relates to organisations, individuals, media representatives, event attendees, service providers and events calendar listings which appear on our website.

COLLECTION

It is our usual practice to collect personal information in public awareness and education files directly from individuals. Sometimes we may collect personal information from an individual's representative or from publicly available sources such as websites or telephone directories.

USE AND DISCLOSURE

We only use the personal information in public awareness and education files for the purposes of undertaking public awareness and education initiatives and managing public relations.

The personal information on public awareness and education files is not disclosed to other organisations or anyone else without consent unless the individual would reasonably expect, or has been told, that information of that kind is usually passed to those organisations or individuals, or the disclosure is otherwise required or authorised by law.

DATA QUALITY

We maintain and update personal information in our public awareness and education files as necessary, or when we are advised by individuals that their personal information has changed.

DATA SECURITY

Public awareness and education files are stored in either password protected electronic media or in locked cabinets in paper form. When no longer required, personal information in public awareness and education files is destroyed in a secure manner or deleted in accordance with our Records Disposal Policy.

The following staff members have access to public awareness and education files on a need to know basis:

- Management
- Corporate staff

ACCESS AND CORRECTION

For information about how to access or correct personal information in public awareness and education files see 'Access and correction' in Part A of this document.

CONTACTS LISTS

We maintain contacts lists which include contact information about individuals who may have an interest in disability services. We use these contacts lists to distribute information about our activities and publications.

COLLECTION

It is our usual practice to collect personal information in contacts lists directly from individuals, for example, where they have asked to be added to a contact list.

Sometimes we collect personal information from a third party or from a publicly available source such as a website or telephone directory. We usually only collect personal information in this way if the individual would reasonably expect us to, or has given their consent. For instance, we might collect this information if we thought that the individual (or the organisation they work for) would like to receive information about services we are carrying out, or that they might be likely to consider information about disability care useful in the work they do. We would only contact this individual in their work capacity.

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USE AND DISCLOSURE

We only use personal information in contacts lists for the purpose of managing stakeholder relations. We do not give personal information about an individual to other organisations or anyone else without consent unless the individual would reasonably expect, or has been told, that information of that kind is usually passed to those organisations or individuals, or the disclosure is otherwise required or authorised by law.

DATA QUALITY

We maintain and update personal information in our contacts lists when we are advised by individuals that their personal information has changed. We also regularly audit contacts lists to check the currency of the contact information. We will remove contact information of individuals who advise us that they no longer wish to be contacted.

DATA SECURITY

The personal information in the contacts lists is stored in either password protected electronic media or in locked cabinets in paper form. When no longer required, personal information in contacts lists is destroyed in a secure manner or deleted in accordance with Records Disposal Policy. Routine access to contacts lists is limited to the database operators who have responsibility for maintaining the contacts lists. Other staff members have access to the personal information in contacts lists on a need to know basis.

ACCESS AND CORRECTION

For information about how to access or correct personal information in our contacts lists see 'Access and correction' in Part A of this document.

REFERENCES

Privacy Act 1988
NDIS Code of Conduct

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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023 – TRAVEL POLICY OPERATIONAL POLICY



POLICY TITLE:	023 – TRAVEL POLICY		
VERSION:	002	DATE EFFECTIVE:	25/10/2017
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

The purpose of the Travel Policy is to govern the circumstances under which travel is organised and undertaken by representatives of ARC Disability Services Inc. This policy applies to all domestic and international travel arrangements of ARC travellers on approved ARC business regardless of the source of funds, the duration of travel or the purpose of travel.

SCOPE

This policy is relating to all Staff, Board of Management, Volunteers and if applicable, Service Users.

IMPLEMENTATION

The Travel Policy is intended to facilitate business-required travel, while managing costs and maintaining efficient business processes. The objectives of this policy are:

- To ensure clear and consistent understanding of the policy and associated procedures for all ARC travel.
- To protect the safety and wellbeing of all persons travelling on ARC business
- To provide a structured and clear process for approval regarding travel, and expectations for team members undertaking travel.

All travel details need to be collated, and approved in line with ARC’s Delegation’s Policy. When making requests and recommendations for travel, team members are to be mindful of costs, and ensuring the cost is reasonable, in line with the timing of the travel. Practical consideration of health and safety requirements, risk assessments, best use of time and resources are all to be considered by the Manager/CEO when approving travel. Pre-approval is required for any travel prior to confirming arrangements.

AIR TRAVEL

All air travel will be selected based on the cheapest option at the most appropriate time. Quote (Online, or through a Travel Agent) will be obtained from all major providers and assessed. Recommendations will be given from prospective passenger including any timing and WHS considerations, and approval will be obtained from the identified Manager.

Note: Should team members wish to travel to a location at different times, but at the same expense to the organisation, this will be considered in a case by case situation by the appropriate manager.

TAXI / RIDE SHARE

All taxi/ride share travel may be utilised when required. Taxi expenses will be reimbursed to the identified team member upon completion of a “Reimbursement Form” and submitted to finance with a copy of the receipt.

PERSONAL VEHICLE

Transport in personal vehicles will be as per the Vehicle Use Policy. Extended travel of over 200Kms will be negotiated with a member of the Executive Team for an agreed payment. In these instances, it is the preference of the organisation that ARC owned vehicles are used.

OTHER METHODS OF TRAVEL

All other methods of travel including, but not limited to Trains; Boats; Helicopter etc. will be costed and included in the request for travel. Approval for these alternate methods of transport will be at the discretion of the CEO.

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ACCOMMODATION

The preference of the organisation is for team members to be accommodated as close to the purpose of travel as possible (i.e. same hotel as a conference is being held). However, should the accommodation costs at the location be excessive, quotes will be obtained for suitable accommodation within relative distance to the location. Accommodation should be capped at \$200/night. Exceptions to this may be approved by the CEO.

Accommodation should make allowance for one team member per room, and where possible, individual facilities. Accommodation should be paid by the organisation on invoice where possible. Executive Team Members may use ARC issues Credit Cards if required. All other accommodation may be paid by the team member, and claimed back through completion of the “Reimbursement Form” and submitted with the receipt to Finance.

MEALS

The organisation will be responsible for Breakfast; Lunch; Dinner when team members are representing the organisation. Should any meals be included with the event, team members will not be reimbursed for these meals. All other meals, team members will be able to claim back a maximum of \$20/breakfast; \$25/Lunch; \$35/Dinner. Team members will be able to submit a “Reimbursement Form” with receipts to Finance.

TRAVELLER HEALTH AND SAFETY AND DUTY OF CARE

ARC’s primary responsibility is to protect the safety and wellbeing of all persons traveling for ARC Business.

All ARC travellers and travel approvers are required to check the DFAT website (<http://www.smarttraveller.gov.au/>) at the time of booking and again prior to travel, to establish whether there are any travel advisories or warnings that apply to intended destinations. Team members are under no obligation to undertake any international travel that conflicts with DFAT advice.

The CEO may, where the safety of travellers is at risk, impose a complete travel ban to certain countries/regions and may require any Team Members already in those areas to return home.

ARC has a duty of care to ensure that it knows the whereabouts of its travelling staff so that it can contact and provide assistance to such staff and their associates in the event of an emergency or other incident. Therefore, it is the responsibility of the team member to ensure they have their mobile phone charged and with them at all times during their travel.

REFERENCES

Workplace Health and Safety Act 2011

Social Community Home Care and Disability Services Award 2010

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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024 – GIFTS AND DONATIONS POLICY OPERATIONAL POLICY



POLICY TITLE:	024 – GIFTS AND DONATIONS POLICY		
VERSION:	002	DATE EFFECTIVE:	01/04/2015
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

To provide a framework for representatives of the organisation, including employees and volunteers, ensuring a clear and transparent process when the organisation is in receipt of a gift or donation. Procedures for dealing with gifts and donations are a specific area of managing the risk of corruption and fraud. These procedures are also important for avoiding the **perception** of corrupt or fraudulent behaviour.

SCOPE

This Policy and Procedure shall apply to all Office Bearers, Ordinary Board Members, Management, all other employees, volunteers, members and any persons who may perform duties for the organisation from time to time, under any paid or unpaid arrangement.

DEFINITION

Gifts and donations include goods, services, services at reduced cost, favours, use of resources and money.

Examples include:

- Money
- Gifts
- Free or reduced tickets to shows or events
- Use of accommodation
- Use of staff at no cost
- Contractors or suppliers providing services at a no or at a reduced cost
- Contractors or suppliers providing goods at no or reduced cost

IMPLEMENTATION

All volunteers, staff and Board Members are to exercise caution in dealing with offers of gifts, benefits and donations. They must avoid the chance of any perception of corrupt conduct where the recipient, donor or an observer could assume that:

- the recipient may lack impartiality in the course of their duties: or
- the recipient is under obligation to the donor: or
- the recipient may favour the donor in business dealings.

APPROPRIATE RESPONSES

Should a gift be offered, staff and board members should make the person making the offer aware that the organisation's policy prohibits the acceptance of gifts of any kind. This is with the exception of where the gift is of nominal value and is clearly only a token of hospitality or appreciation.

GIFTS OF NOMINAL VALUE

In some cases, gifts of nominal value may be accepted particularly where the rejection may cause unnecessary distress or offence. Common examples of these include:

- Calendars
- Fridge magnets
- Pens
- Food
- Flowers

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REGISTRATION

ARC Disability Services Inc. will maintain a *Gift and Donations Register*. For all gifts or benefits with a fair value of \$50 or more, the description of the gift, value, name of donor, name of recipient and reason for accepting or declining the gift must be recorded in the register.

In some cases, the gift may be given to another charity or not for profit organisation when that is considered more appropriate.

For all donations with a fair value of \$250 or more, the description of the donation, value, name of donor, name of recipient and reason for accepting or declining the donation must be recorded in the register.

The Gift and Donations Register will be monitored by the Management Team and Donations will be acknowledged within the Annual Report.

REFERENCES

NDIS Code of Conduct

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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025 – CUSTOMER SERVICE POLICY OPERATIONAL POLICY



POLICY TITLE:	025 – CUSTOMER SERVICE POLICY		
VERSION:	002	DATE EFFECTIVE:	01/03/2013
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	30/04/2020

PURPOSE

To ensure that the rights of participants are protected at all times and Service Users needs are fully supported within resources available to the Organisation. ARC promises to promote a positive image of people with a disability both from within the perspective of the service and the community as per the NDIS Standards and Human Rights Commission. ARC promotes participants to actively participate in their own service delivery and be empowered to live independently.

SCOPE

This policy applies to all employees, volunteers and board members.

IMPLEMENTATION

ARC Disability Services Inc. (ARC) recognizes and reinforces the individual and unique qualities of each Participant and will undertake to enhance these by providing opportunities to develop skills to participate in and achieve valued roles within the community. ARC will ensure that service provision is delivered in the least restrictive way and will be Participant focused at all times.

ARC will provide a Participant focused service by ensuring the following measures are implemented:

- That each person with a disability seeking a service has access to the service on the basis of relative need and within available resources.
- ARC will deliver services in a culturally and age appropriate manner. Service provision will also be provided in the least restrictive way and be Participant focused at all times
- Participants are actively engaged in decision making and matters that relate to the provision of their service through on-going consultation and annual *Participant Satisfaction Surveys* as well as through regular feedback mechanisms such as surveys and dedicated phone contact.
- That individual needs, NDIS and personal goals are met in the least restrictive way through the development of *Personal Details/Service Agreements/Activity Sheets/Support Plans*.
- ARC will maintain and develop the ongoing skills of participants through provision of specific life skills training. Such training may arise through the imparted knowledge of Support Workers. Support Workers will be encouraged to undertake any training that in effect helps educate the Participants they work with to improve their valued status within the community.
- The Organisation will continue to develop and nurture relationships with community and / or business organisations within the region that may place Participants in a particular valued role such as employee, member or volunteer. At all times any opportunity uncovered will be promoted to Participant's via the Organisation's promotional avenues, including its Website, Newsletter, written correspondence or phone.
- The privacy, dignity and confidentiality of the Participants personal information are upheld by the Organisation at all times throughout service provision.

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- The Associations complaints and disputes management processes are advertised and promoted and Participants are encouraged to utilise this means to air any dissatisfaction with any area of service provision.
- That the Association is managed effectively and accountably as a sustainable organisation and is managed sensitively to the needs of the individuals it was set up to service.
- That Participants legal and human rights are protected and enforced within service provision guidelines.

REFERENCES

NDIS Code of Conduct

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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026 – DUTY OF CARE, DIGNITY OF RISK AND THE LEAST RESTRICTIVE ALTERNATIVE POLICY OPERATIONAL POLICY



POLICY TITLE:	026 – DUTY OF CARE, DIGNITY OF RISK AND THE LEAST RESTRICTIVE ALTERNATIVE POLICY		
VERSION:	002	DATE EFFECTIVE:	11/03/2016
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	30/04/2020

PURPOSE

This document aims to inform Staff members and Service Participants about the concepts of Duty of Care, Dignity of Risk and the Least Restrictive Alternative. It provides examples and guidance in dealing with these issues and making informed decisions. It is accepted by ARC that Participants have the right to be informed about risks and an equal right to take risks. If, however there is a Duty of Care issue in direct conflict with a workplace Health and Safety issue the Workplace Health and Safety Legislation will take precedence.

SCOPE

This policy applies to all employees, volunteers and participants who access or deliver ARC services.

IMPLEMENTATION

WHAT IS “DUTY OF CARE”?

A duty of care exists when someone’s actions could reasonably be expected to affect other people.

It means being in a position where someone else is relying on you to be careful and where, if you are not careful, it is reasonably predictable that the other person might suffer some harm.

Difficulties arise because sometimes the line between where your responsibilities start and finish may be difficult to define!

WHO HAS A DUTY OF CARE?

Some examples:

A driver of a car has a duty of care to other passengers in the car, and to other drivers and pedestrians on the road.

A doctor has a duty of care to their patients.

A parent has a duty of care to their child.

A person providing care or support to a person with a disability has a duty of care to that person.

WHEN DO YOU HAVE A DUTY OF CARE?

Duty of care is not all or nothing. You need to be clear about exactly what the nature of the support is that you are providing, and on which the person is relying.

For example - A doctor has a duty of care to their patient in relation to their health, but not to the stability of their homes.

An employment service has a responsibility in relation to employment issues, but not in relation to housing issues.

You need to be sure that you do not start intervening in aspects of the person’s life for which you are not responsible.

STANDARD OF CARE

The standard to which any given activity must be performed to meet the duty of care is the standard *that a reasonable person would try to meet.*

This reasonable standard is not perfection.

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It is what would be expected of a reasonable person *in your shoes!*

E.g. A paid staff member in a service is expected to have a certain degree of skill and expertise which an unpaid or volunteer worker would not be expected to have (this doesn't mean that they are "let off the hook", just that the responsibility will be different).

DIGNITY OF RISK

Every individual has the right to lead their life in the mainstream of the community and to experience life conditions as good as these of the "average" citizen.

LEAST RESTRICTIVE ALTERNATIVE

The Least Restrictive Alternative can be defined as a system or option that causes the least disruption to a person and maximize their independence and freedom.

DUTY OF CARE AND DIGNITY OF RISK

Duty of care must be balanced with dignity of risk, that is, the right of informed individuals to take calculated risks. Everyone has a right to an assumption of competence. Informed decision making involves a general awareness of the consequences of the decision and the decision is made voluntarily and without coercion.

The factors to be considered in situations of potential harm are:

- the risk and likelihood of harm
- the sorts of injuries that could occur and an assessment of the seriousness of those injuries
- precautions that could be taken to minimise the risk of harm or seriousness of the injury
- the usefulness of the activity involving risk
- Current professional standards about the issues.

Avoiding harm or injury involves:

- Determining when harm or injury is foreseeable
- Taking account of the seriousness of the potential harm or injury
- Assessing risks from the other person's perspective
- Recognising that some risks are reasonable
- Not actively harming or injuring the other person
- Avoiding discrimination and overly restrictive options
- Avoiding compromises to the rights of others
- Noticing risks that the person alerts you to
- Recognising when people are at risk of injury from others
- Supporting people to confront risks safely
- Safeguarding others from harm or injury
- Maintaining confidentiality Duty of care will be greatest to those who are relying on the worker the most.

DUTY OF CARE IN RELATION TO ARC DISABILITY SERVICES INC.

ARC holds a responsibility to provide a duty of care to all clients. This is regarded as meaning:

- taking care at all times;
- using common sense at all times;
- being responsible and sensible at all times;
- operating in a way that is enabling and empowering for all people;
- owing every individual equal opportunity to reasonable levels of care.

All workers, volunteers and contractors involved in client care will at all times provide a standard of care that is reasonable and consistent with the policies and procedures of ARC.

In providing support, workers and volunteers will not carry out tasks which require qualifications or training that they do not have.

Workers and volunteers will promptly report concerns about the safety of clients (including environmental hazards) to the Coordinator or Manager so that appropriate action can be taken.

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Participants will be encouraged to make their own decisions, independently or with the support of an advocate regarding their support at all times. This may require the support of other significant people (e.g. family or friends) on an informal basis or more formally through an official Guardian.

STAFF HAVE A RESPONSIBILITY TO UPHOLD AND SAFEGUARD SERVICE USERS RIGHTS BY:

- Providing information to assist Participants to make informed decisions.
- Involving appropriate others in decision making.
- Being aware of the risks of harm, seriousness of harm, and appropriate actions.
- Understanding authority and limitations of Staff to make a decision.
- Providing opportunities for Participants to make decisions
- Assisting Participants to broaden their range of experiences
- Assisting Participants to develop self esteem
- Understand and support current standards and practices.
- Attending suitable training relating to duty of care.
- Reading, understanding and signing the ARC Employee Code of Conduct.

CHECKLIST TO THINK ABOUT WHEN CONSIDERING YOUR “DUTY OF CARE”

- Would my actions, or lack of action, be likely to affect the Participant?
- To what extent would the Participant be affected
- Do others also have a responsibility to the Participant?
- What would another reasonable person do in my place?
- If injury is foreseeable, could I take any actions, which would minimise this injury?
- What can I do to support the Participant to make their own decision?
- If the Participant is unable to make their own decisions, to what degree are their rights affected if the wrong decision is made?
- Do I know which rights & aspirations are likely to be the most important ones for this Participant, in this situation?
- What access to advocacy does the Participant need to have?

REFERENCES

NDIS Quality and Safeguards Framework
Law of Negligence and Limitation of Liability Act 2008

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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027 – RECRUITMENT AND SELECTION POLICY OPERATIONAL POLICY



POLICY TITLE:	027 – RECRUITMENT AND SELECTION POLICY		
VERSION:	002	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	20/04/2020

PURPOSE

The recruitment and selection policy is to be applied in all instances there is an ongoing vacant position to be filled. ARC Disability Services Inc. recruitment and selection policy and procedures are based on merit and equity principles.

SCOPE

This Policy applies to all current and potential employees.

DEFINITIONS

Merit relates to the assessment of applicants' abilities, skills, knowledge, experience, qualifications and potential relative to a selection criterion which is relevant to the effective performance of the position.

Equity relates to equity in employment to ensure fairness, consistency, access and non-discrimination principles and demotes impartiality in the selection process.

IMPLEMENTATION

This policy involves a range of activities designed to ensure open competition, so that:

- People qualified for a position have the opportunity to apply for that position;
- Applicants are assessed against the selection criteria;
- The opportunity exists for applicants to demonstrate to the selection panel their merit in relation to the selection criteria;
- The process is conducted systematically and fairly;
- Applicants can obtain feedback about their performance against the selection criteria (natural justice principles).

ARC Disability Services Inc. is an Equal Employment Opportunity (EEO) employer and the focus of this policy is the applying of procedures that will attract and place the right person in the job.

The recruitment and selection policy is to be applied in all instances there is an ongoing vacant position to be filled, excepting those casual and/or temporary positions which will be at the discretion of the HR Manager or CEO.

The CEO shall ensure compliance with the principles of this policy – within this framework, Managers may use their discretion and judgment in applying the policy, but must be able to demonstrate that the principles of Merit and Equity have been upheld.

POSITIONS OF LEVEL 5 OR ABOVE

1. The Vacancy

A vacancy may be in three (3) categories: -

- Establishment of new position;
- Restructure of an existing position; and
- A vacant position due to an employee leaving that position.

The vacant position shall be in accordance with financial guidelines

2. Analysis of the Vacant Position

When an employee leaves a position and the position is declared vacant the HR Manager in collaboration with the relevant General Managers shall conduct a Job Analysis, to ensure: -

- That the position functions and duties are relevant and required;

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- That the classification level is correct;
- That the position description is reviewed;
- That the selection criteria are reviewed.

3. Formation (convening) of a Selection Panel

A selection panel shall be convened under the direction of a Corporate Services Delegate. A selection panel shall consist of no less than two (2) persons and no more than four (4) persons.

The members of the selection panel shall be chosen so as to ensure that the panel's recommendations are based on adequate knowledge of the requirements and outcomes of the position and of this policy. Recommendations shall be free from bias in relation to any applicant.

4. Selection Strategy

The Selection Panel shall use the following selection techniques: -

- Assessment of the application including a curriculum vitae (resume);
- Structured interview;
- Assessment of referee reports and references;
- Security checks and criminal conviction checks.

Steps are to be taken by the selection panel to accommodate a particular need of an applicant, as appropriate during the selection process. It is appropriate to inquire of applicants if a disability or health condition might prevent them from performing the duties of the position and if so, how the duties or work environment might be reasonably adjusted

5. Advertising the Vacant Position

The HR Manager shall authorise advertising of the vacant position, as delegated by the CEO.

6. Receipt of Applications

The Corporate Services delegate shall receive all applications on behalf of ARC Disability Services Inc. and shall ensure: -

- That there is a register of applications received;
- That the applications received are held in a secure place with full confidentiality.
- That on the day after the closing date for applications all the applications received is handed to the Selection Panel, together with a copy of the register of application.

7. Short listing

Short listing is the process of determining which applicants have the strongest claim to the vacant position and which shall undergo further assessment. Short listing shall be undertaken in a systematic, fair and consistent manner by making an assessment against the selection criteria.

8. Information Gathering

All aspects of information gathering, including structured interview and other selection techniques shall be undertaken in a systematic, fair and consistent manner by making an assessment against the selection criteria. Information gathering may include: -

- Structured interview;
- Security checks and criminal conviction checks.
- Curriculum vitae/resume

9. Weighting Selection Criteria

The selection criteria must be weighted in importance either prior to advertisement of the vacancy or prior to short listing. Quantitative or qualitative weightings may be used and the Selection Panel must have a common understanding of the meaning of the weighting assigned to each criterion. Some criteria may be assessed as being of equal weight.

The assigned weightings must reflect the relative importance of each selection criterion as a performance indicator of the applicants' ability to achieve the outcomes of the position.

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Each time the position is advertised, the weightings may change according to the requirements of the role. For example, varying the weightings may assist in obtaining an appropriate blend of skills and abilities in the work team.

A suggested scale is:

- 5 **Outstanding - Excellent:** *Very high standard, proven performance, excellent examples, and definite strengths that are measurable.*
- 4 **Above Requirements:** *Very Good, high standard, some definite strengths, good examples, confirmed performance.*
- 3 **Meets Requirements:** *Adequate satisfies minimum standards, some identified weaknesses.*
- 2 **Average:** *Less than adequate lacks strengths in significant areas.*
- 1 **Not Acceptable:** *Very low standard, clearly inadequate.*

10. Information Verification

Information verification, using a range of selection techniques, should validate or supplement information gathered from the applicants and/or provide new information about them in relation to the selection criteria. Information verification may include: -

- Assessment of referee reports and references;
- Discussions with previous employers;
- Security checks and criminal conviction checks.

Reference checks are a valuable source to verify information gathered. Attention should be given to the relationship of the referee and the applicant, ideally the previous supervisor of the applicant would be an important source of information against the selection criteria. The Selection Panel shall make every effort to verify the claims of the applicant in relation to achievements, qualifications, employment history and other significant matters.

11. Selection Decision

The decision of the application shall be as per the delegation’s policy.

12. Post Selection Action

The Corporate Services delegate shall take action to notify the successful applicant and the unsuccessful applicants.

The successful applicant shall be advised of the conditions of employment of ARC Disability Services Inc., which shall include written notice of a probationary period.

13. Grievances

Any current Employee who is unhappy with the selection outcome shall have access and receive support to use the Grievance Procedure.

POSITIONS OF LEVEL 5 OR BELOW

1. The Vacancy

A vacancy may be in four (4) categories: -

- Establishment of new position;
- Restructure of an existing position; and
- A vacant position due to an Employee leaving that position.
- A short term/contracted position for a specific project

In all instances the vacant position shall be in accordance with funding guidelines and organisational operational budgets.

2. Analysis of the Vacant Position

When an Employee leaves a position and the position is declared vacant the HR Manager shall conduct a Job Analysis, to ensure: -

- That the position functions and duties are relevant and required;

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- That the classification level is correct;
- That the Position Description is reviewed;
- That the Selection Criteria is reviewed.
- If an existing team member has been acting in the role successfully for an extended period of time.

3. Selection Strategy

The HR Manager shall use the following selection techniques: -

- Assessment of the application including a curriculum vitae (resume);
- Structured interview;
- Assessment of referee reports and references;
- Security checks and criminal conviction checks.
- The success of an individual currently acting in the role.

Steps are to be taken by the HR Manager to accommodate a particular need of an applicant, as appropriate during the selection process. It is appropriate to inquire of applicants if a disability or health condition might prevent them from performing the duties of the position and if so, how the duties or work environment might be adjusted

- a. If an individual has been acting in a permanent role for an excess of three months, the HR Manager may appoint the team member to the position in a permanent basis without the need to advertise, ensuring merit and equity is demonstrated in the decision.
- b. In instances of a short term/contracted position, the HR Manager or CEO may appoint an individual to the position without the need to advertise, ensuring merit and equity is demonstrated in the decision.

4. Advertising the Vacant Position

The HR Manager shall identify if a position is required to be advertised internally/externally, based on existing staffing levels, and team members acting in such positions. It is the preference of the organisation to look within the current team to promote career development and opportunities for existing team members.

5. Receipt of Applications

The Corporate Services delegate shall receive all applications on behalf of ARC Disability Services Inc. and shall ensure: -

- That there is a register of applications received;
- The applications received are held in a secure place with full confidentiality.

6. Short listing

Short listing is the process of determining which applicants have the strongest claim to the vacant position and which shall undergo further assessment. Short listing shall be undertaken in a systematic, fair and consistent manner by making an assessment against the selection criteria.

7. Information Gathering

All aspects of information gathering, including structured interview and other selection techniques shall be undertaken in a systematic, fair and consistent manner by making an assessment against the selection criteria. Information gathering may include: -

- Structured interview;
- Security checks and criminal conviction checks.
- Curriculum vitae/resume
- Evidence from experience of the applicant acting in the existing role

8. Weighting Selection Criteria

The selection criteria must be weighted in importance either prior to advertisement of the vacancy or prior to short listing. Quantitative or qualitative weightings may be used and a common understanding of the meaning of the weighting assigned to each criterion. Some criteria may be assessed as being of equal weight.

The assigned weightings must reflect the relative importance of each selection criterion as a performance indicator of the applicants' ability to achieve the outcomes of the position.

A suggested scale is listed above.

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- 9. Information Verification**
Information verification is as listed above in point 10.
- 10. Selection Decision**
The decision of the application shall be as per the delegation's policy.
- 11. Post Selection Action**
The Corporate Services delegate shall take action to notify the successful applicant and the unsuccessful applicants.
The successful applicant shall be advised of the Conditions of Employment of ARC Disability Services Inc., which shall include written notice of a probationary period.
- 12. Grievances**
Any current Employee who is unhappy with the selection outcome shall have access and receive support to use the Grievance Procedure.

REFERENCES

Social, Community, Home Care and Disability Services Award 2010
Fair Work Act 2009

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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028 – INTERNET & WIFI POLICY OPERATIONAL POLICY



POLICY TITLE:	028 – INTERNET & WI-FI POLICY		
VERSION:	002	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	30/04/2020

PURPOSE

To provide clear guidelines around the usage of ARC’s electronic network.

SCOPE

This policy applies to all employees, volunteers and participants who access or deliver ARC services.

IMPLEMENTATION

Internet and Wi-Fi is part of the organisational electronic network. It provides Internet access across the organisation, including the ARC Holiday House, Community Hall, Arc 51 and Supported Independent Living Services. The features of this service are a privilege and not a right. All employees, Participants, volunteers and community members are expected to practice responsible computing and to adhere to these requirements for acceptable use when accessing the internet or Wi-Fi.

- You are not to use ARC’s Internet or Wi-Fi in a way that violates state law, federal law, or any of the organisational policy and procedures (including social media; code of conduct; privacy and confidentiality etc.)
- The use of Wi-Fi and Internet is for the sole purpose of ARC. Consent is required from a member of the Management Team should personal use of the Internet or Wi-Fi be required.
- Improper Access - Do not access accounts, files, or other information belonging to other users or Internet users without their knowledge and explicit consent.
- Harassment - Do not use the ARC Network connection to threaten, intimidate, or harass other individuals.
- Copyrights - You are required to comply with Australian copyright law and the copyright/intellectual property policies within ARC, and you’re Employment/Volunteer/Service Agreements. Copying, downloading, or electronic transfer of copyrighted materials without the authorisation of the copyright owner is against the law, and instances will be referred to the appropriate authorities.
- Virus Protection – At no stage can virus protection be turned off when connected to ARC’s Network

The ARC Internet and Wi-Fi network connection may be subject to monitoring, for security, legal, or troubleshooting purposes. This may include monitoring for bandwidth usage, security related incidents, or a request from legal/law enforcement authorities. In addition, the organisation reserves the right to scan the network to assist in identifying and protecting against exploitable security vulnerabilities (e.g., viruses or worms) in efforts to preserve network integrity.

REFERENCES

Enhancing Online Safety Act 2015

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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POLICY TITLE:	029 – LEAVE POLICY		
VERSION:	002	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	20/04/2020

PURPOSE

This Leave Policy is created to ensure a clear understanding of the entitlements for all staff, and to provide a structured process to apply for leave with the aim of forward planning and convenience for both the staff member and the organisation.

SCOPE

The Leave Policy covers the following types of leave: annual; personal/carers; community services; maternity; leave without pay; long service leave; and special leave. The policy applies to all full-time, part-time and casual employees of the organisation.

DEFINITIONS

- “*Immediate family*” means:
 - A spouse, de facto partner, child, parent, grandparent, grandchild or sibling of employee
 - A child, parent, grandparent, grandchild or sibling of a spouse of the employee
- “*de facto partner*” means a person who, although not legally married to the employee, lives with the employee in a relationship as a couple on a genuine domestic basis (regardless of gender)
- “*Child*” includes an adopted child, step child, ex-nuptial child and adult child.

IMPLEMENTATION

It is the policy of ARC to ensure that employees are encouraged and supported to take regular breaks. Annual leave is important in regard to management of stress in the workplace, as well as in ensuring a flexible, family friendly environment.

- Leave entitlements for employees will be accrued as prescribed within the National Employment Standards, and the Social, Community Services, Home Care and Disability Services Industry Award.
- It is preferable that at least two weeks of annual leave should be consecutive in each year, with no minimum requirement for periods of leave for the remaining time.
- Arc will not unreasonably refuse a request for annual leave from the employee

Accrual of annual leave is restricted to:

- No more than eight weeks’ paid annual leave, or
- For a shift worker if they have accrued more than 10 weeks’ paid annual leave.

Accrual of annual leave beyond this requires the permission of the Chief Executive Officer or Chief Financial Officer; who may consider issues such as planned extended holidays, family reasons etc. in making the decision.

The CEO or HR Manager may direct a staff member with excessive annual leave:

- Must be in writing
- Is of no effect if it would result at any time in the employee’s remaining paid annual leave balance being less than six weeks when any other paid annual leave arrangements are taken into account
- Must not require the employee to take any period of paid annual leave of less than one week
- Must not require the employee to take a period of annual leave beginning less than eight weeks or more than 12 months, after the direction is given, and
- Must not be inconsistent with any leave arrangement agreed by the employer and employee.

Some sections of the organisation close, or operate with minimal staffing levels during the Christmas Period. Staff may be required to take annual or unpaid leave during this time. Staff will be given a minimum of one months’

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029 – LEAVE POLICY OPERATIONAL POLICY



notice. Should a public holiday fall on a day a team member would have ordinarily worked during this Christmas Closedown, the team member will be remunerated the base rate for the ordinary hours.

In the interest of planning for requirements of the organisation, all permanent full-time and part-time staff are requested to provide the organisation with requests for leave as soon as practicable. Annual leave requires a minimum of two weeks' notice to be approved. Approval of requests will be based upon the operating requirements of the organisation, and services within the organisation. Where possible, only one team member per team will have leave approved at a time, unless otherwise negotiated and planned.

VARIATIONS

ARC Disability Services Inc. reserves the right to vary, replace or terminate this policy from time to time.

REFERENCES

National Employment Standards

Social, Community Services, Home Care and Disability Services Industry Award 2010

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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030 – EMPLOYEE SUPERVISION POLICY OPERATIONAL POLICY



POLICY TITLE:	030 – EMPLOYEE SUPERVISION POLICY		
VERSION:	002	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	30/04/2020

PURPOSE

ARC Disability Services Inc. (ARC) recognizes that the human services industry is a high burnout industry. To assist employees of ARC, manage workloads, work stressors and maintain a balance between home and work life. ARC invites all its employees the opportunity for supervision

SCOPE

This policy applies to all staff of the organisation, and regular, long term volunteers if requested.

IMPLEMENTATION

BENEFITS

To keep up to date with support workers of ARC and families that they support

2. To minimize turnover amongst staff.
3. To maintain open lines of communication between management, coordinators and support workers.
4. To identify training requests and needs that would be relevant to the individual or organisation
5. To identify any future goals or plans and how these goals may sit within the organisation
6. To reduce anxiety experienced by an employee in order that they:
 - ✓ Understand the standards, vision, policies and procedures of the organisation.
 - ✓ Establish effective working relationships with the organisation.

FOR OUR EMPLOYEES:

- Opportunity to understand the 'bigger picture'
- Knowing exactly what is expected of Employees
- Receiving regular feedback on performance
- Identifying opportunities for improvement and career planning
- Opportunity to be part of goal setting
- Opportunity to express personal achievement to the supervisor

FOR THE SUPERVISOR

- Improves communication with Employees
- Fair and equitable way of dealing with performance issues
- Opportunity to give recognition and reward
- Opportunity to receive feedback from Employee on ARC Disability Services Inc.
- Shows respect for individuals

FOR ARC DISABILITY SERVICES INC.

- Mission and goals understood throughout the organisation
- Opportunity to align individual goals with organization goals
- Feedback from employees on improvements in work practices
- Develops open and clear communication

Supervision is designed to be used as a tool to bring together information relating to the day to day requirements of the employee's position within the organisation. At the first instance of supervision discussion will be undertaken between the employee and their supervisor, detailing roles and responsibilities of both parties, and identifying the regularity of supervision. Employees of ARC shall receive supervision no less than once a year with the aim of permanent regular staff attending supervision more frequently if required. Staff should be notified as to what the supervision is related to and given the opportunity to bring along a support person if desired.

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During the probation period, all workers of ARC shall undertake a “Probation Review” including a self-rating review on key points. Upon completion of the probation period, a regular supervisor shall be identified, and the informal supervision agreement will be discussed created with the newly identified coordinator.

Workers of ARC are also able to request a session with their supervisor or other member of the coordination team in between supervisions should they wish to debrief, or discuss issues or concerns current to them. All supervisions are private and confidential and shall be treated as such by all parties.

REFERENCES

Social, Community, Home Care and Disability Services Industry Award 2010

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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031 – INFORMATION MANAGEMENT POLICY OPERATIONAL POLICY



POLICY TITLE:	031 – INFORMATION MANAGEMENT POLICY		
VERSION:	002	DATE EFFECTIVE:	01/03/2013
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	30/04/2020

PURPOSE

To ensure the organisation has clear processes with regard to how information is collected disseminated, stored and disposed. To meet the requirements of the Queensland Disability Services Act of 2006 and the NDIS Quality and Safeguards standards.

SCOPE

This policy applies to all employees, volunteers and participants who access or deliver ARC services.

IMPLEMENTATION

It is the policy of ARC that all information that comes through the organisation is managed appropriately and used purposefully.

MANNER AND PURPOSE OF COLLECTION OF INFORMATION

1. Personal information shall only be collected for a purpose that is a lawful purpose directly related to a function or activity required to provide a service.
2. Personal information shall not be collected by a person by unlawful or unfair means.

COLLECTION OF PERSONAL INFORMATION FROM AN INDIVIDUAL

1. Personal information shall be collected directly from the individual concerned except where the individual authorizes otherwise or where personal information may be disclosed under specific circumstances which are lawful and a requirement of the organisation.

COLLECTION OF PERSONAL INFORMATION GENERALLY

1. The organisation is able to collect information for inclusion in the individual's record or needed as part of being able to provide a service to the individual.
2. The information collected should be relevant to the purpose required, not excessive, and is accurate, up to date and complete.
3. The collection of information should not intrude to an unreasonable extent upon the personal affairs of the individual concerned.

STORAGE AND SECURITY OF PERSONAL INFORMATION

1. The organisation shall ensure that personal information stored is for specified and lawful purposes and is used in a way that is consistent with those purposes.
2. Information is adequate, relevant and not excessive in relation to the purposes for which it is stored.
3. Information should be processed fairly and lawfully.
4. Information is kept for no longer than is necessary for the purposes for which the information is stored.
5. Personal information is protected by such security safeguards as it is reasonable in the circumstances to take, against loss, against unauthorised access, use, modification or disclosure or misuse.
6. If personal information is to be given to another person in connection with the provision of a service, then as far as possible actions are taken to prevent unauthorised use or disclosure of the information.

LIMITS ON USE OF PERSONAL INFORMATION

1. Personal information shall not be used other than for the purpose which it was collected.
2. Personal information can only be used for other purposes if consent has been obtained and recorded.
3. The organisation believes on reasonable grounds that use of the information for another purpose is necessary to prevent or lessen a serious and imminent threat to life or health of the individual concerned.
4. The use of the information is required or authorized by or under law.

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LIMITS ON DISCLOSURE OF PERSONAL INFORMATION

1. The organisation shall not disclose the information for a purpose other than the purpose for which the information was given.
2. Personal information shall not be disclosed to a person, body or agency unless the individual has consented to the disclosure.
3. The individual concerned is informed that the information is usually passed on to that particular person, body or agency and they then give consent for this to be passed on.
4. The disclosure is required under law or authorized by law.

ACCESS TO RECORDS

The organisation shall allow individuals to access their own personal information if required unless the individual has been denied access through an authorised person or by law.

ALTERATIONS OF RECORDS CONTAINING PERSONAL INFORMATION

1. The organisation will take reasonable steps to ensure personal information is only altered or amended to maintain the records as being up to date and correct.
2. Where personal information has been altered or amended the individual concerned is notified or is aware and if requested are able to receive a copy of the information.
3. Any information that is legally unable to be altered or amended shall remain in its original format and kept on file accordingly.
4. If necessary alterations or amendments to be signed by the person making appropriate changes.
5. Where necessary the organisation to attach to the records any statements provided by the individual of the correction, deletion or addition.

DISPOSAL OF INFORMATION

1. Information that is no longer required by the organisation is either archived or shredded dependant on its future need and organizations legal responsibilities.
2. Personal information relating to individuals that is no longer current is archived and stored appropriately.
3. Personal information held by the organisation that is no longer relevant or up to date and is not required to be kept by law is shredded.

REFERENCES

Disability Services Act 2006
NDIS Quality and Safeguards Standards
Information Privacy Act 2009

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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037 – INFORMATION MANAGEMENT AND CONTROL OF DOCUMENTS POLICY

OPERATIONAL POLICY



POLICY TITLE:	037 – INFORMATION MANAGEMENT AND CONTROL OF DOCUMENTS POLICY		
VERSION:	002	DATE EFFECTIVE:	01/03/2013
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	17/04/2020

PURPOSE

This Information Management and Control of Documents Policy aims to ensure that full and accurate documents and records of activities and decisions of ARC Disability Services are created, managed and retained or disposed of appropriately, and in accordance with relevant legislation.

This will enable ARC Disability Services to achieve ready access to information, business enhancement and service improvement. It will also ensure the organisation meets its obligations for accountability while ensuring that it protects the rights and interests of the organisation, its staff and participants

SCOPE

All ARC employees, volunteers and students.

IMPLEMENTATION

ARC Disability Services believes that maintenance of information management systems is essential to improve the efficiency and effectiveness of the organisation. The right people must have access to the right information when they need it.

ARC also recognises its obligations for legislative and statutory obligations whilst ensuring that it protects the rights and interests of the organisation, its participants, employees and other key stakeholders. However, the full benefits can only be realised if employees comply with this information management and document control policy and the associated procedures and work instructions.

MANNER AND PURPOSE OF COLLECTION OF INFORMATION

- Personal information shall only be collected for a purpose that is a lawful purpose directly related to a function or activity required to provide a service.
- Personal information shall not be collected by a person by unlawful or unfair means.

COLLECTION OF PERSONAL INFORMATION FROM AN INDIVIDUAL

Personal information shall be collected directly from the individual concerned except where the individual authorises otherwise or where personal information may be disclosed under specific circumstances which are lawful and a requirement of the organisation.

COLLECTION OF PERSONAL INFORMATION GENERALLY

- The organisation is able to collect information for inclusion in the individual's record or needed as part of being able to provide a service to the individual.
- The information collected should be relevant to the purpose required, not excessive, and is accurate, up to date and complete.
- The collection of information should not intrude to an unreasonable extent upon the personal affairs of the individual concerned.

STORAGE AND SECURITY OF PERSONAL INFORMATION

- The organisation shall ensure that personal information stored is for specified and lawful purposes and is used in a way that is consistent with those purposes.
- Information is adequate, relevant and not excessive in relation to the purposes for which it is stored.
- Information should be processed fairly and lawfully.
- Information is kept for no longer than is necessary for the purposes for which the information is stored.

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- Personal information is protected by such security safeguards as it is reasonable in the circumstances to take, against loss, against unauthorised access, use, modification or disclosure or misuse.
- If personal information is to be given to another person in connection with the provision of a service then as far as possible actions are taken to prevent unauthorised use or disclosure of the information.

LIMITS ON USE OF PERSONAL INFORMATION

- Personal information shall not be used other than for which it was collected.
- Personal information can only be used for other purposes if consent has been obtained and recorded.
- The organisation believes on reasonable grounds that use of the information for another purpose is necessary to prevent or lessen a serious and imminent threat to life or health of the individual concerned.
- The use of the information is required or authorized by/under law.

LIMITS ON DISCLOSURE OF PERSONAL INFORMATION

- The organisation shall not disclose the information for a purpose other than the purpose for which the information was given.
- Personal information shall not be disclosed to a person, body or agency unless the individual has consented to the disclosure.
- The individual concerned is informed that the information is usually passed on to that particular person, body or agency and they then give consent for this to be passed on.
- The disclosure is required under law or authorized by law.

ACCESS TO RECORDS

The organisation shall allow individuals to access their own personal information if required unless the individual has been denied access through an authorised person or by law.

ALTERNATIONS OF RECORDS CONTAINING PERSONAL INFORMATION

- The organisation will take reasonable steps to ensure personal information is only altered or amended to maintain the records as being up to date and correct.
- Where personal information has been altered or amended the individual concerned is notified or is aware and if requested are able to receive a copy of the information.
- Any information that is legally unable to be altered or amended shall remain in its original format and kept on file accordingly.
- If necessary alterations or amendments to be signed by the person making appropriate changes.
- Where necessary the organisation to attach to the records any statements provided by the individual of the correction, deletion or addition.

DISPOSAL OF INFORMATION

- Information that is no longer required by the organisation is either archived and protected or destroyed dependant on its future need and organisations legal responsibilities.
- Personal information relating to individuals that is no longer current is archived, protected and stored appropriately.
- Personal information held by the organisation that is no longer relevant or up to date and is not required to be kept by law is Destroyed or archived and protected.

DOCUMENT CONTROL PRINCIPLES AND ARC GUIDELINES

- All documents are approved for adequacy prior to issue.
- Processes are implemented to review and update as necessary and re-approve documents.
- Any changes and the current revision status of documents are identified.
- Relevant versions of applicable documents are available at points of use.
- Documents remain legible and readily identifiable.
- Documents remain “current” until superseded; even if the review date has lapsed.
- External documents which are necessary for the planning and operation of services are identified and their distribution controlled.
- Obsolete, archived or superseded documents are clearly identified to prevent unintended use.

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REFERENCES

NDIS Code of Conduct
NDIS Quality and Safeguards Framework
Information Privacy Act 2009

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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038 – EMPLOYEE REMUNERATION POLICY OPERATIONAL POLICY



POLICY TITLE:	038 – EMPLOYEE REMUNERATION POLICY		
VERSION:	002	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	16/04/2020

PURPOSE

This Policy is created to identify a clear understanding for the remuneration of all staff members within the organisation.

SCOPE

The Employee Remuneration Policy applies to all full time, part time, contracted and casual positions within the organisation. Volunteer and Student Placements are entirely within a voluntary capacity, with no associated remuneration.

IMPLEMENTATION

It is the policy of ARC Disability Services Inc. to ensure all team members are remunerated appropriately for the hours of work they undertake. ARC responds to the Social, Community Services, Home Care, and Disability Services Industry Award.

- ARC Disability Services Inc. ensures staff are appropriately and adequately remunerated, with good faith from the understanding provided from the interpretations of the award. Fair Work Australia is contacted with questions that may arise to ensure a “fair days’ pay for a fair day’s work”.
- Employees will be remunerated as per the transitional arrangements for Queensland within the Social, Community Services, Home Care, and Disability Services Industry Award.
- Employees pay levels will be detailed within their position description and letter of appointment.
- Any changes within pay levels will be in consultation with staff members where possible.
- Incremental levels of remuneration will be reviewed upon the team member’s anniversary within a role.
- All team members will commence employment on increment one of the identified pay level.
- In special circumstances, and at the discretion of the Executive Team, team members may commence at a higher increment. This will be detailed within the letter of appointment.
- All pay rates will be reviewed at the commencement of the new financial year to ensure all team members are on the appropriate pay rate.
- All other matters relating to remuneration will be detailed within the employee agreement and letter of appointment.
- Management and alterations of employees’ remuneration rates is delegated to the Chief Executive Officer; Chief Finance Officer or the Manager of Corporate and Human Resources.

REMUNERATION REVIEW

- Salaried employees will have a remuneration review at the commencement of each financial year. Salaried workers are not guaranteed any CPI incremental increases; as the rate is an all-encompassing, above award agreed amount.
- All pay rates will be reviewed at the commencement of the new financial year to ensure all team members are on the appropriate pay rate.

VARIATIONS

ARC Disability Services Inc. reserves the right to vary, replace or terminate this policy from time to time.

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REFERENCES

Social, Community Services, Home Care, and Disability Services Industry Award
Fair Work Act 2009

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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039 – WORKING FROM HOME POLICY OPERATIONAL POLICY



POLICY TITLE:	039 – WORKING FROM HOME POLICY		
VERSION:	002	DATE EFFECTIVE:	11/03/2016
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	16/04/2020

PURPOSE

ARC Disability Services Inc. recognises the importance of flexible working arrangements in helping to retain its workforce, while at the same time ensuring a strong team-based culture. The Working from Home Policy outlines the range of flexible working arrangements available to the team within ARC. The opportunity to work from home is not an entitlement or a right. Home-based work is a voluntary and cooperative arrangement agreed to between an employee and the organisation. Home-based work will be considered on a case by case basis.

SCOPE

All Staff

IMPLEMENTATION

INFORMATION TECHNOLOGY

If home-based work involves access to the ARC Server and database, the Executive Representative and the Team Member must ensure appropriate security arrangements are in place. Team members are required to abide by associated policy and procedures, particularly in relation to privacy and confidentiality.

WORK HEALTH AND SAFETY

ARC is committed to providing a safe and healthy place of work for all team members, and this extends to staff who undertakes home-based work. All work health and safety policy and procedures that apply to staff of ARC, will as far as practicable, apply in carrying out work at a home-based site.

WORKER'S COMPENSATION

Staff members undertaking authorised home-based work are covered by the same principles of the Workers Compensation and Rehabilitation Act (2003) that apply to staff working on site.

If a staff member has an accident or sustains an injury whilst undertaking home-based work, the staff member is required to report the injury or illness to their Supervisor as soon as practicable. All accidents and injuries must be documented on an Incident Report Form, and submitted to the ARC Office, along with a Q-Comp medical certificate **within 24 hours of the incident occurring**. Staff should be aware that home-based work may not be appropriate for employee rehabilitation and return to work cases following the injury.

INSURANCE ARRANGEMENTS

Staff members are solely responsible for checking whether working from home has any impact on any existing insurance arrangements they may have, including public liability or equipment covered by their own home contents insurance, and any obligations they may have to notify their insurer that their home is to be used for work purposes.

ABSENCES

Staff undertaking home-based work are required to follow the same processes for notifying of absences (e.g. sick/carers/personal leave) that apply to all other team members.

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ADMINISTRATIVE TASKS

Working from home arrangements for administrative tasks may be for regular periods of time, or, on an ad hoc one-off basis.

Ad hoc or one-off periods of working from home, or at an alternative work location, do not require a formal “working from home agreement”, however approval must be obtained in advance from the staff members manager. Managers need to be mindful of ARC’s duty of care responsibilities will continue to apply.

Additional periods of working from home must be formalised in a “working from home agreement: (WFHA) prior to commencing such an arrangement. The WFHA must clearly outline the duties to be performed whilst undertaking home-based work, the mechanisms for monitoring output, as well as the supervision arrangements, prior to the arrangement being put in place.

A WFHA may initially be for a trial period. If, following a review, the arrangement is to be continued, the WFHA will specify the agreed period (up to six months) and stipulate the timeframes for regular reviewing the arrangement to ensure that it is working effectively.

At any times, either party may terminate a WFHA. At least two weeks’ notice must be given indication the cessation of the WFHA.

Approved WFHA do not carry over to any new position which a team member may transfer or be promoted into. In the case of a transfer or promotion, a new application to undertake home-based work must be submitted.

REFERENCES

- Work Health and Safety Act 2011*
- Workers’ Compensation and Rehabilitation Act 2003*
- Fair Work Act 2009*

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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040 – BUILDING SECURITY POLICY OPERATIONAL POLICY



POLICY TITLE:	040 – BUILDING SECURITY POLICY		
VERSION:	001	DATE EFFECTIVE:	14/05/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	14/05/2020

PURPOSE

ARC Disability Services Inc. is committed to supporting participants and have a duty of care to ensure their personal safety while actively considering their rights and needs. In some cases, it shall be deemed necessary for the locking of external doors gates and windows in line with the community standard for safety.

SCOPE

This policy applies to all employees, volunteers, participants and any member of the community whilst on ARC owned and/or operated properties.

DEFINITION

Building Security is defined as the locking of a door, gate or window to ensure the safety of the individuals and property inside. This is in line with the community standard of safety.

IMPLEMENTATION

In supporting participants with an intellectual or cognitive disability whose safety is at risk without appropriate supervision, ARC must adhere to the following principles:

- That any action taken to benefit a person intrudes on their rights and lifestyle to the least extent possible, i.e., the least restrictive way applies.
- People with disability have the same human rights as people without disability.

As per the standard outlined by the NDIS Quality and Safeguards Commission, ARC has the responsibility to provide services that are in a safe environment. A crucial part of providing this safe environment is ensuring that the community standards are met around security.

ARC interprets the community standard around locking of doors, gates and windows as the following

- All external doors to be locked when not in active use – special care taken for at night time.
- If any participants or ARC property of or above \$100 value, is to be kept in an outside space, this area requires the capacity to be locked i.e. A patio with a BBQ on it.
- Outside areas that are accessed independently by participants are to have the capacity to be locked upon request of the participant/ guardian for safety.
- All pools at a participant's home are required under state law to have a fence around it, this is not deemed restrictive, due to community standards.

Upon a participant commencing services, participants shall be supported to fill in a Building Security Information form. This form will outline what assistance the participant requires in this area. Within this form it shall be outlined whether or not the participant wishes to have a key, or how they wish to communicate access to opening of doors. In the event that a participant requests a key for these doors, gates and windows they will be given one to keep or alternatively arrangements will be made for a key to be left somewhere they can access independently. This will be applied on a case by case basis. A participant will not be required to ask for permission to use this key.

If a door, gate or window is locked due to a participant's challenging behaviour, and not because of community standards, then this is deemed a regulated restrictive practice. Under the NDIS Quality and Safeguards Framework a Positive Behaviour Support Plan (PBSP) shall be developed to support the participant.

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040 – BUILDING SECURITY POLICY OPERATIONAL POLICY



The practice of locking doors, gates or windows in this circumstance would constitute seclusion or an environmental restraint. The use of this practice would only occur under direction from a positive behaviour support practitioner along with an accompanying PSBP. Refer to the Restrictive Practice Policy for more information. In the instance that there are other participants who are affected by the locking of doors, gates or windows, arrangements will be made to limit this impact to the least restrictive alternative.

The locking of internal doors within a house is not permitted unless it falls into one of the following circumstances:

- It is done by the participant for privacy or security whilst they are in their room
- It is done by support staff whilst using the bathroom or getting changed in alignment with community standards
- It is done by the support staff in the event of an emergency, in line with community standards i.e. intruder in the house
- A participant wishes to lock their own personal bedroom door whilst they are not in there for security of their belongings.

ARC will ensure at all times that this policy respects and takes into account any cultural and Linguistic diversity, and Aboriginal and Torres Strait Islander Culture/Cultural protocol

REFERENCES

Disability Services Act 2006

NDIS Quality and Safeguards Framework

Human Services Quality Framework

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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042 – SOCIAL MEDIA POLICY OPERATIONAL POLICY



POLICY TITLE:	042 – SOCIAL MEDIA POLICY		
VERSION:	002	DATE EFFECTIVE:	01/12/2013
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	16/04/2020

PURPOSE

ARC Disability Services Inc. expects its employees and volunteers to maintain a certain standard of behaviour when using Social Media for work or personal purposes.

SCOPE

This policy applies to all employees, volunteers, contractors and sub-contractors of ARC who contribute to or perform duties with ARC such as:

- maintaining a profile page for ARC Disability Services on any social or business networking site (including, but not limited to LinkedIn, Facebook, Instagram, Tik Tok, Snapchat, MySpace, Friendster or Twitter);
- making comments on such networking sites for and on behalf of ARC;
- writing or contributing to a blog and/or commenting on other people’s or business’ blog posts for and on behalf of ARC or in association with ARC; and/or
- posting comments for and on behalf of ARC/or in association with ARC; on any public and/or private web-based forums or message boards or other internet sites.

This policy also applies to all employees, volunteers, contractors and sub-contractors of ARC Disability Services Inc. who:

- have an active profile on a social or business networking site such as LinkedIn, Facebook, Instagram, Tik Tok, Snapchat, MySpace, Friendster or Twitter;
- write or maintain a personal or business’ blog; and/or
- post comments on public and/or private web-based forums or message boards or any other internet sites.

This policy does not form part of an employee’s contract of employment. Nor does it form part of any contractor or sub-contractor’s contract for service.

DEFINITIONS

Social Media includes all internet-based publishing technologies. Most forms of Social Media are interactive, allowing authors, readers and publishers to connect and interact with one another. The published material can often be accessed by anyone. Forms of Social Media include, but are not limited to, social or business networking sites (i.e. Facebook, LinkedIn), video and/or photo sharing websites (ie. YouTube, Flickr), business/corporate and personal blogs, micro-blogs (i.e Twitter), chat rooms and forums and/or Social Media:

IMPLEMENTATION

PROFESSIONAL USE OF SOCIAL MEDIA

No employee, volunteer, contractor or sub-contractor of ARC is to engage in Social Media as a representative or on behalf of the organisation unless they first obtain the CEO or CEO’s delegate’s approval.

If any employee, volunteer, contractor or sub-contractor of ARC is directed to contribute to or participate in any form of Social Media related work, they are to act in a professional manner at all times and in the best interests of the organisation.

All employees, volunteers, contractors and sub-contractors of ARC must ensure they do not communicate any:

- Confidential Information relating to the organisation or its Participants, business partners or suppliers;
- Material that violates the privacy or publicity rights of another party; and/or
- Information, (regardless of whether it is confidential or public knowledge), about participants, business partners or suppliers of ARC without their prior authorisation or approval to do so; on any social or business networking sites, web-based forums or message boards, or other internet sites.

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Confidential Information includes any information in any form relating to ARC and related bodies, Participants or businesses, which is not in the public domain. This includes, but is not limited to information relating to Participants; Employees; Volunteers; Stakeholders; Operations etc.

PRIVATE/PERSONAL USE OF SOCIAL MEDIA

ARC Disability Services Inc. acknowledges its employees, volunteers, contractors and sub-contractors have the right to contribute content to public communications on websites, blogs and business or social networking sites not operated by the organisation. However, inappropriate behaviour on such sites has the potential to cause damage to ARC, as well as its employees, clients, business partners and/or suppliers.

For this reason, all employees, volunteers, contractors and sub-contractors of ARC must agree to not publish any material, in any form, which identifies themselves as being associated with ARC Disability Services Inc. or its participants, business partners or suppliers.

All employees, volunteers, contractors and sub-contractors of ARC Disability Services Inc. must also refrain from posting, sending, forwarding or using, in any way, any inappropriate material including but not limited to material which:

- is intended to (or could possibly) cause insult, offence, intimidation or humiliation to the organisation or its participants, business partners or suppliers;
- is defamatory or could adversely affect the image, reputation, viability or profitability of ARC, or its participants, business partners or suppliers; and/or
- contains any form of Confidential Information relating to ARC, or its participants, business partners or suppliers.

All employees, volunteers, contractors and sub-contractors of ARC Disability Services Inc. must comply with this policy. Any breach of this policy will be treated as a serious matter and may result in disciplinary action including termination of employment or (for contractors and sub-contractors) the termination or non-renewal of contractual arrangements.

Other disciplinary action that may be taken includes, but is not limited to, issuing a formal warning, directing people to attend mandatory training, suspension from the workplace and/or permanently or temporarily denying access to all or part of ARC's computer network.

REFERENCES

Fair Work Act 2009

Australian Human Rights Framework

Work Health And Safety Act 2011

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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POLICY TITLE:	043 – INCIDENT POLICY		
VERSION:	002	DATE EFFECTIVE:	19/05/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	02/07/2020

PURPOSE

To outline ARC’s guidelines when it comes to the management of incidents, fulfilling our obligation to Work Health and Safety legislation along with the NDIS Quality and Safeguards Framework.

SCOPE

- All participants receiving supports or services.
- All ARC employees, board members, volunteers or contractors.
- Any visitors to ARC owned or operated locations.

DEFINITIONS

INCIDENT

An incident is a work and/or service related event in which an injury or ill health (regardless of severity) or fatality occurred, or could have occurred. An incident can additionally include a situation in which a medication error, damage to property, behaviour of concern has occurred or a situation that involves infectious material or body/hazardous substances.

CRITICAL INCIDENT

A critical incident is an incident that has resulted in or presents a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a person. A critical incident can additionally include a situation involving property damage, legal involvement, media activity or other unusual activity that falls outside the scope of activity undertaken by ARC.

Depending on the nature of the incident, it will be deemed critical and may also be defined under additional sub-categories of:

- Reportable Incident;
- Notifiable Incident and/or;
- Dangerous Incident.

REPORTABLE INCIDENT

As a registered NDIS provider ARC is required to record and manage all incidents that occur in the delivery of NDIS supports and services; and notify the NDIS Commission of any incidents classed as reportable. For an incident to be reportable, a certain act or event needs to have happened (or alleged to have happened) in connection with the provision of supports or services by the registered NDIS provider. This includes:

- The death of a person with disability.
- Serious injury of a person with disability.
- Abuse or neglect of a person with disability.
- Unlawful sexual or physical contact with, or assault of, a person with disability.
- Sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity.
- Unauthorised use of restrictive practices in relation to a person with disability.

NOTIFIABLE INCIDENT

The *Work Health and Safety Act* 2011 sets out what sort of incidents are notifiable to Workplace Health and Safety Queensland (WHSQ). An incident is notifiable if it arises out of the conduct of a business or undertaking and

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results in the death, serious injury or serious illness of a person or involves a dangerous incident. The *Work Health and Safety Act 2011* sets out that a serious injury or illness of a person requires that person to have:

- Immediate treatment as an in-patient in a hospital.
- Immediate treatment for;
 - The amputation of any part of their body;
 - A serious head injury;
 - A serious burn;
 - The separation of his or her skin from an underlying tissue (such as degloving or scalping);
 - A spinal injury;
 - The loss of a bodily function;
 - Serious lacerations.
- Medical treatment (treatment by a doctor) within 48 hours of exposure to a substance.
- Any infection to which the carrying out of work is a significant contributing factor, including an infection that is reliably attributable to carrying out work:
 - With micro-organisms;
 - That involves providing treatment or care to a person;
 - That involves contact with human blood or body substances;
 - That involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.

DANGEROUS INCIDENT

A dangerous incident is a notifiable incident in relation to a workplace that exposes a worker or any other person to a serious risk to the person's health or safety emanating from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel
- the interruption of the main system of ventilation in an underground excavation or tunnel
- Any other event prescribed under a regulation; but does not include an incident of a prescribed kind.

RESPONSIBILITY

Incident reporting applies to all staff to ensure:

- Immediate resolution and management of the incident;
- Actions taken to limit possibility of future incidents;
- Enough Information recorded if a subsequent review may be required.

Incident Reporting processes will apply at all times in order to ensure:

- Safety of those involved;
- Immediate crisis management of a critical incident;
- Informed, accurate and timely response to media enquires;
- Management of subsequent information requests and briefings;
- Information relevant to a subsequent review that may be required;
- A report to the relevant government body.

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IMPLEMENTATION

Any staff member who is involved in, witnesses or has an incident brought to their attention must report the incident to the organisation within 24 hours. If recognised as critical or requires the reporting of criminal acts, the incident must be immediately reported to the CEO or Chief Services Officer (CSO) to ensure efficient and effective operational and media management. Specific media enquiries in relation to any aspect of an incident are to be directed through the CEO or Chair of the Board.

Where extenuating circumstances apply such as an employee being injured, the CEO may waive or approve a delay in a staff member completing relevant documentation. In these circumstances, ARC must attempt to gather all available information from other sources to enable follow up. Legislative timeframes to report critical incidents would still apply in this instance and the organisation must abide to these timeframes.

All incident reports received must be registered and provided to the appropriate coordinator/manager to action. All actions taken to resolve the incident, must be detailed and documented appropriately. In the event a non-conformance or opportunity for improvement is identified, these will be documented separately and followed up by the relevant coordinator/manager. All actions must be reviewed by a member of the management team to ensure the necessary actions have been taken and if critical, the incident is reported to the applicable regulatory government bodies.

If deemed necessary, an incident may require a formal investigation to be conducted to identify the incident's root cause and implement effective control measures to reduce the likelihood of an incident occurring again. Approval must be provided by the CEO for a formal incident investigation to commence.

NDIS Quality and Safeguards Commission

A critical incident that has also been deemed as a reportable incident under the NDIS will require reporting to the NDIS Quality and Safeguards Commissioner. The CSO is responsible to ensure that notification is submitted via the online NDIS Quality and Safeguards Portal in the required timeframe.

REPORTABLE WITHIN 24 HOURS TO THE COMMISSION

- The death of a person with disability
- The serious Injury of a person with disability
- The abuse or neglect of a person with disability
- Incidents of alleged physical or sexual assault of a participant committed by an employee
- Incidents of alleged physical or sexual assault of a participant committed by another participant while in the care of the provider
- Sexual misconduct committed against, or in the presence of, a person with disability including grooming of the person for sexual activity

REPORTABLE WITHIN 5 BUSINESS DAYS TO THE COMMISSION

- Unauthorised use of restrictive practices.
- Incidents involving fraud

INCIDENT FOLLOW UP

The delegated Workplace Health and Safety Employee is responsible for following up on all incidents, ensuring that the relevant coordinator/manager actions and reviews any hazards that are identified, ensuring that these are then rectified. Service Improvements may be recorded in the course of reviewal of an incident, these will be recorded in the continuous improvement register. The delegated Workplace Health and Safety Employee is responsible for ensuring that Incidents are closed out.

NOTIFICATION OF OBSERVATION

In the event that an ARC employee (such as a support coordinator or support worker) witnesses or becomes aware of a critical incident or concerning conduct involving another NDIS provider, ARC will provide a notification of observation via email to the NDIS Quality and Safeguards Commission. To facilitate accurate recording and follow up, employees will utilise ARC's internal incident reporting system.

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The notification of observation will be sent to the Incident Management and Reportable Incident team at the NDIS Quality and Safeguards Commission via Qldreportableincidents@ndiscommission.gov.au. This email is to be sent within 5 business days of observation or if the incident has resulted in harm to a person with disability, it must be reported within 24 hours.

By providing these notifications, ARC is fulfilling its obligation as a service provider under the NDIS Code of Conduct. In the event that the notification of observation requires a final report this falls to the CSO or another delegated employee to facilitate. ARC will support any employees who identify a concern if they wish to report it themselves to the commission external from ARC.

REFERENCES

Work Health and Safety Regulation 2011

Work Health and Safety Act 2011

NDIS Quality and Safeguards Framework

NDIS Code of Conduct

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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044 - SALARY SACRIFICE POLICY OPERATIONAL POLICY



POLICY TITLE:	044 – SALARY SACRIFICE POLICY		
VERSION:	002	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	16/04/2020

PURPOSE

The objective of salary sacrificing is to maximise flexibility for individuals to meet their personal and financial needs while at the same time ensuring that the benefit arrangements comply with relevant taxation legislation and rulings.

SCOPE

All Permanent Part time or Full Time Employees.

IMPLEMENTATION

ARC Disability Services Inc. will make available salary sacrificing options to its Employees under the following principals:

- No cost to ARC, either directly, or indirectly. As part of the salary sacrificing arrangements, the costs for administering the package and any fringe benefits tax (FBT) are to be met by the participating employee.
- Increases or variations in taxation are to be passed to employees as part of their salary package.
- There will be no significant workload or other recurring costs to the organisation.
- The salary sacrificing arrangements will be managed by ARC. ARC reserves the right to outsource salary sacrificing arrangements at a later date should the requirements become greater than the existing ARC resources.
- Salary sacrificing arrangements are available for permanent part time (PPT); permanent full time (PFT) and contract employees who have regular predictable wages. Salary sacrificing arrangements are not available for casual or seasonal employees.

ADVANTAGES TO THE EMPLOYEE

- Making financial decisions based on before tax dollars, and after tax dollars;
- Allocating salary and optional benefits to suit individual financial and personal situations; and
- A potential increase in net remuneration.

ADVANTAGES TO THE ORGANISATION

- Potential net increases in remuneration for employees at no cost to the organisation
- Increased staff motivation; and
- Attraction and retention of employees.

ELIGIBILITY

- Employees are eligible to salary sacrifice if their employment is: Continuing full time or part time or Fixer-term full time or part time/contract
- Casual employees are not eligible to participate in salary sacrificing
- Employees deemed eligible to salary sacrifice must complete the relevant forms and processes as provided by ARC. Acceptance of the application is at the discretion of the organisation and will only be given where the employee enters into and accepts all of the formal contractual salary sacrificing obligations as required, determined and provided by ARC.

FINANCIAL ADVICE REQUIREMENTS

Financial advice is strongly recommended before entering a salary sacrificing arrangement, or when contemplating changing the arrangement to any substantial degree. It is not a requirement that employees set up an ongoing relationship with a financial advisor.

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044 - SALARY SACRIFICE POLICY OPERATIONAL POLICY



WHAT CAN BE COVERED IN A SALARY SACRIFICE AGREEMENT?

Employees may sacrifice up to a maximum of \$611.50 in a fortnight
Additional amounts may be sacrificed into employee's superannuation
Salary sacrifice payments are to be a single; regular; on-going payment to a third party on behalf of the employee.
Examples of this may be off a Mortgage; Personal Loan; Rental Agreement etc.
Salary sacrifice amount is to be the same every fortnight, with agreements updated annually in March.

REFERENCES

Social, Community, Home Care and Disability Services Industry Award 2010
Social Security Act 1991
Fair Work Act 2009

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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045 – OVERTIME & TIME OFF IN LIEU POLICY OPERATIONAL POLICY



POLICY TITLE:	045 – OVERTIME & TIME OFF IN LIEU POLICY		
VERSION:	002	DATE EFFECTIVE:	01/06/2006
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	16/04/2020

PURPOSE

This Policy is intended to identify a clear understanding for all team members of the organisation regarding the undertaking of overtime, and process of accruing and accessing time of in lieu (TOIL).

SCOPE

The Overtime and Time of in Lieu Policy applies to all full time, part time, contracted and casual positions within the organisation.

IMPLEMENTATION

It is the policy of ARC Disability Services Inc. to provide quality supports and services to the Participants which engage in services, ensuring the best value for money.

Overtime is an occasional requirement for the provision and continuity of supports and this policy informs the organisation when this is appropriate. To ensure the organisation is supporting staff to maintain a healthy work/life balance, staff members have the right to say “no” to undertaking work that may put them into overtime.

TOIL may be utilised for the organisation to meet the required outcomes, outside of the allotted hours, when team members agree to undertake the time in an hour for hour arrangement. This will be undertaken at the approval of a member of the Management Team. The time is to be taken within one month of accrual, unless otherwise discussed and mutually agreed upon.

OVERTIME

Overtime is prescribed within the Social, Community Services, Home Care, and Disability Services Industry Award. Whilst it can be difficult to decipher the exact parameters of overtime, and hours can be worked over a 28-day period, a general rule of thumb includes:

- Staff members should work no more than 10 hours within a 12 hours’ span
- Staff members should be allowed a break of not less than 10 hours between the end of one shift/period of work and start of the next
- Staff members forego this 10-hour break if there is a ‘sleepover’ in that portion of time.
- Staff members should work no more than 38hours in a week; 76 hours in a fortnight or 152 hours over a 28-day span.
- Permanent Part Time member should have four days off a fortnight, two of these consecutive.

Should a team member be required to work outside these hours, the ARC representative engaging them for the support will ensure the team member consents to undertaking the overtime work. Approval will be sought from a member of the Management Team, and recorded within the rostering database.

TIME OFF IN LIEU OVERTIME

Time worked in excess of ordinary working hours may be deemed to be overtime. Time off may be granted in lieu of payment by mutual agreement between the staff member and their Manager. TOIL is calculated on a time for time basis. TOIL accrued must be taken as soon as practicable after it has accrued. TOIL is required to be taken within two pay periods, unless otherwise discussed and agreed upon with the Manager. This will be noted within the HR notes. TOIL will be used prior to staff members accessing any Annual Leave entitlements. In such cases, TOIL shall not attract annual leave loading.

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045 – OVERTIME & TIME OFF IN LIEU POLICY OPERATIONAL POLICY



Additional loading is included in Levels 6, 7, 8 and salaried rates to cover additional reasonable hours, without accruing overtime, to meet the flexible position requirements of these levels.

VARIATIONS

ARC Disability Services Inc. reserves the right to vary, replace or terminate this policy from time to time.

REFERENCES

Social, Community, Home Care and Disability Services Industry Award 2010
Fair Work Act 2009

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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046 – CRIMINAL HISTORY SCREENING/EMPLOYEE SUITABILITY POLICY OPERATIONAL POLICY



POLICY TITLE:	046 – CRIMINAL HISTORY SCREENING/EMPLOYEE SUITABILITY POLICY		
VERSION:	003	DATE EFFECTIVE:	01/04/2016
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	16/07/2020

PURPOSE

ARC has a commitment to protect and not place at unreasonable risk vulnerable people, this policy outlines ARC’s employee suitability process.

SCOPE

This policy applies to all existing and prospective staff, volunteers, board members and any member who as a volunteer/Student, is involved in or wishes to be involved in providing services to vulnerable people.

DEFINITION

‘Agency Personnel (AP)’ is a designated Human Resources staff who is authorised to request employee suitability screens; either via a police checks, handle Police History Information (PHI); Blue Card application; Yellow Card criminal history screening; and other data relevant to applicants.

‘Applicant’ is an individual who provides written informed consent to authorize ARC to conduct a check of their name

‘Authorised Officer (AO)’ is the Recruitment Manager who is a member of the Human Resources team.

‘Disclosable Outcome’ is a record of court convictions and finding of guilt, to which provisions of relevant spent convictions/non-disclosable legislation and /or information release policies have been applied

IMPLEMENTATION

All employees and board members must undertake an Employee Suitability Screening check prior to commencement and every 3 years thereafter. Additionally, members must advise Human Resources if during their engagement with ARC they are charged with, or convicted of any criminal offence which is or reasonably may be regarded by ARC as relevant to their position, or to the inherent requirements of their position.

In conducting an Employee Suitability Screen, ARC is demonstrating due diligence, equity and fairness in its selection and appointment of existing and prospective employees and volunteers. It is also a requirement of ARC’s registration with the NDIS Quality and Safeguarding Commission that a worker screening is undertaken.

ARC will not accept a previous police check or a police check completed from another organisation. However, where an applicant has not resided in Australia or has recently arrived in Australia, ARC will request the applicant to provide an international police clearance, or other suitable records/documentation, additional to the prescribed worker screening obligations.

In conducting an Employee Suitability Screen, ARC will always comply with:

- All relevant legislation of the Commonwealth, or any state and territory or local authority, in particular legislation which prevents discrimination on the basis of criminal records
- The Commonwealth Spent Convictions Scheme
- Its obligations as set out in the Contract with NDIS Quality and Safeguards Commission.

This policy sets out ARC’s approach to obtaining an Employee Suitability Screen as a pre-requisite for employment and / or placement in all ARC service.

Employees will not be permitted to commence employment prior to receiving either a positive exemption notice or a positive blue card notice.

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RESPONSIBILITIES

CEO SUB DELEGATIONS

The CEO Sub-delegations provide delegated authority from the CEO to an ARC staff member who occupies an identified position to undertake certain activities on behalf of ARC. The CEO Sub-Delegations document includes specific delegations in relation to the Human Resources team.

AUTHORISING OFFICER AND AGENCY PERSONNEL

- Is responsible for and have the authority to request an employee suitability screen
- Must protect suitability Information at all times
- Must not retain or reproduce suitability Information
- Is responsible for the overall management of suitability Information
- Assesses all disclosable outcomes on a case by case basis against the inherent and/ or essential requirements of the position
- Acts as the point of contact for the ARC workforce for matters relating to employee suitability, this policy and associated procedures and guidelines

PROCESS

1. A worker screen/suitability check can only be requested for the purposes of employment screening, probity checking and personnel security vetting of existing and prospective staff, volunteers, board members and any member who as a volunteer/student; and is involved in or wishes to be involved in providing services to vulnerable people.
2. All new or existing ARC team members are to complete a satisfactory worker screening prior to commencement and/or offer of employment or engagement in a volunteer position.
3. During the recruitment process of any ARC prospective team members, they must be advised of the requirement to undertake an employee suitability screen.
4. An employee suitability check can only be requested after an informed consent form has been completed by the person whose name will be checked and identity has been established using the 100-point ID check methodology.
5. A new informed consent must be completed by the person prior to requesting each and every suitability check including 3 year renewals
6. When a suitability check is completed, ARC will retain as its permanent records the completed application and store on the relevant personnel file.
7. Where a disclosable outcome arises, the AO and AP must assess the applicant's situation and undertake a risk assessment on behalf of the organisation and in accordance with all Privacy laws, ARC's Privacy Policy.
8. Agency Personnel must not discriminate on the grounds of a criminal record when making a decision. It is not an act of discrimination to find a person unsuitable for a particular role if an applicant's criminal record means that he or she is **unsuitable** to perform the inherent or essential requirements of that role.
9. The AO and AP must maintain complete confidentiality and protect the applicant's identity at all times and ensure the information about an applicant's suitability for employment is always used for the purposes for which it is intended.

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046 – CRIMINAL HISTORY SCREENING/EMPLOYEE SUITABILITY POLICY OPERATIONAL POLICY



10. A disclosable outcome does not automatically exclude an individual from working or volunteering at ARC. When assessing the relevance of an applicant's **suitability** Information, the ARC will consider the following:
- The relevance of the Information to the inherent requirements of the work they will be required to do
 - The seriousness of the conviction or offence
 - The severity of any penalty imposed
 - Whether the offence has been decriminalised or removed from the statutes
 - Whether in relation to the offence there was a finding or guilt but without conviction, which may generally indicate a less serious view of the offence by the courts
 - The age of the applicant when the offence occurred
 - The period of time that has elapsed since the offence took place
 - Whether the applicant had a pattern of offences
 - The circumstances in which the offence took place – for example, domestic situation
 - Whether the applicant's circumstances have changed since the offence was committed, for example, previous drug use
 - The attitude of the applicant to their previous offending behaviour

PARTICULAR ATTENTION WILL BE GIVEN TO

- Murder or sexual assault
- Any other form of assault
- Any offence involving harm or exploitation of vulnerable people
- Any serious alcohol or drug related offences that indicate a pattern of dependence
- Drug trafficking
- Any offence involving dishonesty
- Terrorism

11. Suitability Screening Information must not be reproduced or printed under any circumstances.

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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047 – CANCELLATION POLICY OPERATIONAL POLICY



POLICY TITLE:	047 – CANCELLATION POLICY		
VERSION:	002	DATE EFFECTIVE:	01/07/2016
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	18/06/2020

PURPOSE

To ensure that ARC Disability Services Inc. (ARC) provides clear information regarding expectations of participants to give the required reasonable notice when cancelling support to minimize the risk of participants incurring service charges by not following the correct procedures. ARC aims to be as flexible as possible to respond to the changing needs of participants, however, we do also need to meet our obligations under industrial laws in regard to rostering and paying staff appropriately.

SCOPE

CEO, Leadership Team and Coordination Team.

IMPLEMENTATION

In order to provide a full range of services at the most efficient price, maximizing opportunities for participants, ARC is very mindful of not wasting resources. Our human resources are one of our most important factors in offering quality services, and in order to ensure efficient and effective management of our teams it is important for everyone to be mindful of the complexities of rostering staff. To this end we need participants and their families to understand the importance of providing the required reasonable notice to ARC when they choose that support is not required or they will not be attending group activities. Likewise, staff are expected to give as much notice as possible if they are unable to work, in order that we may make every effort to provide an appropriate alternative staff member.

REQUIRED REASONABLE NOTICE

It is the policy of ARC Disability Services Inc. that where the required reasonable notice is not given or no notice is given by a participant when cancelling supports that the participant will be charged at 100% of the prescribed cost of the service provision. To assist with cancellations over the weekend and Monday mornings; ARC has a specific cancellation phone which is monitored. This can be contacted on 0499 111 432. If a cancellation is required out of hours to adhere to this policy; a message can be left at this number. ARC will honour the time of the message as the cancellation to prevent any potential costs.

INDIVIDUAL OR SHARED SUPPORTS

Required reasonable notice cancellations for individual or shared supports must be made before 3pm the day before the support or service which is to be cancelled. There will be no charge for cancellations that comply with this required reasonable notice requirement.

Cancellations which do not comply with the above required reasonable notice timeframes will be charged at 100% of the full cost of the support as per the prescribed rate.

In the situation when no notice is given i.e. a “no show” ARC will endeavour to contact the person or their family member to ascertain if there is an additional or unplanned problem or circumstance which requires support or assistance. “No shows” will be charged for at 100% of the prescribed rate unless otherwise negotiated and agreed with the organisation due to exceptional circumstances.

GROUP PROGRAMS

As per the NDIS’s 2020 update to the Price Guide; Group Program Supports will be entered into a 12 week program schedule. Participants are agreeing to purchase into these group services for the duration of agreement. Subsequently no cancellation allowance is included within these group programs. 100% of services will be claimed

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as per the group program service agreement, for the duration of the agreement. Should a participant wish to conclude their group program, 14 days' notice is required.

TRANSPORT

The above "Group Program" agreement is the same for "Group Transport" within Programs.

SHORT TERM ACCOMMODATION/HOLIDAY HOUSE

Required reasonable notice cancellations for STA/Holiday House stays must be made before 3pm the day before the service which is to be cancelled. There will be no charge for cancellations that comply with this required reasonable notice requirement.

Cancellations which do not comply with the above required reasonable notice timeframes will be charged at 100% of the full cost of the support as per the prescribed rate up to a maximum of 48 hours.

In the situation when no notice is given i.e. a "no show" ARC will endeavour to contact the person or their family member to ascertain if there is an additional or unplanned problem or circumstance which requires support or assistance. "No shows" will be charged at 100% of the full cost of the support as per the prescribed rate up to a maximum of 48 hours unless otherwise negotiated and agreed with the organisation due to exceptional circumstances.

FURTHER INFORMATION

For further information, please speak with your ARC Coordinator. ARC understands that people's circumstances change and ARC is more than happy to be flexible and work with all participants to tailor individualised responses to your needs. This policy is not intended to reduce flexibility but to make sure ARC can continue to provide participants with the best possible level of support into the future.

QUICK REFERENCE GUIDE

Below is a quick reference guide for the required notice by ARC Disability Services Inc. when cancelling supports. Where the required notice has not been provided, ARC will charge the full costs incurred in providing the support.

TYPE OF SUPPORT	NOTICE GIVEN	RATE CHARGED
Individual or Shared Support	ARC to be notified 3pm the day prior	Support not Charged.
Individual or Shared Support	No show or not notified before 3pm day prior	Support Charged at 100% of the prescribed rate.
STA or Holiday House	ARC to be notified 3pm the day prior	Support not Charged.
STA or Holiday House	No show or not notified before 3pm day prior	Support Charged at 100% of the prescribed rate up to cap of 48 hours.
Group Programs	N/A – 12 week agreement no cancellation allowance included within agreement.	
Transport	N/A – 12 week agreement no cancellation allowance included within agreement.	
TIME OF CANCELLATION	NUMBER	METHOD
Office hours Cancellations	07 4046 3600	Please speak with a team member
Out of hours Cancellations	0499 111 432	Please leave a message

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REFERENCES

NDIS Act 2013
Social, Community, Home Care and Disability Services Industry Award 2010
Fair Work Act 2009
NDIS Price Guide 2020-2021

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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POLICY TITLE:	048 – WORKPLACE BULLYING POLICY		
VERSION:	003	DATE EFFECTIVE:	30/01/2017
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	07/10/2021

PURPOSE

ARC Disability Services Inc. (ARC) is committed to providing a safe and healthy workplace where all workers are treated fairly, with dignity and respect. Bullying is a risk to the health and safety of the workplace. It is unacceptable and will not be tolerated by ARC.

SCOPE

This policy covers all employees and workers for ARC (whether full-time, part-time or casual) and all persons performing work at the direction of, in connection with, or on behalf of ARC.

This policy extends to all the functions and places that are work related, e.g. work lunches, conferences, Christmas parties and client functions.

IMPLEMENTATION

Everyone within a workplace has a legal responsibility to prevent bullying from occurring. Under the Work Health and Safety Act 2011, ARC has the primary duty to eliminate or minimise, as far as reasonably practicable, the risk to health and safety in the workplace. This duty includes the implementation of strategies to prevent workplace bullying.

Workplace participants are also required under the Legislation to take reasonable care for their own health and safety, as well as that of others at ARC. All workplace participants must also comply with any reasonable instruction given by ARC.

Workplace bullying is repeated, unreasonable behaviour, directed towards a worker/participant or a group of workers/participants that creates a risk to health and safety. It includes both physical and psychological risks of abuse.

‘Repeated behaviour’ refers to the persistent nature of the behaviour and can refer to a range of pattern of behaviours over a period of time. (e.g. verbal abuse, unreasonable criticism, isolation etc.)

‘Unreasonable behaviour’ means behaviours that a reasonable person, having regard to all the circumstances, would expect to victimise, humiliate, undermine or threaten another person.

EXAMPLES OF WORKPLACE BULLYING

Bullying behaviours can take many different forms, from the obvious (direct) to the subtler (indirect). The following are some examples of both direct and indirect bullying;

Direct Bullying:

- Abusive, insulting or offensive language
- Spreading misinformation or malicious rumours
- Behaviour or language that frightens, humiliates, belittles or degrades, including over criticising, or criticism that is delivered with yelling or screaming
- Displaying offensive material
- Inappropriate comments about a person’s appearance, lifestyle, their family or sexual preferences
- Teasing or regularly making someone the brunt of pranks or practical jokes

Indirect Bullying:

- Unreasonably overloading a person with work, or not providing enough work
- Setting timeframes that are difficult to achieve, or constantly changing them
- Setting tasks that are unreasonably below, or above the person’s skill level
- Deliberately excluding or isolating a person from normal work activities

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- Withholding information that is necessary for effective work performance.

The above examples do not represent a complete list of bullying behaviours. They are indicative of the type of behaviours which may constitute bullying and therefore unacceptable to ARC.

A single incident of unreasonable behaviour does not usually constitute bullying. A person's intention is irrelevant when determining if bullying has occurred. Bullying can occur unintentionally, where actions are not intended to victimise, humiliate, undermine or threaten a person actually have that effect.

WHAT DOES NOT CONSTITUTE WORKPLACE BULLYING?

Managing staff does not constitute bullying, if it is done in a reasonable manner. Managers and Coordinators have the right, and are obligated to, manage team members. This includes directing the way in which work is performed, undertaking performance reviews and providing feedback (even if negative) and disciplining and counselling staff. Examples of reasonable management practices include:

- Setting reasonable performance goals, standards and deadlines in consultation with workers and after considering their respective skills and experience
- Allocating work fairly
- Fairly rostering and allocating work hours
- Transferring a workplace participant for legitimate and explained operational reasons
- Deciding not to select a workplace participant for promotion, following a fair and documented process
- Informing a workplace participant about the unsatisfactory work performance in a constructive way and in accordance with organisational policy, procedures and guides
- Informing a workplace participant about inappropriate behaviour in an objective and confidential way
- Implementing organisational changes of restructuring
- Performance management processes

PROCESS

If a workplace participant feels they have been bullied, they should not ignore it. Any bullying issue should be brought to ARC's attention as soon as possible. There are a number of options available to the workplace participant.

CONFRONT THE ISSUE

If a workplace participant feels comfortable doing so, they should address the issue with the person concerned. A workplace participant should identify the bullying behaviour, explain that the behaviour is unwelcome and offensive and that it stops. This is **not** a compulsory step. If a workplace participant does not feel comfortable confronting the person, or the workplace participant confronts the person and the behaviour continues, the worker should report the issue to their manager. If the manager is the alleged perpetrator, then the matter should be reported to a senior manager or to a member of the Board. If a workplace participant is unsure about how to handle a situation they should contact a Coordinator/Manager/CEO.

REPORT THE ISSUE

There are two complaint procedures that can be used to resolve bullying complaints: informal and formal. The type of complaint procedure used depends on the nature of the complaint that is made. The aim is to ensure that workplace participants are able to return to a productive and harmonious working relationship as soon as possible.

INFORMAL COMPLAINT PROCEDURE

Under the informal complaint procedure there are a broad range of options for addressing the complaint. The procedure used to address the issue will depend on the individual circumstances of the case. The Manager or Coordinator will determine which process to follow. The possible options include, but are not limited to, the Manager or Coordinator:

- a) Discussing the issue with the person against whom the complaint is made; and/or
- b) Facilitating a meeting between the parties in an attempt to resolve the issue and move forward

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The informal complaint procedure is more suited to less serious allegations that if founded, may not warrant disciplinary action being taken.

FORMAL COMPLAINT PROCEDURE

The formal complaint procedure involves the workplace participant making a written complaint and formal investigation of that complaint. It is appropriate for more serious allegations, or if senior management are involved. Formal investigations may be conducted by ARC or by an external investigator appointed by the organisation. If appropriate for a safe and efficient investigation, the staff member may not be required to report to work during the period of their investigations. ARC may provide alternative duties or location of work during the investigation procedure. Generally, workplace participants will be paid their normal pay during such period. The outcome of the investigation will determine the cause of action, and if the staff member involved needs to be followed under the organisational discipline procedure.

DEALING WITH BULLYING COMPLAINTS

In handling bullying complaints, ARC will adopt the following principles:

- a) Take all complaints seriously
- b) Act promptly
- c) Not victimise any person who makes a complaint, any person accused of bullying, or any witnesses
- d) Support all parties
- e) Be impartial
- f) Communicate the investigation or complaint process to all parties involved
- g) Maintain confidentiality. – ARC will endeavour to maintain confidentiality as far as possible. However, it may be necessary to speak with other workers, or associated parties, in order to determine what happened. All involved within the complaint must also maintain confidentiality, including the workplace participant who has lodged the complaint.
- h) Keep records

POSSIBLE OUTCOMES

The possible outcome of an investigation will depend on the nature of the complaint. Where an investigation results in a finding that a person has engaged in bullying behaviour, that person will be disciplined as per ARC's Employee Discipline Procedure. The type and severity of the disciplinary action will depend on the nature of the complaint and other relevant factors. Any disciplinary action is a confidential matter between the affected worker and ARC.

ARC may take a range of disciplinary action. Examples include, but are not limited to:

- a) Providing training to assist in addressing the problems underpinning the complaint
- b) Monitoring to ensure there are no further problems
- c) Implementing a new policy
- d) Mentoring and support
- e) Requiring an apology or an undertaking that certain behaviour stop
- f) Changing work arrangements
- g) Transferring to another work area
- h) Issuing a written warning
- i) Dismissal

MANAGEMENT'S ROLE

Managers and Coordinators have a role in the prevention of workplace bullying. Managers and Coordinators must:

- a) Ensure they do not bully employees, or other members of the organisation
- b) Ensure they do not aid, abet, or encourage other persons to engage in bullying behaviour
- c) Ensure all staff who report to them are aware and understand this policy, and their responsibility to comply with it

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- d) Ensure that all staff who report to them understand that any bullying in any form is unacceptable and will not be tolerated by ARC
- e) Act promptly and appropriately if they observe bullying behaviours
- f) Ensure that all staff who report to them understand that they should report any bullying behaviour
- g) Ensure all staff who report to them are aware and understand the complaint procedure
- h) Act promptly if a complaint is made. If this is not possible, or is inappropriate, inform the Manager of immediate supervisor as soon as possible.

WORKPLACE PARTICIPANTS ROLE

All workplace participants must:

- a) Understand and comply with this policy
- b) Ensure they do not engage in any conduct which may constitute bullying towards other workplace participants, Service Users, or others whom they come into contact through their duties
- c) Ensure they do not aid, abet or encourage other persons to engage in bullying behaviour
- d) Follow ARC's procedures should they experience bullying
- e) Report any bullying they see occurring to others in the workplace in accordance with this policy
- f) Maintain confidentiality if they are involved in the incident in any capacity

ADDITIONAL INFORMATION

ARC takes seriously its commitment to provide a safe and healthy workplace, free from bullying. All workplace participants are required to comply with this policy. Any breach to this policy will result in discipline procedures being actioned.

Should a person make a false complaint, or a complaint in bad faith (e.g. making a complaint where there is no foundation for the complaint) that person will be disciplined as per ARC's discipline procedure.

Additional information regarding workplace bullying can be found at Work Health and Safety Queensland. Employees are able to contact ARC's Board of Management directly via email at board@arcinc.org.au should they wish to raise a concern and do not feel comfortable to do so within the existing management team.

REFERENCES

Workplace Health and Safety Act 2011
Human Services Quality Framework
Anti-Discrimination Act 1991

AUTHORISATION

This Policy is approved and issued by:



BENJAMIN KEAST

Chief Executive Officer

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049 – FREEDOM OF CHOICE POLICY OPERATIONAL POLICY



POLICY TITLE:	049 – FREEDOM OF CHOICE POLICY		
VERSION:	002	DATE EFFECTIVE:	03/09/2019
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/03/2020

PURPOSE

To ensure that all NDIS participants are provided with information about their right to choose the service providers they want and to provide evidence that ARC Disability Services Inc. (ARC) has informed them of their choices.

SCOPE

All employees are responsible for maintaining freedom of choice for our participants.

IMPLEMENTATION

ARC Disability Services provides a range of services under the National Disability Insurance Scheme (NDIS). ARC is committed to minimising conflict of interest and most of all, enabling participants to exercise choice in the services they receive. To achieve this goal, ARC has the following processes in place:

- Consent with the aim of ensuring informed consent upon entry into ARC's services
- Freedom of Choice Declaration
- Areas of service delivery have been isolated to further promote independence from each other

As part of the induction into ARC's NDIS funded services, each staff member who is working with the participant must explain that the participant has the right to freely choose service providers; and the services **do not** need to be provided entirely by ARC. The following is an extract from the Freedom of Choice declaration:

As an NDIS Participant, you have the right to freely choose your service providers under your NDIS Plan. A staff member from ARC is obliged to explain how you can choose your providers for your NDIS Plan

ARC UNDERTAKES TO:

- Explain to each participant that he/she can choose any service provider
- Ensure each participant has time to consider service options and not feel coerced
- Assist the NDIS participant to access service providers of their choice
- Provide suitable qualified staff for each of the services it provides
- Desist from paying bonuses, incentives or commissions for sourcing additional customers

THE PARTICIPANT IS ASKED TO COMPLETE THE FREEDOM OF CHOICE FORM:

- So that evidence exists that the information has been provided; and
- To indicate the choices, the client has made in respect of the services which ARC provides

The Freedom of Choice Form is included in the Induction kit which the Representative of ARC will provide to the participant at the commencement of their use of ARC's services. It is ARC's responsibility to explain Freedom of Choice and to ask the participant/participant's decision maker to sign the form.

It is important that the participant also has a choice not to complete the form and if that choice is made, services can continue as long as the staff member records that the freedom of choice induction has been provided.

REFERENCES

Human Standards Quality Framework
NDIS Quality and Safeguards Framework

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AUTHORISATION

This Policy is approved and issued by:

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050 – INFECTIOUS DISEASE AND EMERGENCY HEALTH MANAGEMENT POLICY OPERATIONAL POLICY



POLICY TITLE:	050 – INFECTIOUS DISEASE AND EMERGENCY HEALTH MANAGEMENT POLICY		
VERSION:	001	DATE EFFECTIVE:	09/03/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	13/03/2020

PURPOSE

To provide clear guidelines around ARC’s approach to managing and protecting against exposure to the transmission of infectious communicable diseases (ICD) and ensuring that we are providing a safe environment.

SCOPE

This policy applies to all employees, volunteers and participants who access or deliver ARC services.

DEFINITIONS

Infectious Communicable Diseases (ICDs) are defined as diseases that can be transferred through various exposure mechanisms:

- Airborne droplets; coughing, sneezing and talking;
- Discharges from the throat and noses;
- Faecal, oral or any virus, bacteria or parasite present in faeces can be passed directly to the mouth and hands or indirectly onto other surfaces or food;
- Skin contact; and/or
- Blood or other body fluids.

Infectious diseases cover viruses, bacteria and parasites found within the body. Within ARC, participants, employees, contractors and visitors such as family members, are the most likely sources of ICDs and are the most common susceptible hosts.

Consistent with national and international infection control standards, ARC maintains a two-tiered approach to the control of infectious diseases within the workplace.

IMPLEMENTATION

ARC has a legal responsibility to help manage infectious diseases within ARC services. It is ARC’s obligation to ensure that our employees, participants, volunteers and members of the general public are protected from exposure to ICD’s.

Primary responsibility for the prevention and control of ICD’s lies with individuals, families and public health authorities. However, ARC has an obligation under the Work Health and Safety Act 2011 to provide a safe workplace with managed health and safety risks, including occupational infection risks; as well as an obligation under the Code of Conduct within the National Disability Insurance Scheme to:

- Provide supports and services in a safe and competent manner with care and skill; and
- Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability. ▽

In the event of an ARC participant presenting with symptoms of an infectious disease the coordinator of the service will, in conjunction with the participant discuss cancellation of supports.

- If it is deemed a non-essential support, then cancellation of the support shall be discussed
- In the event that the support is deemed as essential or in the case of Supported Independent Living the coordinator will discuss with support workers their options and put in place any safety measures required.

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- Any Personal Protective Equipment required for the supports to be carried out shall be supplied by ARC.
- Employees who have been working with participants affected by an infectious disease may treat themselves as a precautionary measure if they so choose. This cost of treatment shall be considered, and may be met by ARC via negotiation.

In the event that the Australian Government Department of Health issues a health alert ARC will respond to this appropriately – the management team will make a decision on this and will have an open line of communication to the relevant teams within ARC.

All risks will be managed as per WHS standards outlined in the Work Health and Safety Act 2011 and employees will not be subject to unnecessary risk.

FIRST TIER PRECAUTIONS

First tier precautions, commonly known as Standard Precautions, include precautions that are designed to prevent the spread of infectious diseases from participants to others and employees to others, regardless of their diagnosis or presumed infection status. Standard Precautions are the minimum acceptable level of infection control practice. These precautions will be applied across all ARC services.

Standard Precautions apply when working with all ARC participants, regardless of their diagnosis or presumed infection status. Standard Precautions apply to following:

- Blood (including dried blood).
- All body substances, secretions and excretions (excluding sweat), regardless of whether they contain visible blood.
- Non-intact skin.
- Mucous membranes including eyes and inside the mouth.

It is expected that these standard precaution practices are risk assed to see if they apply at all times. The wearing of Personal Protection Equipment (PPE) is only mandatory when employees have direct contact with blood (including dried blood), other body substances, including vomit and non-intact skin. This type of exposure may occur during cleaning of bathrooms, disposal of waste, cleaning of body fluid spills, administration of first aid and performing personal care.

ARC WILL PROVIDE:

- Appropriate training consistent with the identified levels of risk associated with ICDs.
- Appropriate PPE consistent with the identified levels of risk and the relevant Australian Standards.
- Instruction to ensure the participants environment is cleaned to an appropriate level to minimise the risk transmission.
- Advice on other appropriate actions to be undertaken in order to minimise the risk of exposure from acquired ICDs.

SECOND TIER PRECAUTIONS

Second tier precautions known as Additional (Transmission Based) Precautions only apply to the care of participants and employees with certain infectious diseases including, but not limited to, Chickenpox, Whooping Cough, Measles, Golden Staph and Tuberculosis.

Additional (Transmission Based) Precautions will be implemented when ARC employees are working with participants who are known to have, or suspected to have, one of these infectious diseases. Standard Precautions are work practices that are required for a basic level of infection control.

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They include:

- Personal hygiene practices such as hand washing and respiratory hygiene/cough etiquette.
- Use of Personal Protective Equipment (PPE) which may include gloves, aprons, gowns, overalls, masks/face shield and eye protection.
- Safe handling and disposal of sharps
- Safe handling of body waste.
- Cleaning and spills management.

RESPONDING TO RISKS

Critical to the management of an infectious and communicable diseases is the identification of appropriate risk assessment procedures:

- A risk minimisation strategy is an essential part of ARC’s response to ICD, referencing both participants, employees, visitors and general public as potential sources of disease.
- Once a disease has been identified, an understanding of the risk for transmission from participants or employees to others is to be documented and risk assessed.
- Responding to the level of identified risk should lead to the implementation of appropriate responses to reduce the risk of transmission, including modifying procedures, protocols or work practices.
- The following risk assessment matrix should be used to identify the level of risk presented by an ICD and provide context for an appropriate response.

Likelihood/ Risk Level		Insignificant <i>No Treatment Injury</i>	Minor <i>Minor First Aid Injury such as minor cuts, bruises or muscle strains</i>	Moderate <i>Medical Treatment Injury or Restricted Work Injury such as a muscle strain requiring medical intervention or laceration requiring stitches</i>	Major <i>Lost Time Injury or serious injury such as a major muscles strain, bone fracture or major psychological injury.</i>	Catastrophic <i>Fatality or serious injury such as serious permanent physical or psychological injury</i>
		1.	2.	3.	4.	5.
Almost Certain – <i>Expected to occur in most circumstances</i>	5.	Medium	Medium	High	Very 5.High	Very High
Likely – <i>Likely to occur in most circumstances</i>	4.	Low	Medium	Medium	High	Very High
Possible – <i>Might occur occasionally</i>	3.	Low	Low	Medium	High	High
Unlikely – <i>Could happen at some time</i>	2.	Low	Low	Medium	Medium	High
Rare – <i>May happen only in exceptional circumstances</i>	1.	Low	Low	Low	Medium	Medium

Low Risk	Management by routine procedures.
Medium Risk	Management by specific monitoring. Significant risk of contamination
High Risk	This is serious risk and must be addressed immediately, following these guidelines.
Very High Risk	Represents a serious risk to other participants and employees, external support should be obtained.

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It is recognised that ICD’s cannot be eliminated but rather controlled and the risk of contamination modified. The following are recommended risk identification and management questions for consideration.

Identifying the risks:

- What ICD is involved?
- How is it transmitted? E.g. blood and body fluid and or airborne.
- Who is at risk? – Participants, employees, visitors and the general public.

Analysing the risk:

- What are the likely consequences?
- What is the risk rating?

Evaluating the risks:

- What can be done to reduce the risk?
- How can these strategies be applied?

Responding to the risk:

- Who will take responsibility?
- How will the response be monitored for compliance?

What to do if an ICD is suspected but not confirmed:

- ARC has an obligation to all employees to ensure at all times the risks of an acquired ICD are identified, and appropriate strategies put in place to mitigate the identified risk.
- In the event there is concern that a participant has an ICD, including any disease arising from lifestyle acquired diseases related to choices including recreational drugs or sexual practices, they may be asked to seek a review from a GP and have a test to confirm.
- ARC will seek formal advice to confirm the diagnosis of an ICD from a General Practitioner or other appropriately qualified medical specialist and provide ARC with a report.
- Once a concern has been identified, all employees will be advised as appropriate. Mandatory reporting will be required in relation to certain types of diseases.
- Appropriate training and access to safe work method practices will be implemented consistent with its obligations under State Work Health and Safety legislation.
- In the event an ICD is suspected but not confirmed, an infection control mitigation strategy will be put in place to reflect the level of risk consistent with the suspected disease until it is confirmed or negated.

INFECTIOUS DISEASE COMMUNICATION

If an employee of ARC is suffering from an infectious disease:

- Employees are required to advise their coordinator/manager of any ICD status and to follow any existing workplace attendance guidelines issued by ARC with reference to the identification and transmission of the disease and attendance in the workplace. This responsibility is intended to protect the employee and participant.
- ARC employees have an obligation to ensure that they do not introduce identified ICD’s into the workplace and risk infection to participants and other employees
- Employees are to seek out and be guided by appropriately qualified medical advice.

As appropriate, ARC will inform employees and participants about the risks of ICD’s, and will:

- Take participant and employee perspectives into account when developing policies and programs.
- Discuss with participants the specific risks associated with their ICD.
- Familiarise participants with infection prevention and control strategies that have been put in place, including the wearing of PPE, using additional cleaning procedures and as and when required, aseptic non-touching techniques.

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LEAVE AND ABSENCE FLEXIBILITY

ARC recognises that employees may request/require paid and unpaid leave when they are unwell, at risk or vulnerable to infection, and at risk of infecting others. ARC may, at recommendation from professional external sources (i.e. The Department of Health), direct those affected or reasonably at risk of being affected by the infectious disease, to remain away from the workplace or work remotely.

REFERENCES

Public Health Act 2005

Work Health and Safety Act 2011 (QLD)

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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051 – MANAGEMENT OF PARTICIPANT MONEY AND PROPERTY POLICY OPERATIONAL POLICY



POLICY TITLE:	051 – MANAGEMENT OF PARTICIPANT MONEY AND PROPERTY POLICY		
VERSION:	003	DATE EFFECTIVE:	08/05/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/07/2020

PURPOSE

Outline the role and responsibilities that ARC has in supporting participants to manage their money and property.

SCOPE

All employees engaged in any aspect of the management of ARC participant money or property.

IMPLEMENTATION

Where ARC has access to a participant’s money and/or property it is essential that at all times we are supporting them to manage, access and use their money/property as needed.

It is important that in providing assistance, that all ARC employees directly involved with participants are trained in correct money handling procedures and are ensuring they are giving objective advice and assistance at all times:

- All support staff are required to notify their direct Coordinator if they are aware of any conflict of interest when it comes to supporting a participant with their money and/or property.
- All ARC participants are supported to maintain choice and control when spending their money.
- As per ARC’s gift policy, ARC employees are prohibited from accepting gifts of money or property from participant’s bar from when the gift is of nominal value. In the event that they do accept a gift this must be notified to the Coordinator/Manager.
- ARC promotes independence wherever possible when it comes to management of money and property, however will provide any support required to achieve this.
- When ARC is assisting a participant with money management, the money will be locked away in a lockable cupboard or a safe when possible. This is to ensure safety of the money rather than to prevent the participants from accessing it.
- Upon any participant commencing services with ARC, they will be required to fill in a Participant Assessment – Money Handling Form. This will ascertain their capacity around money management, and what assistance they require with it.
- ARC does not provide participants advice on financial matters. Only support based on the participant/ decision maker directions.
- All support staff are required to attempt to obtain proof of purchase for all expenditure that occurs whilst ARC is supporting a Participant.

MONEY IN SIL ARRANGEMENTS

Participants living in SIL arrangements will have the option to have ARC assist them with their finances. This will be discussed with the participant along with their guardian/financial advisor prior to services commencing. The arrangements made around the management of participant money will then be reviewed biennially.

If it is chosen for ARC to assist a participant with their money, then ARC employees will ensure that:

- Money is counted and balanced on each shift change over.
- A record of all expenditure is kept for 7 years.
- All money spent whilst on support requires a receipt – in absence of a receipt a statutory declaration may be requested to be obtained by the support worker.
- A copy of all personal/household expenditures may be requested by any participant or guardian at any time and this will be supplied within 24 working hours.

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- All money is kept in a locked safe within the staff room, to ensure safety and security of the money. This is ensuring the safety of the money rather than preventing the participants from accessing it.
- At any point, a participant may request access to their funds kept in the safe and this shall be granted.
- Each participant will be assisted to break down their weekly income into different sub categories to assist in budgeting. Wherever possible, participants are involved in this process to promote independence and money management skill growth.

EQUIPMENT MAINTENANCE IN SIL ARRANGEMENTS

All equipment within SIL houses will be maintained on a regular basis ensuring that support staff along with participants are ensuring full functionality of the equipment. All support staff are required to check over the functionality and condition of equipment prior to using it i.e. hoists, wheelchairs, walkers. This will be part of the everyday routine for the participant. Support workers are required to report any concerns to the Coordinator and are prompted to not use the equipment if not in safe condition.

MONEY IN PROGRAMS

Any money payable as fees for a program will be receipted upon acceptance by program admin or coordination staff. Certain programs will require participants to pay them week by week to external providers – receipts for this will be provided by the external provider upon request. If a participant attending programs wishes to have the program staff hold onto any money or possessions till the end of the day, this shall be recorded and secured away in a locked filing cabinet for the day. Any large sums of money over \$50 will have the general manager of programs notified to advice of best action surrounding management of this, contacting participant’s stakeholders if deemed necessary.

MONEY IN 1:1 DIRECT SUPPORTS

Upon a support worker accepting a 1:1 shift they will be provided with a shift overview. They will be informed of any costs and what assistance (if any), the participant requires with money handling during that shift. If upon the commencement of the 1:1 shift a support worker believes that the details provided to them are incorrect, they are to speak to the coordinator. Support workers are required to work with the participants around capacity building of money handling skills.

MONEY IN SHORT TERM RESPITE SERVICES

Prior to a guest attending the Holiday House or other short term respite services a decision will be made to determine whether they require assistance with money management and to what extent. If it is chosen that ARC is to help facilitate the management of their money, upon arriving to the Holiday House ARC’s employee will assist the participant to count their money and then to put it away in the locked cupboard. At any time, the participant can ask for access to this money.

PROPERTY IN SHORT TERM RESPITE SERVICES

Upon a guest arriving to the Holiday House or other short term respite services, a list of belongings is made and it is ensured that all personal belongings are also labelled. This list of belongings will contain information detailed enough to identify each item. Upon leaving the Holiday House or other short term respite services this list is ticked off to ensure the participant has all their possessions.

REFERENCES

NDIS Quality Safeguards Framework

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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052 – CRISIS MANAGEMENT POLICY OPERATIONAL POLICY



POLICY TITLE:	052 – CRISIS MANAGEMENT POLICY		
VERSION:	001	DATE EFFECTIVE:	12/05/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	12/05/2020

PURPOSE

Ensure that organisation wide ARC responds swiftly and effectively in the event of an emergency or crisis.

SCOPE

This policy applies to all staff and participants.

Definition

ARC defines a crisis as the following

- Any unplanned event that can cause deaths or significant harm to employees, participants or the public
- Can shut down business or disrupt operations
- Cause physical or environmental damage
- Threaten ARC’s financial standing or public image
- Any state of disaster declared by local government
- Loss of CEO

IMPLEMENTATION

The CEO (or in place of the CEO; a delegate of the CEO or Chairperson of the Board) is responsible for declaring a state of crisis for the organisation. In this event the Board will be notified; the Management team will meet and decide on the best plan of action. The Management Team in conjunction with the Board via the CEO will ensure a clear line of communication is maintained with all stakeholders of ARC. The management team will be responsible for ensuring all aspects of ARC and actively try to prevent disruption to services and mitigate any negative effects.

They will be required to consider many aspects not limited to the following:

- Supports provided to our participants
- Property belonging to ARC Disability Services Inc.
- Assets belonging to ARC participants
- People employed by ARC Disability Services Inc.
- Finances managed by ARC Disability Services Inc.

Documentation

It is important that in the event of a crisis that all relevant documentation is completed as required.

This documentation may include:

- Incident Reports
- Action Plans
- Service Improvement Forms
- Business continuity plans

Communication strategies

REFERENCES

Disaster Management Act 2003

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052 – CRISIS MANAGEMENT POLICY OPERATIONAL POLICY



AUTHORISATION

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053 – MEDICATION POLICY OPERATIONAL POLICY



POLICY TITLE:	053 – MEDICATION POLICY		
VERSION:	001	DATE EFFECTIVE:	27/05/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	27/05/2020

PURPOSE

To ensure that medication is managed safely and effectively according to Regulatory Guidelines outlining ARC’s practices to ensure safe assistance, storage and documentation.

SCOPE

This policy applies to all ARC employees and participants covering both prescribed and non-prescribed medication and any complementary and alternative therapies authorised.

IMPLEMENTATION

Prior to commencing employment with ARC all support staff are required to undergo medication training. This involves completion of online and face to face training. Training is recommended to be refreshed a minimum every 2 years or earlier upon request from coordinator/manager. This shall be monitored by a member of Corporate Services.

Upon each participant commencing services with ARC they will be supported to fill in a medication access information form. This form outlines what assistance they require and how best to promote independence when accessing medication.

GUIDING PRINCIPLES

- All ARC employees have a ‘duty of care’ to participants and others to ensure the safe management and assistance of medication.
- All medications have documented authorisation/consent before being allowed to be assisted by an employee of ARC this includes prescription, non-prescription medications. PRN medication and any complementary or alternative therapies also required appropriate authorised documentation and specific details of assistance.
- Employees will receive medication assistance training to support safe practices. This is to protect the participant, the employee and others. Training records will be maintained by the organisation.
- Privacy and confidentiality of any information relating to a participant’s medication must be maintained at all times, this includes when assisting a participant, storage of the medication, medication records and in any discussions.
- Employees will have access to current information and resources about medications.
- ARC recognises the rights of participants to be actively encouraged and supported to manage and administer where possible their own medication to their level of ability.
- Dispensed medications should be retained in their original packaging or other dispensed packaging
- ARC maintains individual participant files for medication both in site locations and electronically held.
- ARC acknowledges that a participant has the right to refuse medication, ARC employees will follow appropriate guidelines to ensure the safety and wellbeing of the participant.
- ARC will ensure staff are trained in areas of medication assistance. This training will be delivered by the Health Facilitator, or an alternative appropriate health professional will be sourced to provide this.
- All medication information held on a participants file is reviewed as a minimum within 2 years to ensure information is up to date, accurate and reflects the participant’s needs and requirements in this area.
- ARC undertakes medication audits/risk assessments as needed to ensure safety around medication management.

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- ARC provides all employees on induction, information and contact details for various health related services and emergency contacts to be used as appropriate and necessary.

RECORDING OF MEDICATION

It is integral that all medication given is recorded. This record must reflect the 7 Rights of medication.

- The right Person
- The right Medication
- The right Dose
- The right Time
- The right Route
- The right Method
- The right Documentation
- The Right to Refuse

ARC has a suite of medication recording forms to cover the scope of services provided. These documents ensure appropriate and suitable recording sheets are available for recording of any medication assistance. Employees are advised that accurate, legible records are required. ARC will retain all medication records in line with regulatory requirements. It is important that all staff are familiar with the medication that they are assisting participants with along with any potential side effects. Staff are required to review any changes to participant's medication/documentation.

MEDICATION IN SIL ARRANGEMENTS

- ARC participants must have medication authorisation forms completed by two ARC representatives.
- The authorisation must come directly from the participants GP or other suitable medical practitioner
- Supported Accommodation Medication will be dispensed from a Webster Pack as prepared and labelled by the pharmacist. Staff to then assist as per Webster Pack Instructions and record.
- In the case of short term prescription medication this may be dispensed from original packaging.
- In the event that a participant wish to purchase over the counter medication for use and they require assistance, authorisation must be sought by a medical professional i.e. their General Practitioner, Pharmacist or 13 HEALTH
- Upon the collection of a participants Webster pack from the pharmacy it is required to be checked and signed for by two staff and ensure that relent documentation is maintained. This does not replace the Support Workers commitment to check if the medication is correct at time of administration.

ASSISTING WITH MEDICATION

Where the need for assistance is identified/requested, the level of required assistance will be evaluated and determined by the participant/carer/guardian along with health professional/coordinator/manager.

Independent: The Participant independently takes their medication and support staff are only required to document that it has been taken. This may be through direct observation or by observing that the medication is no longer in its packaging and therefore documented accordingly.

Partial Assistance: The participant requires some assistance to take their medication. The assistance required will be outlined in their health and medical documentation.

Full Assistance: The Participant requires full medication assistance to ensure medication is taken and this is outlined in their health/medical documentation.

MEDICATION ERRORS AND INCIDENTS

It is a requirement of ARC that any medication error or incident is acted on immediately and is reported and documented as an incident report by the person who is first aware of the error or incident, in the event of an emergency, a coordinator/manager must be notified immediately once the situation is controlled. It is integral that appropriate medical advice or direction is sought and actioned with immediacy.

In the event of a medication error or medication incident the worker must seek medical advice. If the situation appears to be an emergency an ambulance must be called immediately.

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If the situation is not an emergency, advice relating to medication errors and incidents should always be sought in the following order.

1. The participants Health Care Professional (General Practitioner) or Pharmacist
2. If the participants GP or pharmacist is not available, contact any of the following:
 - The adverse medicines event line on 1300 134 237 regarding suspected side effects from a medication
 - 13 HEALTH on 13 432584 (24 hours) regarding health concerns that are not an emergency but are considered serious
 - The QLD poisons information centre on 13 11 26 (24 hours) regarding drug overdoses or suspected overdoses. Situations may include if a service user has taken too much of their own medication, taken a wrong medication or taken a medication via the wrong route.
3. All advice and instructions given must be documented and if necessary emergency instructions must be followed immediately. (If action is not required immediately contact the Coordinator prior)

All incidents and errors are reviewed and monitored regularly by the leadership team of the organisation, and can identify any additional training requirements, patterns, risks or actions that need follow up. Any unexplained discrepancies involving medication is actioned and followed up by a coordinator/manager and will be reviewed by the leadership team of ARC to ensure any appropriate action is taken. Adverse reactions and/or side effects observed by an employee of ARC will be treated as a medical incident and therefore requires reporting and documenting so immediate appropriate action is taken to ensure the safety of the participant.

STORAGE AND DISPOSAL

All medication must be stored as per directions and out of the reach of children, in a cool, dry location or refrigerated if required. All ARC sites must have medication locked in a secure, lockable storage that is not accessible to anyone not authorised to have access. All medication as previously stated to only be dispensed from original packaging or pharmacy dispensed medication. All medication that is no longer required or is unwanted, ceased or has expired should be returned to a pharmacy for safe disposal.

REGULATED RESTRICTIVE PRACTICE

In the event that a participant who receives services from ARC is prescribed medication to modify behaviour this must be accompanied by a PBSP and reporting of the use of this medication will be required at the end of each month. Refer to Restrictive Practice Policy for more information.

REFERENCES

- NDIS Quality and Safeguards Framework
- NDIS Quality Indicator Guidelines 2018
- Guideline for Medication Assistance QLD Gov.
- Health Drugs and Poisons Regulation 1996
- Disability Services Act 2006
- Disability Services Regulation 2008
- Human Services Quality Standards

AUTHORISATION

This Policy is approved and issued by:



Benjamin Keast

Chief Executive Officer

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054 – WASTE MANAGEMENT POLICY OPERATIONAL POLICY



POLICY TITLE:	054 – WASTE MANAGEMENT POLICY		
VERSION:	001	DATE EFFECTIVE:	29/05/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	29/05/2020

PURPOSE

The purpose of this policy is to define ARC’s approach to managing waste. To ensure that each participant, each worker and any other person in the home is protected from harm as a result of exposure to waste, infectious substances generated during the delivery of supports.

SCOPE

All ARC Employees

IMPLEMENTATION

ARC is committed to following safe waste disposal practices – ensuring that a safe environment is provided for both employees and participants. It is ensured that all waste is disposed of in line with community standards and that ARC leads by example when it comes to environmentally friendly work practices.

WASTE

ARC Ensures that all general waste is disposed of correctly and has a zero litter policy. It is ensured that waste receptacles are emptied regularly into a bin outside. When possible ARC endeavours to ensure that

RECYCLING

ARC is dedicated to ensuring that at each ARC owned/operated location there is appropriate recycling practices in place. All Key ARC locations contain recycling bins and the participants and employees who utilise those locations are actively encouraged to utilise them.

SANITARY WASTE

Soiled/wet nappies/incontinence/sanitary aids will be disposed of in appropriate sanitary bins in all program locations. In the case of participants homes in the community, any sanitary waste will be disposed of in a plastic bag and placed straight into the outside waste bin. This is to maintain hygiene standards as well as odour control. In standing with legislation, ARC will also provide sanitary waste bins for any bathroom in all key ARC location that a female worker would access. These bins will be emptied regularly by a contracted sanitary disposal service.

INFECTIOUS/CLINICAL WASTE

ARC Utilises sharps containers for all needle stick waste disposal, refer to Needle stick Policy. All other Infectious/clinical waste needs to be disposed of on an individual basis, this will be the decision of the participant and the coordinator.

REFERENCES

Workplace Health and Safety Amendment Regulation (No. 3) 2004

AUTHORISATION

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BENJAMIN KEAST

Chief Executive Officer

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055 – SUPPORT COORDINATION POLICY OPERATIONAL POLICY



POLICY TITLE:	055 – SUPPORT COORDINATION POLICY		
VERSION:	001	DATE EFFECTIVE:	09/06/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	09/06/2020

PURPOSE

This policy outlines the process for participants seeking support coordination from ARC Disability Services Inc.

SCOPE

All Coordination of Supports Employees of ARC.

DEFINITIONS

Support Coordination: Under NDIS there are three levels of support coordination which may be included in a participant’s plan:

1. **Support connection** – This support is to build your ability to connect with informal, community and funded supports enabling you to get the most out of your plan and achieve your goals.
2. **Support coordination** – coordination of supports: This support will assist you to build the skills you need to understand, implement and use your plan. A support coordinator will work with you to ensure a mix of supports are used to increase your capacity to maintain relationships, manage service delivery tasks, live more independently and be included in your community.
3. **Specialist support coordination** – This is a higher level of support coordination. It is for people whose situations are more complex and who need specialist support. A specialist Support Coordinator will assist you to manage challenges in your support environment and ensuring consistent delivery of service.

IMPLEMENTATION

Participants (and families) seeking support coordination will be supported to build the participant’s (or family’s) capacity to manage relationships, manage service delivery tasks, live more independently and be included in their community. Support coordinators will support participants and families to understand and implement funded supports in a participant’s plan and link a participant to community, mainstream and other services. Support coordinators focus on building the skills of participants and families as well as connecting them to providers.

- A participant engaging in coordination of support services with ARC will be provided support in many ways:
- Research, coordinate and manage supports to suit individual needs across multiple providers, ensuring choice and control
 - Connecting with participants to develop knowledge, experience and connections with the community and broader systems of support.
 - Work with participants to understand plan funding and its purpose. The Coordinator of supports will understand the participant’s confidence, skills and helps the participant identify what they want from services.
 - Assist participants in preparing for plan reviews.
 - Ensuring support and services are developed and delivered according to the wishes of the participant and their family
 - Maintaining effective transparent relationships and communication with internal and external providers and allied health care professionals.
 - Achieve their goals through building capacity, knowledge, resourcefulness and confidence
 - Respond to any crisis situations, connecting the participant with relevant providers.

A participant engaging in Specialist Coordination of supports with ARC will be supported in:

- Resolving any crisis situations ensuring the clients best interests are supported
- Reducing barriers to implementing/using the participants NDIS plan.

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COORDINATION OF SUPPORTS

ARC Coordinators of supports bill in 15 minute increments. They ensure that a balance of hours is maintained in agreement with the participant to allow for mandatory reporting to the NDIA in preparation for plan reviews. ARC ensures that time of travel is charged at the prescribed rates within the NDIA Price Guide. And whenever possible the Coordinator of Supports will plan concurrent meetings to share any incurred cost of travel.

SPECIALIST SUPPORT COORDINATION

ARC ensures that Specialist Support Coordination is only provided by an employee with either allied health / social work qualifications or someone with Psychological expertise and background. Participants who are funded for specialist support coordination will require a qualified employee to provide this service.

CONFLICT OF INTEREST

In line with ARC's conflict of Interest Policy ARC ensures that all participants who engage with ARC Coordination of Support Services are given fair and non-bias recommendations about engaging in service. All ARC Coordinators of Supports ensure that they provide multitude of options from an independent position. Any participant that engage in multiple services with ARC are included in the Conflict of Interest register and they are provided with the freedom of choice policy and form.

CANCELLATION OF SUPPORTS

In the event that a participant wishes to cease receiving Coordination of Support services from ARC they will be required to provide 14 days' notice. Within these 14 days ARC will assist the participant to engage with a new Support Coordinator if they wish and will provide support in the handover process. In the event the participant ceases communication with ARC, ARC will – to the best of their ability facilitate this hand over with the new provider. Outlined in the participant's service agreement it states that either party must give 14 days' notice of cessation of services. However, if either party seriously breaches the terms of the service agreement this may be terminated immediately with good cause.

REFERENCES

NDIS Act 2013
NDIS Quality and Safeguards Framework
NDIS Code Of Conduct

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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056 – PARTICIPANT RIGHTS POLICY OPERATIONAL POLICY



POLICY TITLE:	056 – PARTICIPANT RIGHTS POLICY		
VERSION:	001	DATE EFFECTIVE:	10/06/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/06/2020

PURPOSE

To provide clear guidelines outlining Participants rights.

SCOPE

This policy applies to all employees, volunteers and participants who access or deliver ARC services.

IMPLEMENTATION

ARC ensures that at all times a participants legal and human rights are understood and incorporated into everyday practices. These rights include, but are not limited to:

- The right to person centred supports
- The right to independence with informed choice
- The right to hold individual values and beliefs.

PERSON CENTRED SUPPORTS

ARC ensures that Person Centred Supports are maintained at all times. This is achieved through communication about supports with the participant and their family. It is essential that at all times this communication is provided in the language, mode and terms that the participant is most likely to understand. This communication method is discussed with the participant upon commencement of services and will be recorded in the participants file. Participants are encouraged to engage with their family, friends and community to promote community inclusion and prevent social isolation. This is done through social events and picking the correct support staff that fill a participants needs.

INDIVIDUAL VALUES AND BELIEFS

ARC ensures that at the direction of the participant, their culture, diversity, values and beliefs are identified and sensitively responded to within direct service provision. ARC ensures that at all times the needs of participants are met, a participant may request workers of any background to assist in maintaining these rights. In determining access to services Participants will not be discriminated against on the basis of culture, diversity, values or beliefs.

INDEPENDENCE AND INFORMED CHOICE

It is important that each participant maintains active decision-making and individual choice at all times within service provision. ARC ensures that active decision-making in supports and individual choice is supported for each participant, this includes the timely provision of information provided in the language, mode and terms that the participant is most likely to understand.

At all times participants are supported to maintain their autonomy, this includes their right to sexual expression and the right to dignity of risk. Refer to ARC's Duty of Care Dignity of Risk and the Least Restrictive Alternative Policy or Freedom of Choice Policy for more information.

Each participant that accesses ARC's services has sufficient time to consider and review their options, this occurs at all stages of support provision. A participant may request to have an advocate present to assist in their informed choice at these times, information regarding advocacy can be found in ARC's advocacy policy.

REFERENCES

NDIS Quality and Safeguards Framework
NDIS Act 2013

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057 – CONTINUITY OF SUPPORTS POLICY OPERATIONAL POLICY



POLICY TITLE:	057 – CONTINUITY OF SUPPORTS POLICY		
VERSION:	001	DATE EFFECTIVE:	10/06/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/06/2020

PURPOSE

To outline the process that ARC follows to maintain continuity of support.

SCOPE

All Employees and participants.

IMPLEMENTATION

Continuity of support management is integral throughout the organisation. ARC ensures that Day to Day Operations are managed in an efficient and effective way to avoid disruption to a participants supports. ARC ensures that supports are planned with each participant to meet their specific needs and preferences. It is integral that relevant qualified workers are provided to a participant for support at all times.

DIRECT SERVICES PROVISION

ARC endeavours to provide quality, person-centred supports to each participant. Coordinators ensure that participants know who is supporting them at any given time and that participants are paired with workers who hold appropriate skills, knowledge and fit any criteria that the participant requests.

Examples of such criteria include but are not limited to:

- A Support Worker who speaks the participants first language
- A Support Worker that shares a similar cultural background
- A Support Worker of a certain gender
- A Support Worker of a certain Age
- A support Worker with certain interests

It is important that participants that access support services with ARC have a good working relationship with a team of workers. This is to ensure that if a worker falls sick, is unavailable or ceases employment that the participant still has access to supports. In the event that all of a participant's regular workers are unable to attend support, their ARC coordinator will attempt to best match them with a new support worker, taking into interest their staff preferences and training requirements. Participants may also wish to cancel the support at this time, they will not be charged for this support. In the case of a SIL arrangement, workers will need to match all participants in that services needs and preferences.

If a coordinator is away an alternate coordinator from the same team will cover the duties and make connection with participants and families if needed. For extended periods of time i.e. annual leave all participants and families are informed of absence and who their temporary internal contact will be. Workers are also informed of a new emergency contact to assure continuity and quality of supports in this time.

COORDINATION OF SUPPORTS

ARC endeavours to ensure continuity of supports is provided to participants accessing Coordination of Supports Services at all times. This is ensured through coordinators making regular contact with participants. In the event that a coordinator falls sick, is unavailable or ceases employment, it is essential that the participant still has access to supports. Other members of the Coordination of Supports Team will assist in supporting the participant until such a time that the coordinator returns to work or a new coordinator is allocated.

SERVICE AGREEMENTS

ARC ensures that arrangements are in place to make sure that support is provided to participants without interruption throughout the period of their service agreement. These arrangements are relevant and

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proportionate to the scope and complexity of supports delivered. Arrangements will be discussed with families on a case by case basis.

CRITICAL SUPPORTS

Contingency plans are drawn-up and adhered to, this ensure the continuity of care to all participants throughout their service agreement. In the case of a crisis or disaster, planning will incorporate strategies that enable continual supports before, during and after the disaster. Critical planning will be undertaken for customers who have complex needs.

REFERENCES

NDIS Act 2013

NDIS Quality and Safeguards Framework

AUTHORISATION

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058 – CATHETER CARE POLICY OPERATIONAL POLICY



POLICY TITLE:	058 – CATHETER CARE POLICY		
VERSION:	001	DATE EFFECTIVE:	10/06/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/06/2020

PURPOSE

To ensure that participants receive appropriate care with consideration to their privacy, dignity and personal safety through the provision of catheter management maintaining good bladder health.

SCOPE

This policy applies to all ARC employees and participants to ensure that care is provided in a manner that is appropriate to the needs of the participant, minimising risks and that reflects best practice.

IMPLEMENTATION

Prior to supporting a participant with catheter care management ARC will ensure what level of support is required and determine what intervention and assessment of need is required with by an appropriately qualified health practitioner.

RESPONSIBILITIES

SERVICE PROVIDER

ARC as a service provider will ensure the worker has the relevant knowledge and training to be able to meet the participant's needs safely and appropriately.

ARC will:

- Assess the initial care needs with the participant.
- Determine the areas of catheter care that the workers may assist or support.
- Provide written procedures on the provision of catheter care by the worker through a care plan.
- Information for a participant's catheter care should be clearly documented in the home or area of service and only changed by the doctor, registered nurse or person deemed competent by the provider.
- Identify education needs for workers as appropriate and needed
- Provide relevant competency based training and assessment processes for the workers to ensure they are competent to perform the prescribed duties, tasks and interventions
- Monitor, review, evaluate and adapt as required the service provided and any plans or outcomes with the involvement of the Participant where possible

ROLE OF THE WORKER

Workers at ARC may be required to support a participant with their catheter management. The requirements of this role will be clearly documented in a participant's care plan which is overseen by a health practitioner.

Workers may:

- Perform any task on the plan apart from those that must be performed by a registered nurse and this would be stated if required.

Workers must:

- Complete competency training and assessment in the task as appropriate and needed.
- Follow the plan as provided by ARC.
- Report to their coordinator any changes or variations for advice and seek assistance at any time if deemed necessary.
- Not change any plan or information.

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- Report any issues arising from the delivery of catheter care (such as: complications, blood in urine, infection) to their coordinator for further advice.
- Identify and report to their coordinator any gaps in their ability to deliver the required assistance or support

HEALTH PRACTITIONER

Participants where they are able, will be involved in the assessment and development of their care plan for catheter management together with a health practitioner. Health practitioners could be a general practitioner, registered nurse or medical specialist. All participant specific training for workers will be delivered by an appropriately qualified practitioner.

PROCESS

Catheter care requires a specific care plan to ensure provision of safe and appropriate practice. Participants may not have typical bladder function due to various medical conditions or disability, therefore will require a type of catheter to assist with bladder management. Types of catheters that can be managed with the relevant and appropriate training are intermittent catheters, indwelling catheters and suprapubic catheters.

Goals in bladder and catheter management are:

- Prevention of infections and long term problems.
- Choice for participant of appropriate bladder management and catheter type that best suits the participant taking into account lifestyle and ability.
- Manage accidents and urine output.

CARE PLAN

Care plans should include details of the participant and their needs and any specific processes that need to be followed for the participant. They should also include as necessary any potential emergency management requirements and actions to be taken as well as review of plan date. Plans are overseen by a health practitioner.

RISK MANAGEMENT

ARC provides clear information and support need requirements for workers to assist in managing risks.

ARC completes Individual risk assessments with participants as required and is documented.

ARC provides staff with relevant training and education and is competency based if required to minimise clinical risks.

ARC staff complete incident reports for all incidents.

ARC seeks support from relevant specific services and professionals to assist in any catheter care management for a participant if required or necessary.

ERRORS AND INCIDENTS

All Incidents around catheter care will be managed in line with ARC's Incident Policy.

REFERENCES

NDIS Quality and Safeguards

NDIS Quality Indicator Guidelines 2018

Catheterisation Clinical Guidelines

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AUTHORISATION

This Policy is approved and issued by:

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059 – ENTERAL CARE POLICY OPERATIONAL POLICY



POLICY TITLE:	059 – ENTERAL CARE POLICY		
VERSION:	001	DATE EFFECTIVE:	10/06/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/06/2020

PURPOSE

To ensure that participants receive appropriate care with consideration to their privacy, dignity and personal safety through the provision of enteral feeding to ensure a participant receives their nutritional requirements and meets any health needs if being assisted with any medications.

SCOPE

This policy applies to all ARC employees and participants to ensure that care is provided in a manner that is appropriate to the needs of the participant, minimising risks and that reflects best practice.

IMPLEMENTATION

Prior to supporting a participant with enteral feeding ARC will ensure what level of support is required and determine what intervention and assessment of need is required with an appropriately qualified health practitioner.

RESPONSIBILITIES

SERVICE PROVIDER

ARC as a service provider will ensure the worker has the relevant knowledge and training to be able to meet the participant's needs safely and appropriately.

ARC will:

- Assess the initial care needs with the participant.
- Determine the areas of enteral feeding that the worker may assist or support.
- Provide written procedures on the provision of enteral feeding for workers through a care plan.
- Ensure that information for a participants enteral feeding is clearly documented in the home or area of service and only changed by the doctor, registered nurse or person deemed competent by the provider
- Identify education needs for support workers as appropriate and need
- Provide relevant competency based training and assessment processes for the workers to ensure they are competent to perform the prescribed duties, tasks and interventions
- Monitor, review, evaluate and adapt as required the service provided and any plans or outcomes with the involvement of the Participant where possible
- Ensure any medications are authorised and documented in line with ARC's medication policy and procedure.

ROLE OF THE WORKER

Workers at ARC may be required to support a participant with their enteral feeding. The requirements of this role will be clearly documented in a participants care plan which is overseen by a health practitioner.

Workers may:

- Perform any task on the plan apart from those that must be performed by a registered nurse if this deemed necessary and clearly stated.

Workers must:

- Complete competency training and assessment in the task as appropriate and needed
- Follow the plan as provided by the service provider
- Report to their coordinator any changes or variations for advice and seek assistance at any time if deemed necessary.

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- Not change any plan or information
- Report any issues arising from the delivery of enteral feeding (such as: blocked tubes, leakages, tubes pulled out, skin breakdown) to their coordinator for further advice.
- Identify and report to their coordinator any gaps in their ability to deliver the required assistance or support

HEALTH PRACTITIONER

Participants where they are able will be involved in the assessment and development of their care plan for enteral feeding together with a health practitioner. Health practitioners could be a general practitioner, registered nurse, pharmacist or medical specialist. All participant specific training for workers will be delivered by an appropriately qualified practitioner.

PROCESS

ARC may support a participant with enteral feeding to maintain their nutritional requirements and meet any health needs, as long as everything has been documented, approved and staff are trained. Types of enteral feeding covered by this policy are Percutaneous Endoscopic Gastronomy (PEG) or Naso gastric Tube Feeding. Nutrition, water for hydration and medications can be provided by enteral feeding both on short term and long term options. Main goals for enteral feeding are:

- Maintaining or increasing a participant's body weight
- Provision of medications and hydration to assist with health
- A way of providing nutrition, medication, water due to inability to take orally

CARE PLAN

Care plans should include details of the participant and their needs and any specific processes that need to be followed for the participant. They should also include as necessary any potential emergency management requirements and actions to be taken as well as review of plan date. Plans are overseen by a health practitioner.

RISK MANAGEMENT

ARC provides clear information and support need requirements for workers to assist in managing risks. ARC completes Individual risk assessments with participants as required and is documented.

ARC provides staff with relevant training and education and is competency based if required to minimise clinical risks.

ARC staff complete incident action forms for all incidents.

ARC seeks support from relevant specific services and professionals to assist in enteral feeding for a participant if required or necessary.

ERRORS AND INCIDENTS

All Incidents around Enteral Care will be managed in line with ARC's Incident Policy.

REFERENCES

NDIS Quality and Safeguards

NDIS Quality Indicator Guidelines 2018

Clinical Guidelines Nursing

Enteral Feeding Dietitians Australia

Guideline for Medication Assistance QLD Gov.

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060 – HUMAN RESOURCES MANAGEMENT POLICY OPERATIONAL POLICY



POLICY TITLE:	060 – HUMAN RESOURCES MANAGEMENT POLICY		
VERSION:	001	DATE EFFECTIVE:	11/06//2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	11/06/2020

PURPOSE

To provide clear guidelines around ARC’s human resource management process to ensure that each participant’s support needs are met by workers who are competent.

SCOPE

This policy applies to all employees, volunteers and participants who access or deliver ARC services.

IMPLEMENTATION

The HR department must nurture a positive workplace culture, and strive to be an employer of choice. Maintaining an open door policy when it comes to supporting employees is essential in providing support and resources to achieve this. All positions must be recognised as being valuable, and the HR Department must champion those values held by the Organisation. Regular communication must be maintained including varied methods such as newsletters, emails, social media posts, posters, workshops, face-to-face / video conversations. Regular feedback to measure the success and identify improvements must be undertaken, this includes undertaking surveys with both office and support staff to gain feedback on human resources and training requirements needs.

ARC ensures at all times that employees have the skills and knowledge required of their position and that this is accurately recorded in their Position Descriptions prior to gaining employment. ARC maintains a delegations register which outlines responsibilities of each employee including decision making delegations and level of authority.

PRE-EMPLOYMENT & WORKER SCREENING

ARC ensures that prior to commencement, all employees undertake pre-employment screening and provide references. A system will be implemented to monitor and review the currency of probity and training requirements. The delegated HR employee is responsible for checking validity of qualifications and maintaining a training needs matrix. Refer to Recruitment and Selection Policy for further details on recruitment. Records of this information is maintained and kept on the employees file.

INDUCTION

All new employees are required to go through an induction, this will be delivered through a mixture of face to face and online methods. ARC ensures that this induction process includes completion of all current NDIS worker orientation modules. Upon completion of the induction, the employee must be awarded a high level competency standard which sees them fit and competent to work with participants, they will not be permitted to provide support or services prior to this.

TRAINING

ARC will maintain at all times a training needs matrix. This document will facilitate the recording and evaluation of training requirements for workers. Professional development and key mandatory skills will be based from any essential skills identified

Formal Performance Reviews will be regularly performed. HR needs such as training are to be identified, planned, facilitated, recorded and evaluated through regular supervision with employees. Within these supervisions, additional training/skills needs may be identified by workers or the coordinator/manager facilitating the supervision. Refer to ARC’s Supervision Policy for further information. Additional information on training can be found in ARC’s Training Policy.

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PERFORMANCE MANAGEMENT

A performance management process is in place for all employees, in this process key support areas are identified such as additional training, resources and service/support improvements. Workplace health and safety are also to be monitored including fatigue, mental health, career development and feeding back coordination or management needs.

REFERENCES

NDIS Quality and Safeguards Framework
NDIS Act 2013

AUTHORISATION

This Policy is approved and issued by:

BENJAMIN KEAST

Chief Executive Officer

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061 – QUALITY MANAGEMENT POLICY OPERATIONAL POLICY



POLICY TITLE:	061 – QUALITY MANAGEMENT POLICY		
VERSION:	001	DATE EFFECTIVE:	10/06/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	10/06/2020

PURPOSE

The Quality Management policy has been established to provide ARC a framework in which the quality of service provision is managed across the organisation. The framework is to ensure ARC’s services:

- Align with our Mission, Vision and Values
- Ensure the organisation has a culture of continuous improvement
- Look at “best practice” options and how these can be integrated into ARC’s service delivery
- Ensure feedback and communication loops are recorded and actioned where necessary
- Ensures the organisation remains compliant with relevant auditing requirements

SCOPE

All Employees, volunteers and participants.

IMPLEMENTATION

ARC recognises the importance of implementing and maintaining a quality management system. The quality management system is designed to support our service delivery and ensure that all services meet the requirements of the NDIS Quality Standards and Practice Indicators; whilst also looking for continuous improvements across all areas of service provision.

QUALITY MONITORING & AUDITS

ARC undertakes a number of practices to monitor and audit our practices within all areas of service delivery. These processes include:

- Annual feedback surveys of ARC’s Participants, Employees and Stakeholders
- Regular feedback opportunity via online avenues; in person options as well as electronically via ARC’s feedback@arcinc.org.au email
- Annual health and safety location audits
- Annual governance and risk audits
- Annual financial audit
- Board and Management reporting and meeting reviews

Additional to these formal process, ARC has introduced informal practices to monitor the organisations performance and participant satisfaction. These include:

- The Quality Coordinator who undertakes random “drop in” audits to service areas
- Ad-Hoc internal audits within service areas (i.e. medication reviews; payroll processes)
- Manager review of case notes and participant engagements
- Online engagement

FEEDBACK & CONTINUOUS QUALITY IMPROVEMENT

ARC has a culture of continuous quality improvement. To ensure this is evident within the organisation a “Continuous Improvement Register” is maintained by the organisation recording any suggested improvements, along with associated actions. Improvements are obtained via:

- Feedback surveys
- Meetings & Discussions including Employee Supervisions
- Day to day service delivery
- Complaints & Compliments

Any formal feedback is responded to by the organisation and closed out within the register by the Quality Coordinator.

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061 – QUALITY MANAGEMENT POLICY OPERATIONAL POLICY



FORMAL QUALITY AUDIT

ARC is a registered NDIS provider, and as such is required to undertake an external quality audit as part of the NDIS Quality and Safeguards Framework.

A formal and full external audit will be conducted every three years with a surveillance audit completed at least once within the three year time frame. This will ensure ARC further evidence the quality compliance of service provision, feed into the organisations quality improvement systems; and maintain the organisations on-going registration with the National Disability Insurance Agency.

REFERENCES

NDIS Act 2013

NDIS Quality and Safeguards Framework

AUTHORISATION

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Chief Executive Officer

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POLICY TITLE:	062 – BOWEL CARE POLICY		
VERSION:	001	DATE EFFECTIVE:	9/06/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	9/06/2020

PURPOSE

To ensure that participants receive appropriate care with consideration to their privacy, dignity and personal safety through the provision of bowel care management. This is in place to ensure that care is provided in a manner that is appropriate to the needs of the participant, minimising risks and that reflects best practice.

SCOPE

This policy applies to all ARC employees and participants

IMPLEMENTATION

Prior to supporting a participant with bowel care management ARC will ensure what level of support is required and determine what intervention and assessment of need is required with by an appropriately qualified health practitioner.

RESPONSIBILITIES

SERVICE PROVIDER

ARC as a service provider will ensure the employee has the relevant knowledge and training to be able to meet the participant's needs safely and appropriately.

ARC will:

- Assess the initial care needs with the participant.
- Determine the areas of bowel care that the worker may assist or support.
- Provide written procedures on the provision of bowel care by the worker through a care plan.
- Information for a participant's bowel care should be clearly documented in the home or area of service and only changed by the doctor, registered nurse or other person deemed competent by the provider.
- Identify education needs for support workers as appropriate and needed.
- Provide relevant competency based training and assessment processes for the support workers to ensure they are competent to perform the prescribed duties, tasks and interventions.
- Monitor, review, evaluate and adapt as required the service provided and any plans or outcomes with the involvement of the Participant where possible.
- Ensure any medications are authorised and documented in line with ARC's medication policy and procedure.

ROLE OF THE WORKER

Support workers at ARC may be required to support a participant with their bowel management. The requirements of this role will be clearly documented in a participant's care plan which is overseen by a health practitioner.

Workers may:

- Perform any task on the plan apart from those that must be performed by a registered nurse.

Workers must:

- Complete competency training and assessment in the task as appropriate and needed.
- Follow the plan as provided by ARC
- Report to their coordinator any changes or variations for advice and seek assistance at any time if deemed necessary.
- Not change any plan or information.

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- Report any issues arising from the delivery of bowel care (such as: bowels not open, bleeding, constipation, diarrhoea) to the coordinator/ health facilitator for further advice.

Identify and report to their coordinator any gaps in their ability to deliver the required assistance or support

HEALTH PRACTITIONER

Participants where they are able will be involved in the assessment and development of their care plan for bowel management together with a health practitioner. Health practitioners could be a general practitioner, registered nurse, pharmacist or medical specialist. All participant specific training for workers will be delivered by an appropriately qualified practitioner.

PROCESS

Bowel care can be a routine part of a worker's role when providing personal care to a participant and therefore day to day monitoring and recording may be required as part of a worker's role. It may also require the need for a specific care plan or needs management process dependent on the participant's care need. The main goals in bowel management include:

- Self-management of regular and predictable bowel emptying at a socially acceptable time and place
- Using a minimum of physical and pharmacological interventions to achieve complete bowel emptying within an acceptable timeframe
- The prevention of constipation, bowel accidents, and other complications.

CARE PLAN

Care plans should include details of the participant and their needs and any specific processes that need to be followed for the participant. They should also include as necessary any potential emergency management requirements and actions to be taken as well as review of plan date. Plans are overseen by a health practitioner.

RISK MANAGEMENT

ARC provides clear information and support need requirements for workers to assist in managing risks.

ARC completes Individual risk assessments with participants as required and is documented.

ARC provides staff with relevant training and education and is competency based if required to minimise clinical risks.

ARC staff complete incident action forms for all incidents.

ARC seeks support from relevant specific services and professionals to assist in bowel care management for a participant if required or necessary.

ERRORS AND INCIDENTS

All Incidents around Bowel Care will be managed in line with ARC's Incident Policy.

REFERENCES

NDIS Quality and Safeguards

NDIS Quality Indicator Guidelines 2018

Bowel Management Guidelines for Community Carers

Guideline for Medication Assistance QLD Gov.

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AUTHORISATION

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064 – INTERPRETER/TRANSLATION SERVICES POLICY OPERATIONAL POLICY



POLICY TITLE:	064 – INTERPRETER/TRANSLATION SERVICES POLICY		
VERSION:	001	DATE EFFECTIVE:	09/07/2020
AUTHORISED BY:	Chief Executive Officer	DATE REVIEWED:	09/07/2020

PURPOSE

To ensure that all Participants maintain informed choice when accessing ARC services when English is not their first language.

SCOPE

This policy applies to all employees, volunteers and Participants who access or deliver ARC services.

IMPLEMENTATION

ARC ensures Participants Individual Values and Beliefs are maintained and respected at all times. At times the support of a translation service may be required to achieve this. It is integral to ensuring choice and control of Participants, information given in the language, mode and terms that a Participant is most likely to understand.

Advantages of an accredited interpreter

- They are guided by a code of ethics and respect the confidentiality of the person
- They are impartial and accountable for their accuracy
- Stakeholders are able to fully participate in meetings rather than having to aid in communication

ARC has an obligation to maintain:

- At the direction of the Participant, their culture, diversity, values and beliefs are identified and sensitively responded to.
- Each Participant’s rights to practice their culture, values and beliefs whilst accessing services is supported.

In the event that a Participant or their decision maker requires an interpreter whilst accessing ARC services for the purpose of organising service provision; ARC will ensure that one is available – this may be in person or over the via electronic means.

An Interpreter/translator will be organised if:

- A Participant requests one
- A person speaks little or no English and/or is deaf/hard of hearing
- ARC deems that it is necessary – in this instance ARC will approach the Participant with the suggestion of having an interpreter/translator present.

In the above circumstances ARC will look to organise a translator/interpreter for the meeting. In the event that a Participant’s family member/friend is bilingual and can translate, ARC will still offer the use of an accredited translation service.

In instances where a Participant or Stakeholder requires documentation physically or digitally this will be provided in the language that they are most likely to understand.

REFERENCES

Anti-Discrimination Act 1991
NDIS Quality and Safeguards Framework

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