

## 1. GOVERNANCE POLICY AND PROCEDURE

Policy Code	CDC.01.001
Person Responsible	Director – Cosmos Divine Care
Status (Draft/Released)	Released
Date Last Updated	23 <sup>rd</sup> April 2023

### 1. PURPOSE AND SCOPE

This policy and procedure demonstrate Cosmos Divine Care Pty Ltd's commitment to sound governance and describes how the organisation's governance is carried out and reviewed.

This policy and procedure apply to the Director, and any additional staff, where employed.

### 2. RISK

This policy and procedure respond to organisational risk related to governance. Specifically:

Failure to clearly define management responsibilities may result in non-compliance with NDIS and state regulations and exposes the organisation to the malfeasance and abuses those regulations are designed to protect.

Failure to ensure management have, or can source, adequate expertise to fulfil their roles, may result in poor management and potentially resulting in poorly delivered, interrupted or even hazardous services.

Failure to arrange viable replacement staff for circumstances where key personnel become unavailable may result in discontinuity of services to participants, potentially putting their wellbeing at risk and reflecting poorly on the organisation as an NDIS provider.

Failure to define a clear position on conflicts of interest exposes the organisation to malfeasance and disrepute.

Risk treatment includes:

Clear statements of the organisation's governance policy

Ensuring that relevant staff have access to, read and understand the policy

Reviewing the policy regularly or as circumstances require.

### 3. DEFINITIONS

**Governance** is the process by which organisations are directed, controlled, and held to account. It encompasses authority, accountability, stewardship, leadership, directions, and control exercised in the organisation (Australian National Audit Office, 1999).

### 4. POLICY

Cosmos Divine Care Pty Ltd has effective systems and processes in place to guide and support its overall direction, effectiveness, supervision processes and internal and external accountability. Accountable and transparent governance arrangements ensure Cosmos Divine Care Pty Ltd:

complies with relevant legislation, regulations, and contractual arrangements.

supports and develops its staff (where staff are employed); and

delivers quality and safe services to its participants.

The Director has the qualifications and experience to deal with issues relating to financial and legal matters, human resources, service management and service promotion **and/or** business partnerships in place to achieve these requirements.

Where the Director identifies the need or desire to add Directors to the company structure, consideration will be given to an appropriate person representative of the community of need and diversity in the leadership structure.

### 5. PROCEDURE

#### Overview

Cosmos Divine Care Pty Ltd operates in accordance with the terms set out in its constitution.

Cosmos Divine Care Pty Ltd operates in accordance with the 'Replaceable Rules' outlined in the Corporations Act 2001 (Cwlth), which outline the method of governance for the organisation.

Cosmos Divine Care Pty Ltd offers contract shift to company's workforce; therefore, all acknowledge and agree that they must comply with the Labour Hire Licensing Act 2018 (Vic) and Labour Hire Licensing Regulations 2018 (Vic).

The Director has responsibility for all aspects of the business including participants and service delivery, human resources, property maintenance and finances.

The Director will ensure that processes are in place to receive feedback about:

people exercising their rights and responsibilities

use of advocacy services with participants

allegations of misconduct/abuse or quality of care or support concerns

implementation of restrictive practices within the service

Cosmos Divine Care Pty Ltd values stakeholder participation and acknowledges the importance of feedback in improving outcomes for people accessing the service.

### **Responsibilities**

The Director is responsible for Cosmos Divine Care Pty Ltd's NDIS-specific service delivery, including:

Compliance monitoring – ensuring compliance with the objectives, purposes and values of the organisation, and with its constitution.

Organisational governance – setting or approving policies, plans and budgets to achieve those objectives, and monitoring performance against them.

Strategic planning – reviewing and approving strategic direction and initiatives.

Regulatory monitoring – ensuring that the organisation complies with all relevant laws, regulations, and regulatory requirements.

Financial monitoring – reviewing the organisation's budget, monitoring management and financial performance to ensure the solvency, financial strength, and good performance of the organisation.

Financial reporting – preparing, considering, and approving annual financial statements and required reports.

Organisational structure – setting and maintaining a framework of delegation and internal control.

Business continuity planning – ensuring appropriate processes are in place to ensure business continuity for participants.

Risk management – reviewing and monitoring the effectiveness of risk management and compliance in the organisation; agreeing or ratifying all policies and decisions on matters which might create significant risk to the organisation, financial or otherwise; and

Dispute management – dealing with and managing conflicts that may arise within the organisation, including conflicts arising between staff, contractors, volunteers, students, or participants.

### **Continuity of Service**

Cosmos Divine Care Pty Ltd will deliver services as described under "Responsibilities of the Provider" in the participant's *NDIS Service Agreement*. That is, to:

"Provide [the participant] with the supports we have agreed to provide, at the agreed time, and in a manner consistent with all relevant laws, including the *National Disability Insurance Scheme Act 2013* and rules, and the Australian Consumer Law; keep our scheduled appointments with [the participant] or give... a minimum of 12 hours' notice if we need to make a change to a scheduled appointment."

Cosmos Divine Care Pty Ltd will develop processes to provide continuity of services if unable to meet the above requirements, including (but not limited to): arranging for contractors to provide services; or signing Memorandums of Understanding with other local service providers to provide services.

**Note: The Director must ensure continuity of management by documenting a system of delegated responsibility in the event of their absence.**

**The Director is responsible to check that replacement staff have undergone mandatory criminal history checks, have appropriate qualifications (where necessary to deliver the service), and have been inducted such that they can deliver services on Cosmos Divine Care Pty Ltd's behalf (see *Human Resources Policy and Procedure*). Conflict of Interest**

The personal interests of staff, and those of any associated persons, must not be allowed to take precedence

over those of Cosmos Divine Care Pty Ltd generally.

Staff should seek to avoid conflicts of interest wherever possible. Full and prior disclosure of any conflict, potential conflict, or the appearance of a potential conflict must be made to the Director. Once the conflict has been declared, the Director must decide what action to take to manage the conflict.

Failure to respond to actual or potential conflicts of interest can damage the reputation of and community confidence in Cosmos Divine Care Pty Ltd. It may also have legal ramifications.

Staff must not take advantage of their position to gain, directly or indirectly, a personal benefit, or a benefit for any associated person (e.g., a family member or another organisation).

Staff must not make use of inside information.

When making decisions, staff should consider:

Do I have any personal or private interests in a matter that may conflict or be perceived to conflict with my duties in the organisation?

Could there be a benefit for me, my family, or friends into the future if I involve myself in a matter?

How will my involvement be viewed by others?

Does my involvement in the decision being made appear fair and reasonable?

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

*End of policy document. Uncontrolled when printed.*

## 2. STRATEGIC AND OPERATIONAL PLANNING POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.02.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>13<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

Strategic and operational plans identify the organisation's specific objectives and the requirements for achieving these objectives. The operational plan guides the organisation's actions, determines service delivery models, and allows monitoring of progress and achievement.

This policy and procedure apply to the Director, and any additional staff, where employed.

### 2. RISK

Without a Strategic and Operational Plan, organisational risks include:

- failing to recognise capacity-related problems that are obstacles to the safe and reliable delivery of services operational liability operational expansion the organisation's reputation in the NDIS community.

- being ill-equipped to recognise and service need as it arises.

- being unprepared to expand services when opportunity arises.

- being unable to communicate the organisation's goals to staff and participants, who are therefore unable to contribute valuable feedback.

- being unable to assess feedback against a stable set of objectives.

Risk treatment includes:

- developing a Strategic and Operational Plan.

- communicating organisational objectives to staff and participants, as appropriate.

- seeking staff and participant feedback.

- reviewing the Plan regularly in line with:

- organisational and other risk assessments
- staff and participant feedback
- service outcomes data
- staff capacity and available resources
- legislation and regulation
- current need

### 3. DEFINITIONS

**Strategic Plan** – A set of statements describing the purpose and ethical conduct for the organisation, together with the specific strategies designed to achieve the targets set for each of these.

**Operational Plan** – A practical plan used to outline how strategies will be achieved.

### 4. POLICY

Cosmos Divine Care Pty Ltd is committed to working to an agreed organisational vision and set of values, and to using these to inform planning and service delivery.

### 5. PROCEDURE

Cosmos Divine Care Pty Ltd's Director develops, works to and annually reviews a three-year Strategic Plan, which identifies the key outcomes that the organisation wants to achieve, in line with the agreed vision and values of the organisation.

In reviewing the Strategic Plan, the Director will seek input from participants and other stakeholders, as appropriate.

The Director will formally review and update the Strategic Plan each financial year and at times of significant

and unanticipated change.

Annual Operational Plans form the basis of the Director's expectations of each year and are subject to regular monitoring and review.

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### 3. COMPLIANCE POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.03.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>24<sup>th</sup> April 2023</b>

#### 1. PURPOSE AND SCOPE

This policy and procedure ensure that Cosmos Divine Care Pty Ltd complies with the range of legislative, regulatory, and contractual requirements that apply to its operations and keeps abreast of changes to these requirements.

This policy and procedure apply to the Director, and any additional staff, students, contractors, and volunteers.

#### 2. RISK

Compliance with state, commonwealth and NDIS regulations is fundamental to service delivery under the NDIS. Relying on external audits to identify compliance issues and non-conformance with the NDIS Practice Standards may result in critical issues going undetected, poor quality or dangerous services and the possible deregistration of the organisation.

Where organisations attend to compliance at the service management level but fail to train and monitor staff, the organisation risks delivering services that are non-compliant.

Risk management includes:

- designating responsibility for ensuring compliance with all legislation and regulation.

- training and monitoring staff in compliance-awareness including how processes are designed to ensure compliance, how processes capture data as evidence of compliance, how to notify management and report non-compliant service-delivery.

- recording and reporting non-compliance, and rectifying processes accordingly

- regularly reviewing processes against legislation, regulations, and the NDIS

- Practice Standards to identify areas of non-compliance, changes in compliance requirements and ensure continuing compliance.

#### 3. POLICY

Cosmos Divine Care Pty Ltd is committed to maintaining compliance with all regulatory, legislative and contractual requirements, and to using these to inform planning and service delivery.

##### ***Specific Compliance Requirements***

Cosmos Divine Care Pty Ltd will comply with all data collection, service delivery and financial reporting requirements of all relevant Victorian and Commonwealth government agencies.

##### ***NDIA Registered NDIS Provider Compliance***

As a NDIA Registered NDIS Provider, Cosmos Divine Care Pty Ltd must comply with the *NDIS Terms of Business* and the *NDIS Guide to Suitability*.

Cosmos Divine Care Pty Ltd will continue to assess its compliance with the *Terms of Business* and *Guide to Suitability* as part of its annual self-assessment against the NDIS Practice Standards.

#### 4. PROCEDURE

##### ***Overview***

The Director is responsible for ensuring Cosmos Divine Care Pty Ltd is, and remains, compliant.

The Director (or delegate) will monitor changes to legislation and service standards and ensure regulatory compliance via ongoing contact with relevant government agencies, websites, and membership of peak organisations, and via internal reviews and external audits. Policies and procedures will be updated accordingly as compliance requirements change. Staff will be immediately advised of any changes.

The Director (or delegate) will foster a compliance-aware workplace by including updates to relevant

requirements and regular information sharing sessions on agendas for staff meetings, ensuring staff understand their compliance responsibilities.

The Director (or delegate) is responsible for ensuring all external reporting requirements are met.

The Director (or delegate) is responsible for internal reviews and external audits, in accordance with the attached *Internal Review and External Audit Schedule*. These will be tracked in the *Compliance Register*.

All staff are responsible for managing compliance within their areas of influence.

### ***Reporting Compliance Failure***

Cosmos Divine Care Pty Ltd encourages proactive reporting of compliance failures, breaches, issues, incidents and complaints.

All staff must notify the Director once they become aware that a compliance failure has occurred or is likely to occur, or that a compliance-related complaint has been made.

The Director must address compliance failures or compliance-related complaints upon becoming aware of them, in order to re-establish compliance and provide protection to the organisation as quickly as possible.

<b>POLICY AMENDMENT RECORD</b>			
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## 04. VEHICLE SAFETY POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.04.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>13<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

To ensure that the use of motor vehicles in the course of performing work duties with Cosmos Divine Care Pty Ltd is safe and complies with legislative requirements.

This policy and procedure apply to the Director, and any additional staff, students, contractors, and volunteers. It should be read in conjunction with the *Workplace Health and Safety Policy and Procedure*.

### 2. POLICY

The health and safety of all Cosmos Divine Care Pty Ltd staff, volunteers, contractors, participants, and visitors are of utmost importance, including when service delivery requires the use of vehicles.

### 3. PROCEDURE

#### *Overview*

All vehicles used on Cosmos Divine Care Pty Ltd business must be maintained in a roadworthy condition.

Staff are required to sign the *Private Motor Vehicles Details Form* for each private vehicle used on Cosmos Divine Care Pty Ltd business to confirm the vehicle is registered and roadworthy.

Staff shall not drive a vehicle on Cosmos Divine Care Pty Ltd business unless they hold a current Driver's Licence.

There are **no circumstances** under which staff should not comply with all road and traffic rules when undertaking work duties.

Staff must advise their supervisor in writing of any motoring offences which may disqualify them from driving legally as soon as possible after notification by the relevant authority.

#### *Compliance with Road Rules*

Staff must be aware of, and comply with, all road and traffic rules when driving a company vehicle, or driving a private vehicle for Cosmos Divine Care Pty Ltd business including:

wearing of seatbelts, including expander belts where required (both driver and passengers);

observing speed limits, traffic lights and road signs.

not driving when under the influence of alcohol, drugs, or prescription medication which may affect driving ability.

not using a hand-held mobile phone or electronic devices while the vehicle is moving or is stationary but not parked.

Never operate the vehicle under the influence of drugs or alcohol.

Staff are responsible for any traffic or parking infringements they incur while driving a private vehicle on Cosmos Divine Care Pty Ltd business.

#### *Emergency Transport*

Company or private vehicles should not be used for emergency transport. An ambulance or other emergency response vehicle should always be called in an emergency.

#### *Participant Transport*

Participants should not be transported if there is any concern for the safety of the driver or passengers, for example, concern related to a participant distracting the driver. The driver is in charge of the vehicle and takes responsibility for how people behave in the vehicle. Where there is any concern about the behaviour of passengers, staff should pull over and park the vehicle.

As the driver of the vehicle, staff may determine the number of passengers they are comfortable transporting, however this must not exceed the allowable number for the vehicle being driven. The vehicle must have seat restraints for all passengers carried. Where appropriate restraints are not fitted (e.g. baby capsule or bolster seat for participant's child), staff must not transport the participant, rather, they should organise a taxi or public transport.



**Breakdowns and Accidents**

In the event of any accident which involves injury or property damage, staff should inform the Director as soon as practicable.

An Incident Report must be completed for all motor vehicle accidents, including minor ones.

Staff are encouraged to comprehensively insure their vehicle as Cosmos Divine Care Pty Ltd does not accept responsibility for any damage which might occur to staff vehicles.

In the event of a breakdown, staff should contact their Roadside Assistance provider and inform their supervisor as soon as practicable. Should the staff member experience a breakdown while providing a service for a participant, the staff member will discuss the appropriate action with their supervisor.

**Smoke Free Environment**

Smoking is prohibited in company and private vehicles when transporting passengers on Cosmos Divine Care Pty Ltd business. Where staff do smoke in their private vehicle, they are responsible for ensuring the air is clear of smoke prior to transporting passengers.

POLICY AMENDMENT RECORD		
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## 5. FINANCIAL MANAGEMENT AND DELEGATIONS' POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.05.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>23<sup>rd</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

The *Financial Management and Delegations Policy* guides how Cosmos Divine Care Pty Ltd safeguards and makes the best use of the funds it manages by providing guidelines for who can approve expenditure; ensuring that financial records are kept to a proper standard; and preventing fraud or mismanagement.

This policy and procedure apply to the Director, staff, students, contractors, and volunteers.

### 2. RISK

Cosmos Divine Care Pty Ltd is responsible to:

- their participants – to ensure that the services they purchase are delivered as per the Service Agreement.
- the NDIS – to ensure that invoices lodged accurately represent the services delivered.
- to other agencies – to ensure that financial responsibilities are met.
- to staff – to ensure that staff understand their responsibilities to the organisation, the NDIS and to their participants.

Fraud, corruption, and the mismanagement of funds may threaten:

- the financial viability of the organisation
- the reputation of the organisation
- the security of the organisation's personnel
- the rights of the organisation's participants.

Risk treatment includes:

- clear delegations of responsibility and authority.
- transparent financial record keeping.
- clear policy, accessible to relevant staff.
- regular review of records and staff performance as appropriate.
- regular review of risk treatment measures.

### 3. DEFINITIONS

**Assets** - non-consumable items of tangible property (including fixtures) that have a service life greater than one year. Assets can include:

- non-medical equipment.
- equipment or aids to support participants.
- electronic equipment (such as computers);
- furniture; and
- motor vehicles.

**Fraud** – dishonest activity causing actual or potential financial loss to any person or entity including theft of money or other property by staff members or people external to the entity and where deception is used at the time, immediately before or immediately following the activity. This also includes the deliberate falsification, concealment, destruction or use of falsified documentation used or intended for use for a non-business purpose or the improper use of information or position for financial benefit (AS 8001-2008 Fraud and Corruption Control).

**Corruption** – dishonest activity in which a director, executive manager, manager, staff member or contractor of an entity acts contrary to the interests of the entity and abuses his/her position of trust in order to achieve gain or advantage for themselves or for another person or entity (AS 8001-2008 Fraud and Corruption Control).

### 4. POLICY

Cosmos Divine Care Pty Ltd is committed to effective management of its finances and the prevention of fraud or

mismanagement of its funds. Cosmos Divine Care Pty Ltd will maintain financial management and accounting systems that:

- are transparent and accountable.
- allow for the keeping of full and accurate records.
- allow budgeting and reporting on an accrual basis.
- meet applicable Australian Accounting Standards; and
- are consistent with the financial compliance and reporting requirements for any of the organisation's government funding arrangements.

Cosmos Divine Care Pty Ltd will:

- prepare financial statements according to the Australian Accounting Standards; and
- have its accounts and records audited in accordance with Australian Auditing Standards.

## 5. PROCEDURE

### Approvals and Delegations

Cosmos Divine Care Pty Ltd complies with the *Australian Accounting Standards* issued by the Australian Accounting Standards Board. The Director will keep up-to-date with changes to these standards to ensure compliance.

The Director will maintain a Chart of Accounts for the entire business that ensures a consistent reporting structure, meets budget management needs and conforms with the National Australian Standard Chart of Accounts.

The Director will continuously monitor the financial position of the organisation to minimise the risk of fraud and ensure that expenditure complies with the budget, is accounted for correctly, and is properly authorised prior to expenditure being incurred.

The Director will maintain a Register of Bank Accounts for the entire business, containing holding bank details, open and close dates, interest rates, fees, credit and debit card holders and expiry dates for credit cards.

The Director has responsibility for all expenditure.

Access to Internet Banking and EFT transfers is restricted to the Director and controlled by a user ID and password, both of which must remain confidential, and under no circumstances be divulged to anyone else.

Receipts for all expenditure must be provided to and retained by the Director.

The Director will authorise and make reimbursement payments for staff work-related expenses.

The Director will maintain a Petty Cash float of \$250.00. This will be kept in a safe or lockable cabinet.

Receipts must accompany all claims for expenditure.

### Bank Accounts

The Director is the signatory for Cosmos Divine Care Pty Ltd's bank accounts.

The Director (or delegate) will maintain a Contingency Bank Account for the organisation, to provide cash interest and to deposit: staff accruals; surplus funds;

long service leave, sick leave and accumulated annual leave entitlements.

assets replacement funds.

training funds; and

maintenance funds.

The Director (or delegate) will ensure that all debts are settled in a timely manner and will not allow ordinary operating expenses to become undischarged debts beyond a three-month period from the time they were incurred.

The Director will manage the Contingency Account. It will be reconciled monthly, and funds can only be accessed with the signature of the Director.

### Assets

Details of all assets owned by Cosmos Divine Care Pty Ltd will be recorded in the *Asset Register*.

When an asset is sold or otherwise disposed of the details of the disposal (such as sale proceeds) will be recorded in the financial records and recorded in the *Asset Register*.

Where an asset is lost, damaged, or destroyed Cosmos Divine Care Pty Ltd will repair or replace the asset if it is still required.

Asset depreciation will be recorded in accordance with *Australian Accounting Standards*.

## **Insurances**

The Director is responsible for ensuring all people and equipment associated with Cosmos Divine Care Pty Ltd's operations are covered by relevant insurances.

The Director will maintain an *Insurances Register*, noting the type of insurance, the name and number of the policy, the annual premium and expiry date of the current policy.

The Director will ensure that costs of insurance reflect the market situation and that policies are renewed no less than 14 days before expiry.

## **Budget processes**

The Director will prepare an annual itemised budget for the forthcoming financial year in consultation with an independent accountant.

The budget will be developed based on analysis of the current and previous year's income and expenditure, taking into consideration any known changes to funding arrangements.

The Director will set annual budgets for the programs under their control, according to the available funding.

All monies received by the organisation must be recorded.

The Director will prepare a quarterly report of expenditure against the budget.

The Director (or delegate) will prepare Financial Statements for submission to funding bodies at required intervals as specified in any funding contracts. These will be endorsed by the Director and independent accountant prior to submission where required.

The Director (or delegate) will conduct a financial reconciliation annually in consultation with the independent accountant and prepare a Financial Report for the Director.

The Financial Report will include:

Profit & Loss year to date.

Balance Sheet for the year to date.

General Ledger for the year to date; and

Budget vs. Actual for the year to date.

In each new financial year, the Director will ensure that the previous year's financials are documented, archived, and labelled.

Other specific areas of financial management, such as Asset Management and Payroll, will be managed in accordance with general policies and procedures for these areas.

## **Reporting**

Cosmos Divine Care Pty Ltd will comply with the Australian Equivalents to International Financial Reporting Standards (AIFRS).

## **Payroll**

Where staff are contracted, payroll processes will be overseen by the Director. Staff will submit the required documentation prior to the closing of the payroll period in order for salaries to be paid.

Payment advice will be issued to staff by email following the processes of the weekly pay.

## **Fraud and Corruption Control**

Cosmos Divine Care Pty Ltd fraud and corruption prevention activities include:

The Director will raise general awareness amongst staff (where applicable) about what fraudulent practices are, identifying potential fraud, how to report fraud and to make it very clear that fraudulent practices within Cosmos Divine Care Pty Ltd will not be tolerated.

Cosmos Divine Care Pty Ltd's employment screening processes (see *Human Resources Policy and Procedure*); and staff training.

All instances of suspected fraud or corruption report must be reported to: the Director (unless that person may be implicated); or

Police.

All reports of fraud or corruption should be treated in confidence.

When a report or allegation of fraud or corruption is received, every effort must be made to deal with such reports quickly and decisively.

The Director (or delegate) will record all reports of actual and suspected fraud or corruption, noting the nature of the report, the time received, and remedial actions planned and taken. A copy of these

records shall be provided to the relevant authorities upon their request.

In examining cases of suspected fraud, management and staff must ensure that their inquiries do not prejudice any subsequent investigation. If in doubt, do not pursue any further investigations and the Director shall contact the Police.

All cases should be treated in confidence and on a need-to-know basis. False rumours and innuendo must be avoided to protect reputations of innocent people. It is also important to avoid alerting any person who may be suspected of fraud, or who is under investigation. This is necessary to minimise the chance of a cover up or of vital evidence being destroyed.

All discipline or misconduct investigations relating to Cosmos Divine Care Pty Ltd staff will be conducted in accordance with the *Human Resources Policy and Procedure*.

### **National Disability Insurance Scheme (NDIS)**

The Director will ensure that all of Cosmos Divine Care Pty Ltd's financial arrangements regarding NDIS service delivery comply with:  
the *NDIS Act 2013 (Cwth)*, the NDIS Rules, all relevant NDIS guidelines, and all policies issued by the NDIA including the *NDIS Terms of Business* and *Guide to Suitability*; and  
any other relevant Commonwealth or State law or other requirements.

The Director will develop pricing structures for Cosmos Divine Care Pty Ltd's services that align with the price controls and quoting requirements in place for NDIS supports, in accordance with the *NDIS VIC/NSW/QLD/TAS Price Guide*.

The Director (or delegate) will maintain full and accurate accounts and financial records of the supports delivered to NDIS participants, along with records of all Service Agreements.

All financial transactions, including receipts and payments related NDIS service provision, must be clearly identifiable and easily tracked within Cosmos Divine Care Pty Ltd's financial accounts.

Cosmos Divine Care Pty Ltd's accounts and financial records will be maintained on a regular basis and in such detail that the National Disability Insurance Agency (NDIA) is able to accurately ascertain the quantity, type and duration of support delivered.

Financial records and accounts relating to NDIS service provision will be retained for a period of no less than 7 years from the date of issue.

The retention of all records will also comply with all relevant statutes, regulations, by-laws and requirements of any Commonwealth, State or Local Authority.

### **Service Agreements**

A NDIS Service Agreement will be used to formalise the supports Cosmos Divine Care Pty Ltd will provide NDIS participants.

Cosmos Divine Care Pty Ltd will work collaboratively with participants and their supporters to develop their Service Agreement.

Cosmos Divine Care Pty Ltd will declare prices to all participants before providing services and include all fees Service Agreements along with detailed information about the supports to be provided. Fees charged will not exceed the price controls set by the NDIA.

No other charges will be added to the cost of supports provided, including credit card surcharges, additional fees such as 'gap' fees, late payment fees or cancellation fees.

Service Agreements will clearly set out the costs to be paid for supports when delivery of supports is to be performed and the method of payment required. See the *Assessment, Planning and Review Policy and Procedure* for more information on what the *Service Agreement* will contain.

The participant must sign the *Service Agreement* before service delivery can commence.

Through its invoicing and statement arrangements, Cosmos Divine Care Pty Ltd will ensure that participants are regularly provided with details of services delivered and the amount charged for those services.

Service Agreements will be consistent with the NDIS' pricing arrangements, guidelines, and the requirements of the *A New Tax System (Goods and Service Tax) Act 1999* regarding the application of the GST.

Participants, their supporters, and other stakeholders have access to the organisation's feedback, compliments and complaints processes to raise issues about financial management of their supports without fear of retribution.

### **Fee Payments**

Accounts are calculated each week and are to be paid weekly.

Receipts will be provided at time of payment and reprints provided upon request.

Fees are to be paid by cheque, EFTPOS, online, direct bank transfer or credit card, weekly as supports are provided. Cash will not be kept on the premises and Cosmos Divine Care Pty Ltd will not accept cash payments.

Cosmos Divine Care Pty Ltd will submit claims for payment to the NDIA within a reasonable timeframe, and no later than 60 days for the end of the support booking.

### **Outstanding Accounts**

Failure to make full payment of the Invoice by the due date will constitute a default of this Agreement. In the event of such a default, any unpaid amounts owing to Cosmos Divine Care Pty Ltd will, after 21 days, become a debt owing to it by the Participant. Cosmos Divine Care Pty Ltd may then, without further notice, seek to recover these amounts.

Where a participant has difficulty paying their fees, they are encouraged to discuss this with Cosmos Divine Care Pty Ltd so that mutually acceptable payment arrangements can be put in place.

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<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

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## 6. CONTINUOUS IMPROVEMENT POLICY AND PROCEDURE

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### 1. PURPOSE AND SCOPE

The *Continuous Improvement Policy* guides how Cosmos Divine Care Pty Ltd constantly assesses the organisation and services to ensure that Cosmos Divine Care Pty Ltd is providing the best possible quality of services to participants and the most efficient and accountable management practices.

This policy and procedure applies to all staff, students, contractors and volunteers.

### 2. RISK

Without proper attention to continuous improvement, organisations may not respond appropriately to:

- changes in evidence-informed practice;
- changes in participant needs, preferences and expectations;
- changes in legislation and regulations;
- staff and participant feedback and complaints;
- changes to participant and organisational risk; and
- outcomes-related data.

Failing to respond appropriately to these factors creates the risk of:

- delivering out-moded services;
- reduction in participant satisfaction;
- non-compliance with the NDIS Practice Standards' requirements;
- increased participant risk;
- organisational disrepute;
- reduction in service referrals and financial loss.

Risk treatment includes:

- establishing and maintaining a continuous improvement plan;
- regular review of services in line with:
  - evidence-informed practice;
  - feedback and complaints;
  - outcomes data;
  - legislation and regulation, and;
  - risk.

### 3. DEFINITIONS

**Continuous Improvement** describes the ongoing effort of an organisation to improve services, systems, processes or products to maximise benefits for its participants. This also means adapting to changing needs of its community or participants (National Standards for Disability Services, Department of Social Services).

**Evidence:** Information and materials that demonstrate the organisation's achievements, its openness to participant and staff feedback, and its commitment to improvement.

### 4. POLICY

Cosmos Divine Care Pty Ltd is committed to quality, innovation and promoting a culture of continuous improvement in its governance, service management and service delivery.

Cosmos Divine Care Pty Ltd values feedback and input from staff, participants and other relevant stakeholders in its continuous improvement activities to ensure services remain of a high quality and continue to meet participant need.

### 5. PROCEDURE

#### *Overview*

The Director will specifically focus on continuous improvement by reviewing the organisation's performance annually.

The Director is responsible for instigating, monitoring and implementing internal reviews and external audits, in accordance with its *Internal Review and External Audit Schedule*.

Stakeholder representatives (participants, their families, friends, carers and advocates) will be included in each formal review or audit procedure undertaken by the organisation.

All Policies and Procedures will be reviewed according to the *QMS Document Review Schedule* and incorporate staff and stakeholder feedback (where appropriate).

Staff are responsible for identifying and actioning opportunities for continuous improvement. This responsibility will be discussed in their formal induction, in training processes, and in ongoing workplace practices.

The agenda for team meetings will include a standing item on continuous improvement (including staff and participant feedback and complaints).

### **Continuous Improvement Plan**

All continuous improvement issues or opportunities identified will be reported to and tracked by the Director (or delegate) in the *Continuous Improvement Plan*.

The *Continuous Improvement Plan* is a 'living document', updated as improvements are identified. For any specific improvement identified, the Plan includes the:

improvement identified;

action to be taken.

person responsible for actioning.

staff, participant, or other stakeholder participation required and undertaken.

date of completion; and

implementation review date.

The *Continuous Improvement Plan* will also track improvements identified in regular reviews of: feedback, complaints and dispute resolution processes involving participants, their families, carers and advocates, staff (where applicable), other service providers, the NDIA and the Victorian Government, as recorded in the Complaints Register.

feedback and improvement activities offered to participants, families, carers, and advocates.

planning, service delivery, plan review, exit, service refusal and referral information.

results from internal reviews and external audits.

organisational performance against Cosmos Divine Care Pty Ltd's Vision, Mission and KPIs as well as the *NDIS Practice Standards*.

strategic and operational planning.

learning and reflection opportunities for staff.

records of incidents including any involving participants or Workplace Health and Safety.

staff supervision and performance appraisal processes and outcomes.

analysis of internal reporting and data provided to the NDIA, the Victorian government, and other agencies.

learnings from collaborative relationships with similar organisations and networks.

specific program and project reviews and evaluations undertaken at the direction of the Director;

and

on the job and formal training and professional development undertaken by staff.

All service planning, delivery and evaluation activities will include staff, participant and other stakeholders and their feedback.

Participants are encouraged to provide feedback in relation to service development and organisational management. This may include contributing feedback, having complaints heard, consultation processes, and involvement in committees.

<b>POLICY AMENDMENT RECORD</b>		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*



## 7. RECORDS AND INFORMATION MANAGEMENT POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.07.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>18<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure guide the management of information, both paper based and electronic, to meet the accountability and compliance requirements, and ensure efficiency and business continuity.

This policy and procedure apply to the Director, and any additional staff, students, contractors, and volunteers.

### 2. RISK

**Personal Information:** The organisation faces risks where it collects, stores, shares or disposes of personal information about staff and participants. Risks include the misuse of information, the illegal publication of information and the destruction of information legally required to be held.

Risk treatment includes clear policy on the collection, storage, sharing and disposal of personal information (this policy; for participant information security, see the *Privacy and Confidentiality Policy and Procedure*).

**Document Control:** The organisation faces risks where it produces documents and processes determining the organisation's vision, values, policies, procedures, and processes. Risks include:

- the unauthorised modification of the organisation's policies and procedures.
- the unauthorised introduction of processes, forms, and documents into the system.
- the retention of superseded documents within the system; the failure of the system to prompt reviews of documents.

Risk treatment includes:

- Clear designation of authority to introduce documents into the system.
- Clear policy encouraging staff to contribute to the formulation of documents, a version control system for all authorised documents.
- Uncontrolled when printed alerts on documents.
- A Quality Management System register listing all authorised documents and their date for review.
- Clear policy ensuring the removal of superseded documents from circulation; and
- Regular review of information management processes as per the Internal Review and External Audit Schedule.
- 

### 3. DEFINITIONS

**Documents** – all manuals, reference books, registers and files in hard copy or electronic data format.

**Forms** – all single or multi-part paperwork that has an approved layout used to record information. When data is recorded on forms, they become records. Forms may be computer generated or pre-printed.

**Records** – Records are generated as a result of some activity and are a statement of facts existing at the time and cannot be revised. Superseded documents (or revised documents) can become records.

**Records Management** – the efficient and systematic control of the creation, receipt, maintenance, use and disposal of records, including processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records.

**Information** – Knowledge communicated or received. The result of processing, gathering, manipulating, and organising data in a way that adds to the knowledge of the receiver.

**Information management** – supports effective and efficient management of information and is concerned with the creation, production, collection, organisation, storage, protection, retrieval and dissemination of information resources that may be in any format and available from internal or external sources.

### 4. POLICY

Cosmos Divine Care Pty Ltd is committed to maintaining clear and accountable information systems to support and record management processes and service delivery to participants, and which protect rights of staff and

participants with regard to privacy and confidentiality.

## 5. PROCEDURE

### Policies and Procedures

Cosmos Divine Care Pty Ltd maintains a register of policies, procedures, and forms, that have been approved for use by the Director (*Quality Management System Document Review Schedule*).

Only the Director may amend or approve these documents.

Staff and participants are encouraged to identify improvements to approved policies. Any suggested improvement will be considered by the Director (or delegate) and where approved, the Director will ensure the policy is updated and all staff are informed of this change.

The *QMS Document Register* will be updated to reflect any approved amendments and maintain version control of approved documentation.

Superseded documents must be immediately removed from circulation and destroyed.

### Personal Information

All documents and electronic records that contain private and confidential information about participants, staff, or the organisation, will be retained in locked cabinets with access restricted to the Director (or delegate). A secure filing system for paper and electronic documents and records will be maintained.

### Storage and Access

All hard copy records are kept in appropriate conditions and protected from known risks, degradation and unauthorised access.

Electronic records are stored securely, password protected and are backed up regularly.

Where participant files are transported out of the office, the records should be moved securely in a non-transparent container (e.g. locked briefcase).

### Archiving

Cosmos Divine Care Pty Ltd will maintain a secure archive system for records and information no longer in use. Contents of individual archive boxes will be attached to the outside of each box and kept for the period specified in relevant legislation. Participant files will be kept for a period of seven (7) years and general correspondence and documents for two (2) years.

Financial records will be archived in order of financial year in which they occur and kept for a minimum period of seven (7) years.

Participant records, files and information will be stored, accessed and used in accordance with Cosmos Divine Care Pty Ltd's policies on privacy and confidentiality.

Staff files (including paid staff and volunteers) will be stored securely with access limited to the Director. Personnel files of ex-staff members will be kept on file for a period of seven (7) years.

Records which may be required for the federal Royal Commission into Institutional Responses to Child Sexual Abuse must not be destroyed even if there is a disposal authorisation in place.

Obsolete documents containing personal information will be shredded or disposed of in such a way that no identifying information is visible.

### Freedom of Information

Cosmos Divine Care Pty Ltd will provide participants and government agencies access to records in accordance with any applicable legislation, including Freedom of Information legislation.

POLICY AMENDMENT RECORD		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 8. RISK MANAGEMENT POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.08.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure guides how Cosmos Divine Care Pty Ltd assesses and responds to risks which are inevitably encountered in managing and delivering services.

This policy and procedure applies to the Director, staff, students, contractors and volunteers.

### 2. DEFINITIONS

**Risk** – “a possible effect on an expected outcome.” More specifically, ‘risk’ indicates a potential danger to the organisation, to the success of its services, strategies, projects and processes, its financial viability, its reputation, or the health and safety of its participants and staff.

**Risk assessment** – the process in which risk is identified, analysed and evaluated.

**Risk Management** – coordinated activities to direct and control an organisation with regard to risk.

**Risk treatment** – a measure, process or system that eliminates a risk where possible or, if not possible, reduces the risk so far as is reasonably practicable.

### 3. POLICY

Cosmos Divine Care Pty Ltd is committed to the responsible identification and management of risks which may arise during the delivery of services and the general management of the organisation, including risks relating to compliance, finance, safety and health, environmental risk and operational risk.

The Director is ultimately responsible for identifying and managing risks that impact the organisation. Nonetheless, Cosmos Divine Care Pty Ltd

expects all staff (where employed) to responsibly minimise risks to themselves and others, and report hazards and other risks as soon as they are noticed;  
values the risk assessments, evaluations and recommendations gathered from internal and external audits and from stakeholder feedback.

Cosmos Divine Care Pty Ltd’s approach to risk management, including its Risk Management Model and Principles, is aligned with *Australian and New Zealand Standard AS/NZS ISO 31000:2009 (Risk Management Principles and Guidelines)*.

### 4. PROCEDURE

#### Overview

The Risk Management Process involves five steps:

**Identify:** Identify the risk events that may prevent or delay the achievement of strategic goals and objectives.

**Analyse:** Outline the causes, impacts and existing treatments in order to assess the consequence and likelihood of the risk and determine the risk rating.

**Treat:** Implement existing and future treatments to eliminate, mitigate or control the risk.

**Monitor:** Continually monitor and evaluate the risks and treatments to maintain the effectiveness and appropriateness of the organisation’s risk management.

**Report:** Provide regular reports and updates in order to assure the organisation and its

stakeholders that risks are being appropriately managed and treated.

### **Identifying and Analysing Risk**

Identifying risk means considering:

factors that impact positively or negatively; and

factors that make Cosmos Divine Care Pty Ltd's strategic priorities and goals susceptible to risk.

Staff are encouraged to identify hazards and to report them to supervisors and the Director.

Cosmos Divine Care Pty Ltd monitors the following categories of risk:

Human Resources and Safety – risks to staff health and wellbeing, including (but not limited to) workplace injury, staff turnover, Industrial Relations issues.

Finance/Assets including (but not limited to) reduced income or increased costs, damage to assets, fraud and corruption, longer term viability, physical/property risks, administration and IT

Governance including (but not limited to) business continuity, emergency planning, legal issues

Participant care – includes all aspects of service provision to participants, including management and operations, service delivery, health impacts on participants, areas of identified need to improve internal quality, adverse events that may impact on the trust or credibility of the organisation with participants and other stakeholders.

Strategic – includes any risks of reputational or relationship damage, changes in community/participant need influencing strategic directions, changes in funding

Compliance and Legal – including (but not limited to) non-compliance or non-conformance with current policies/procedures; changes in local, State or Federal government regulations/legislation; compliance with industry standards; litigation of liability costs; and any identified risk of impact on contractual or commercial operations.

Cosmos Divine Care Pty Ltd uses the following 3 Step risk assessment:

Identify the degree of risk in a particular sector of operations

Estimate the likelihood of an event occurring

calculate a Risk Rating

**Cosmos Divine Care Pty Ltd will not accept a residual risk rating above the bold line.**

### **Implementing Controls and Treatments:**

With the risk rating determined, it is necessary to consider the effectiveness of the controls that are already in place to manage the risk, and whether additional controls may be required.

Cosmos Divine Care Pty Ltd will accept and monitor lower priority risks.

For those risks identified as moderate or higher, we need to consider the appropriate risk treatment options that will reduce the risk rating to an acceptable level.

Controls are strategies to manage risk balanced against the cost and inconvenience of the control. Common controls include:

staff training

provision of information

the use of safe or safer equipment.

maintaining adequate insurance;

changes in procedures or practices; and

personal checks including referee checks, driver's licences, motor vehicle registrations, professional registrations, criminal history checks etc.

All identified risks and appropriate controls must be recorded on the Risk Register.

### **Monitoring and Reporting Risk**

Regular monitoring and review of the performance of the risk management system is

conducted, and includes changes to business initiatives and other internal processes:

Risk register – the organisational risk register is a living document that is updated regularly by the Director

Risk assessments should be completed quarterly (see Internal Review and External Audit Schedule). Controls are monitored for effectiveness against the impact and likelihood ratings. Risk assessments are also required to be completed for each participant on the commencement of service. These risk assessments should be reviewed, at a minimum, quarterly.

All staff are responsible for managing risk within their areas of influence.

Upon commencement, all staff, students and contractors will undergo Induction, which will include risk management training.

Where staff are employed, regular Performance Reviews will assess staff awareness of this policy and procedure and their roles and responsibilities in respect to risk management. Additional on-the-job and formal training will be provided where required.

The Director will ensure that all necessary insurance policies are in place to protect Cosmos Divine Care Pty Ltd as an organisation, as well as its Director, staff, volunteers, participants, contractors and visitors.

The Director will foster a risk aware service culture by including risk awareness and identification on agendas for staff meetings (where applicable).

## 9. HUMAN RESOURCES POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.09.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure set out recruitment and selection, staff management and exit procedures and demonstrates Cosmos Divine Care Pty Ltd's commitment to effective, transparent and fair human resources practices.

This policy and procedure apply to the staff, students, and volunteers.

### 2. RISK

Multiple risks are associated with employing or contracting staff. These risks, and their risk treatments, include the following:

#### ***Risk to participants (abuse):***

People with disabilities are more vulnerable to abuse, neglect and exploitation than the general population. Participants are put at risk where staff are not suitable for their roles. The risk treatment strategies to ensure participant safety include compliance with mandatory staff screening and role risk assessment requirements under the NDIS, specified below. Participants are also at risk of neglect and the effects of staff misconceptions about what is reasonable in interpersonal interactions. The *Behaviour Support and Restrictive Interventions Policy and Procedure*, *Staff Code of Conduct* and *Duty of Care Policy and Procedure* outline prohibited practices and establish expectations for personal conduct and levels of care. Encouraging participants to speak out against mistreatment is encouraged and the processes for managing complaints are addressed in the *Feedback and Complaints Policy and Procedure*. The processes for managing staff misconduct are outlined in this policy.

In compliance with Chapter 8 of the Working with Children (Risk Management and Screening) Act 2000, Section 3 of the Working with Children (Risk Management and Screening) Regulation 2011, and Section 49 of the Disability Services Act (2006), Cosmos Divine Care Pty Ltd maintains the following processes as part of a risk management strategy for the promotion of participant wellbeing and protection from abuse, neglect and exploitation:

- Child Safe Code of Conduct
- Child Safe Policy
- Preventing and Responding to Abuse, Neglect, and Exploitation Policy
- Incident Management Policy
- Maintenance of a Human Resources compliance database, which captures the status of a staff member's clearances, including their expiry date.
- Inclusion of this risk management strategy in Induction.

Where staff/volunteers have commenced their engagement without a positive notice, the Director will ensure that the following processes are in place to mitigate risk while awaiting the outcome of the Mandatory Check:

- A National Police Check must have been completed prior to commencement of employment and any participant contact.
- Regular supervision, including shadow shifts are to occur to ensure that the new staff member/volunteer is aware of, and understands their obligations and responsibilities

in relation to safety and for their behavior to be monitored to ensure compliance with the *Child Safe Code of Conduct*.

- Regular feedback will be sought from participants to assist the assessment of new staff/volunteers.

Should there be a potential, perceived or actual breach of the risk management strategy, the Director must be informed immediately. The Director will address the issue as per the *Incident Management Policy*, this *Human Resources Policy* and any other relevant procedure.

Any identified high risk activities and special events must have a specific Risk Assessment completed.

This risk management strategy will be communicated to relevant parties, including participants, parents/family members and staff/volunteers.

These processes are reviewed annually.

#### ***Risk to participants (injury):***

Risk of injury to participants can be minimized by ensuring staff are adequately trained to perform their role (this policy).

#### ***Risk to staff:***

Staff are at risk of unfair allegations. See the Preventing and Responding to Abuse Policy and Procedure for guidance on procedural fairness and confidentiality in investigating claims of abuse.

#### ***Risk to the organisation:***

Failing to correctly source and manage staff presents potentially serious risk to the organisation. Risk, here, refers to both the possibility of negative effects (above) and the failure to realise opportunity by appropriately managing talented staff. Staff monitoring, training and opportunities for advancement (as appropriate) are addressed in this policy.

### **3. DEFINITIONS**

#### **Victorian Worker Screening Definitions**

***Criminal history record check*** – a full-disclosure, Australia-wide criminal history record check issued by a police force or other authority of a state or territory, or the Commonwealth. It may also be referred to as a National Police Certificate or Police Records Check.

***Disability Worker*** (under the Disability Worker Exclusion Scheme) means a person engaged by a disability service provider who:

- Provides, or supervises or manages a person who provides, direct support to a person with a disability; and
- has direct contact or access to a person with a disability.

***Disability Worker Exclusion List*** – a list of persons deemed unsuitable to deliver supports to people with disability. A person may be considered for inclusion on the Exclusion List if they have been found guilty of an offence that:

- involves bodily harm, violence or threats of violence
- is of a sexual nature
- involves dishonesty, or
- involves neglect of a person living in a disability residential service.

Individuals who are assessed on reasonable grounds as presenting an unacceptable risk to the health, safety or welfare of people with disability for reasons outside those above

may also be considered for inclusion on the List.

***Disability Worker Exclusion Scheme:***

- complements other pre-employment screening processes, such as police checks and reference checking;
- generates the List of people who, because they have been assessed as posing a threat to the health, safety or welfare of people with disability, should be excluded from undertaking Excluded Work in a disability service; and
- provides for limited sharing of relevant information between the Disability Worker Exclusion Scheme unit (the DWES unit) and disability service providers or authorised labour hire agencies.

The Scheme applies to every Disability Worker (see definition above) who is engaged in a disability service in the following ways:

- full-time, part-time or casual employees.
- contractors.
- persons engaged through labour hire agencies.
- students on placements; and
- volunteers.

***Victorian Disability Worker Registration Scheme:***

The Disability Worker Regulation Scheme (the Scheme) was established by the Disability Service Safeguards Act 2018 (Vic) and involves the regulation of registered and unregistered disability workers in Victoria.

The Scheme will apply to all disability workers in Victoria. Unregistered workers will be required to abide by a Code of Conduct.

Registration will commence on 1 July 2021, and is voluntary. Under the Act, disability workers who don't have registration as a disability worker are called 'unregistered disability workers'.

From 1 July 2020, this will be all disability workers.

**NDIS Worker Screening Definitions**

***Child-related work*** – work in providing respite care or other support services primarily for children with a disability unless the work does not ordinarily involve contact with children for extended periods without other adults being present.

***Clearance*** – a decision in response to an application for an NDIS worker screening check that clears the applicant to work with people with disability in a risk assessed role, when that decision is current and operative. (See also ***Exclusion***)

***Confidential Information/data*** – Records and information about a child are considered confidential if they are of a sensitive nature in relation to their health and well-being and the information has been provided in confidence. Where information held is simply the name, address or other contact details of children they are not considered confidential.

***Contact*** – all ways of interacting with a person with disability, including physical contact (such as touch), face-to-face contact, oral communication, written communication and electronic communication. (See also ***More than incidental contact***)

***Exclusion*** – a decision (however described) under the NDIS worker screening legislation of a jurisdiction, in response to an application for an NDIS worker screening check, which has the effect that the applicant is excluded from working in a risk assessed role with people with disability. This means that, even if a person is subject to an exclusion, they are not excluded from working with people with disability in roles other than risk assessed roles with a registered NDIS provider. (See also ***Clearance***)

***Interim bar*** – an interim decision made under the NDIS worker screening legislation of a jurisdiction to bar a person from working with people with a disability, while the



person's application for an NDIS worker screening check is being processed.

**More than incidental contact** – contact with people with disabilities which involves:

Physical contact

Building a level of rapport with the person with disability as an integral or ordinary part of duties

Having contact with multiple people with disability, either as part of the direct delivery of a specialist disability support or service, or in a specialist disability accommodation setting.

Whether contact is more than incidental is often linked to the level of opportunity a role would ordinarily provide to workers or other personnel to harm – including groom – a person with disability. The likelihood that contact is more than incidental increases with the intimacy, frequency, and regularity of the contact with a person with disability.

**Risk Assessed Roles** – A safeguard based on the opportunities a role provides to do harm. Under the NDIS Quality and Safeguards, service providers are responsible to assess every role in terms of its degree of contact with people with disabilities and therefore the opportunities the role affords (see Definitions: *More than incidental contact*). Some services and supports are automatically considered Risk Assessed Roles (see Definitions: *Specified Supports/Services*).

A Risk Assessed Role falls into one of three categories.

Any role which is a key personnel role. “Key personnel” includes those people who are responsible for executive decisions of a service provider.

Any role with duties which involve the direct delivery of particular kinds of services or supports to a person with disability (see Definitions – **Specified Supports/Services**).

Any role for which the normal duties are likely to require more than incidental contact with a person with disability.

Note: while the NDIS Commission offers the above guidance, the service provider is responsible to assess the risk posed in any particular role. (See also **Definitions: More than incidental contact**, and **Specified Supports/Services**).

**Specified Supports/Services** – A further clarification of Risk Assessed Roles. All workers engaged in a role for which the normal duties include the direct delivery of specified supports or specified services to a person with disability must have a clearance. Workers providing the following services Specified supports are:

- assistance to access and maintain employment or higher education
- assistance in coordinating or managing life stages, transitions and supports
- assistance with daily personal activities
- specialist positive behaviour support
- community nursing care
- assistance with daily life tasks in a group or shared living arrangement
- innovative community participation
- development of daily living and life skills
- early intervention supports for early childhood
- specialised hearing services
- interpreting and translating
- participation in community, social and civic activities
- exercise physiology and personal training
- management of funding for supports in participant plans
- therapeutic supports
- specialised driver training
- specialised support coordination

- specialised supported employment ◦ hearing services
- customised prosthetics
- group and centre-based activities
- assistance with travel/transport arrangements, (but only if the services are with respect to specialised transport to school/educational facility/employment/ community – i.e., not publicly available services such as taxi, bus and train services, even if specifically modified for use by people with disability).

**Worker** – any employee; self-employed person, contractor or subcontractor; volunteer; student (other than as a secondary or tertiary student undertaking formal work experience); minister, priest, rabbi, mufti or other like religious leader or spiritual officer of a religion or other member of a religious organisation.

#### 4. POLICY

Cosmos Divine Care Pty Ltd is committed to recruiting staff members who are suitably qualified and experienced and who have the competence and appropriate qualities to undertake their role within our organisation. Recruitment and selection procedures will be in accordance with employment legislation.

#### 5. PROCEDURE

**IMPORTANT NOTE:** Victoria has interim worker screening arrangements in place, namely the interim Safety Screening Policy for registered NDIS providers operating in Victoria (Safety Screening Policy) issued by the Secretary to the Department of Health and Human Services. The Safety Screening Policy is in force from 1 July 2019 until the NDIS Worker Screening Unit is operational in Victoria.

Compliance with the Safety Screening Policy is a requirement for NDIS registered providers in Victoria. See details below.

##### General Recruitment

The Director will confirm the identity (through photo identification) and qualifications (through sighting a copy) of all prospective staff prior to their appointment.

The Director is responsible for maintaining a record for all Cosmos Divine Care Pty Ltd staff including their qualifications, training and working screening status and WWC check status. The Director must ensure these have been sighted and maintain the details on each staff record.

Employment contracts will stipulate that all staff are obligated to:

advise the Director if they are charged with a criminal offence which is punishable by imprisonment or, if found guilty, could reasonably affect their ability to meet the inherent requirements of their job; and disclose any formal disciplinary action taken against them by any current or former employer. This includes any finding of improper or unprofessional conduct by any Court or Tribunal of any kind and any investigations that the staff member has been subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country.

##### ***Recruitment and selection***

Cosmos Divine Care Pty Ltd staff will meet the minimum qualification and experience requirements set down by the NDIA for the delivery of supports to NDIS participants.

Cosmos Divine Care Pty Ltd staff will also meet the minimum experience requirements set down by the NDIA's *Guide to Suitability*.

Minimum qualification and experience requirements will be included in recruitment documentation and Position Descriptions.

The Director (or delegate) is responsible for recruiting staff and will:

- develop Position Descriptions and selection criteria for each position based on the requirements for each position;
- advertise positions through local networks (which may include online job advertisement sites such as 'Seek'), respond to enquiries and email application forms if requested;
- convene a selection and interview panel appropriate to the position being recruited to;
- contact applicants and arrange interviews (including interview panels);
- speak with nominated referees and seek opinion about the applicant's qualities, skills and capacity to fulfil the role;

- support selected applicants through the appointment process, including mandatory checks and contract negotiations; and
- notify unsuccessful applicants in writing or verbally, offering feedback on application.

Selection will be fair, transparent and based on merit and have respect to the *Equity, Anti-Discrimination and Workplace Harassment Policies and Procedure*.

### **Mandatory Checks**

**NOTE:** The NDIS Worker Screening Unit commences operations in Victoria after July 1, 2019. Existing state requirements under the Disability Worker Exclusion Scheme will continue until notified. NDIS providers must comply with both schemes until notified. While current clearances under state requirements remain valid, the risk assessment of all roles may require clearances for previously exempt staff.

**NOTE:** The Victorian Disability Worker Commission commences operations on 1 July 2020.

The Victorian Disability Worker Registration Scheme will commence on 1 July 2021. While registration is not mandatory, once the registration scheme commences, Cosmos Divine Care Pty Ltd requires all staff to be registered as a condition of their employment.

Under the Act, disability workers who don't have registration as a disability worker are called 'unregistered disability workers'. From 1 July 2020, this will be all disability workers.

Further information may be found at: <https://www.vdwc.vic.gov.au/registration>

**Note:** penalties may apply where:

- staff do not update their personal details attached to Working With Children Checks
- organisations do not verify staff clearances
- organisation do not assess the risk of all roles within their organisation
- organisations do not keep proper records including:
  - records of how risks are assessed
  - records of staff clearances
  - records of subcontractor arrangements
- organisations do not supply records when requested
- organisations employ individuals whose online verification outcome is *barred*, interim barred or not found.

### **Preliminary Checks**

The Director will confirm the identity (through photo identification) and qualifications (through sighting a copy) of all prospective staff prior to their appointment.

If qualifications are a mandatory requirement of the role, original qualifications must be copied, certified as being a true copy of the original and dated by the relevant delegate then returned to the applicant.

### **NDIS Worker Screening**

Where Cosmos Divine Care Pty Ltd provides services to NDIS-managed participants, it must:

- conduct risk assessments for all positions not automatically specified by the NDIS Commission.
- ensure that workers in roles identified in risk assessments hold valid and appropriate employment checks.
- record and store risk assessments and the reasons for requiring checks for any nominated role.

Under the NDIS, service providers are responsible for determining which workers must be screened according to the following indicators:

- All workers providing services in designated specified supports or specified services (see Definitions: Specified Supports/Services) must hold clearances.
- Service providers must assess the risk to participants presented by ALL roles within the operation.
- All workers in Risk Assessed Roles require clearances. A Risk Assessed Role falls into one of three categories.

Any role which is a key personnel role. “Key personnel” includes those people who are responsible for executive decisions of a service provider.

Any role with duties which involve the direct delivery of particular kinds of services or supports to a person with disability (see Definitions – Specified Supports/Services).

Any role for which the normal duties are likely to require more than incidental contact with a person with disability, including access to participants’ personal and sensitive information.

As a NDIA Registered Provider, Cosmos Divine Care Pty Ltd must screen new and existing staff, volunteers, students and contractors who work directly with people with disability before they are employed or appointed.

The Director is responsible for maintaining a staff record for all Cosmos Divine Care Pty Ltd staff including their qualifications, training and criminal history and WWC check status. The Director must ensure these have been sighted and maintain the details on each staff record.

Employment contracts will stipulate that all staff are obligated to:

- advise the Director if they are charged with a criminal offence which is punishable by imprisonment or, if found guilty, could reasonably affect their ability to meet the inherent requirements of their job; and
- disclose any formal disciplinary action taken against them by any current or former employer. This includes any finding of improper or unprofessional conduct by any Court or Tribunal of any kind and any investigations that the staff member has been subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country.

Where Cosmos Divine Care Pty Ltd provides services to NDIS-managed participants, it must:

- conduct risk assessments for all positions not automatically prescribed by the NDIS Commission;
- ensure that workers in roles identified in risk assessments hold valid and appropriate employment checks;
- record and store risk assessments and the reasons for requiring checks for any nominated role.

Cosmos Divine Care Pty Ltd must ensure workers hold valid and appropriate screening checks where required.

### **Contractors**

Where contractors are employed as part of the ordinary activities of service delivery operations, Cosmos Divine Care Pty Ltd will verify, as necessary:

- criminal history screening status
- insurances
- qualifications

In engaging contractors to perform risk assessed roles, Cosmos Divine Care Pty Ltd will:

- identify each risk assessed role to the sub/contractor;
- enter into an appropriate contract with the sub/contractor; and
- take reasonable steps to ensure that the sub/contractor has an appropriate clearance.

An appropriate contract (above) includes the following obligations. The contractor must:

- ensure that they, or their subcontractors, have an appropriate clearance; and
- only allow a subcontractor to engage in a risk assessed role if the subcontractor may disclose, to Cosmos Divine Care Pty Ltd, information about a risk assessed role, including but not limited to information about:
  - the making of an application for an NDIS worker screening check;
  - an interim bar.
  - a suspension.
  - an exclusion.
  - the closure of an application for a worker screening clearance.
  - the revocation of a clearance.
  - the expiry date of a clearance.
- cooperate with any reasonable request from the registered NDIS provider for information relating to whether a member of other personnel has a clearance, or is subject to an exception in this Division; and
- cooperate with any reasonable request from the registered NDIS provider for assistance to investigate any complaint made to the NDIS provider about the conduct of, or any reportable incident involving, any member of other personnel engaged in a risk assessed role; and
- cooperate with any reasonable request from the registered NDIS provider for information relating to whether and how it is complying with its obligations under the appropriate contract; and
- impose the above obligations on any other party with whom the subcontractor enters an arrangement, which involves or allows for the provision of services by the other personnel to the NDIS provider.

### ***Responsibilities***

Cosmos Divine Care Pty Ltd *will*:

- screen new and existing staff, volunteers, students, self-employed people/contractors and board members (where applicable), who work directly with people with disability before they are employed or appointed, irrespective of how that their labour is sourced or deployed (see Definitions – *Risk Assessed Roles*).
- confirm the identity (through photo identification) of all prospective staff prior to their appointment.
- (where qualifications are a mandatory requirement of the role) store certified copies of original qualifications documents in the staff member's file.
- determine risk assessed roles by considering:
  - the degree of contact the role affords or requires (see Definitions – *Contact* and *More than incidental contact*)
  - whether the worker provides a Specified Service or Support (see Definitions – *Specified Supports/Services*)
  - whether the worker has access to confidential participant information (see Definitions – *Confidential Information/data*).
- ensure that all workers occupying risk assessed roles have appropriate clearances:
  - at least one referee check and criminal record check prior to employment (for new staff); and

- subsequent criminal record checks at least once every four years. – acquire a NDIS Worker Screening Unit clearance for risk assessed roles.
- maintain a record each staff member including their qualifications, training and criminal history and WWC check status (see below);
- maintain a record of all risk assessed roles as required – including subcontracted positions (see below – *Record Keeping*)
- require workers to disclose circumstances as they arise which may impact on their ability to retain criminal history clearances.

Cosmos Divine Care Pty Ltd will not:

- allow a person to work in a risk assessed role if:
  - they have been convicted of a “prescribed criminal offence”.
  - their clearances are subject to a bar or interim bar.
  - they cannot be located in the online verification process.

Staff will:

- update personal details attached to their Working with Children Check within three months of changes in circumstances information;
- advise the Director if they are charged with a criminal offence which is punishable by imprisonment or, if found guilty, could reasonably affect their ability to meet the inherent requirements of their job; and
- disclose any formal disciplinary action taken against them by any current or former employer. This includes any finding of improper or unprofessional conduct by any Court or Tribunal of any kind and any investigations that the staff member has been subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country.
- inform Cosmos Divine Care Pty Ltd within seven days if they have been issued with an Interim Negative Notice or Negative Notice, or if they have a relevant change in circumstances; and
- not engage in child-related work if they have been issued with a Negative Notice.

### **DHHS Safety Screening**

Providers are responsible for assessing whether workers need to be screened under the Safety Screening Policy. Workers assessed as exempt under both the DHHS Safety Screening Policy are not necessarily exempt under the NDIS Commission’s requirements.

Workers may be exempt from screening if they have only incidental contact with people with disability as a normal part of their job.

Cosmos Divine Care Pty Ltd may still require such workers to undergo worker screening.

Prospective workers must sign a Pre-employment Screening Statutory Declaration, available at: <https://providers.dhhs.vic.gov.au/statutory-declaration-pre-employment-screening-disability-workers-dwes-word>

### ***Safety Screening Checks***

The mandatory checks applicable to Cosmos Divine Care Pty Ltd staff under the DHHS Safety Screening Policy are:

- identity checks;
- the Victorian Police National Police Records Check; – International Police Checks (where applicable)
- the Victorian Working with Children Check, if required (renewed every 5 years);
- checks conducted by the Disability Worker Exclusion Scheme against the Disability Worker Exclusion List.

The DHHS Safety Screening policy requirements apply to all persons engaged by an NDIS registered provider operating in Victoria who:

- are involved in the direct delivery of supports to persons with disability

- are likely to have more than incidental contact with people with disability as part of their role
- are key personnel such as those holding executive, governance, or senior management positions.

New workers must be screened under the Safety Screening Policy prior to an offer of employment or engagement in a specified role being made.

Workers engaged in specified roles at 30 June 2019, and who have a valid clearance under Victoria’s state-based worker screening policies, are considered cleared to work under the interim worker screening policy.

Worker clearance under the interim Safety Screening Policy are valid only in Victoria.

### ***Statutory Declarations***

Prospective workers must sign a Pre-employment Screening Statutory Declaration, available at: <https://providers.dhhs.vic.gov.au/statutory-declaration-pre-employment-screening-disability-workers-dwes-word>

The Statutory Declaration records (including by attaching responses) the applicant’s declaration to Cosmos Divine Care Pty Ltd:

- of charges laid against them by police concerning any offence committed in Australia or in another country in the past;
- any offence of which they have been found guilty, committed in Australia or in another country in the past;
- any formal disciplinary action taken against them by any current or former employer;
- any finding of improper or unprofessional conduct by them by any Court or Tribunal of any kind;
- any investigations by an employer, law enforcement agency or any integrity body or similar in Australia or in another country, of which they have been the subject.

The Declaration will be kept on the applicant’s staff file.

### ***Disability Worker Exclusion Scheme (DWES)***

The DWES is a mandatory additional check on all Disability Workers. Cosmos Divine Care Pty Ltd complies with the requirements of the DWES.

Cosmos Divine Care Pty Ltd will check staff names against the *Disability Worker Exclusion List*, of: – all current Disability Workers and their Managers/Supervisors; and

– all prospective employees for positions as Disability Workers.

Where Cosmos Divine Care Pty Ltd’s pre-employment screening, (e.g., a police check), raises issues that may meet the criteria for placement on the List, Cosmos Divine Care Pty Ltd will notify the DWES unit.

Following an allegation:

- Where preliminary inquiries identify that an incident meeting the List criteria has occurred and a worker has been removed from excluded work, a notification should be provided to the DWES unit.
- An investigation must be undertaken, and the DWES unit should be advised of the outcome of the investigation and any disciplinary process.

Should a worker resign before the end of an investigation:

- The DWES unit should be advised if a worker has resigned prior to the investigation being completed. Cosmos Divine Care Pty Ltd should then complete the investigation on the basis of the available information and advise the DWES unit of the outcome.
- If the worker does not participate in the investigation or it is otherwise not possible to complete the investigation, the DWES unit may still place a worker’s name on the List. The worker will subsequently be given an opportunity to show cause why their name should not be placed on the List.

### ***International police checks***

Prospective staff have resided continuously in an overseas country for 12 months or more in the last ten years, must contact the relevant overseas police force to obtain a criminal or police record check. This is not applicable if:

- they were travelling through, for example, backpacking and only staying in some countries for very short periods.
- if they were a minor when they were overseas.

Where an international police records check cannot be obtained, (some countries will not release information), a statutory declaration and character reference checks must be conducted with at least two individuals who personally knew the individual while they were residing in the other country. This should be undertaken as a very last resort if the international police check is actually unavailable and cannot be obtained.

- The applicant must be informed that referees will be asked whether they have knowledge or information concerning the applicant, which would adversely affect the applicant from performing the job, including any relevant criminal offences.
- The credentials of persons acting as referees must be verified and can include previous employers, government officials and family members.
- Overseas applicants should not commence employment until this process is satisfactorily completed and this decision should be signed off by the Director.
- In the case of asylum seekers and refugees who may be unable to provide character references to accompany a statutory declaration, the statutory declaration will suffice with proof of status. However, eligibility to work should be confirmed as part of the recruitment process by the funded organisation using the Department of Immigration and Border Protection's Visa Entitlement Verification Online (VEVO) checking system at Department of Immigration and Border Protection's Visa Entitlement Verification Online (VEVO) checking system <http://www.border.gov.au/Busi/Visa> or their faxback service.

### ***Police checks for student placements***

Secondary school students on a formal work experience placement will not need a check to work in the NDIS.

A police check is required for students aged 18 years and older. These checks must be administered by the relevant course coordinator in the educational institute or the student can obtain a police check through the Victorian Police website.

### **Working with Children Check**

Where staff have any contact with children in the course of their duties, all Cosmos Divine Care Pty Ltd staff must have and maintain a clear Working with Children (WWC) check. This includes contact by telephone or other form of electronic contact. This requirement applies to all volunteers and students unless:

- they are working under the direct supervision of an educator who is over 18 years of age and holds, or is actively working towards, an approved Diploma-level education and care qualification;
- parents, family members and guardians closely related to children attending the service.

The Director will:

- ensure staff or volunteers issued with a Negative Notice do not undertake child-related work; and
- periodically check the status of all staff members and volunteers with WWC Check cards using Check Status function on the Department of Justice WWC Check website.

Staff and volunteers must:

- inform Cosmos Divine Care Pty Ltd within seven days if they have been issued with an Interim Negative Notice or Negative Notice, or if they have a relevant change in circumstances; and
- not engage in child-related work if they have been issued with a Negative Notice.



## **Record Keeping: Role Risk Assessments**

Cosmos Divine Care Pty Ltd will maintain a written list of risk assessed roles in the organisation, including:

- the title used for the role and a description of the role – the reasons why the role is a risk assessed role
- the date the role was assessed and the name and title of the person who made the assessment

Cosmos Divine Care Pty Ltd will maintain a written list of all workers who engage in risk assessed roles.

The list must include:

- the name, date of birth and address of the worker
- the risk assessed role in which the worker engages
- whether or not the worker is eligible for an exemption, the start and end date of the exemption and the name of the worker's supervisor during this period
- the worker's application number or check number and outcome expiry date
- records relating to an interim bar, suspension, exclusion or any action taken by the provider in relation to those decisions
- allegations of misconduct against a worker with a clearance and the action taken by the provider in response to that allegation.

Cosmos Divine Care Pty Ltd will:

- update the records as required.
- keep the records for seven years from the date the record was made.
- keep the records in an organised, accessible and legible manner such that the NDIS Commission or quality auditor may know which workers were engaged in a risk assessed role on any given day in the past seven years.

## **Personal Information**

### ***Collection and Storage of documentation and confidentiality***

The *Pre-Employment Collection Form* will inform the potential staff member: – that information is being collected;

- the purposes for collection;
- who will have access to the information;
- the right to seek access to, and/or correct, the information; and
- the right to make complaint or appeal decisions about the handling of their information.

### **Personal information**

Personal information may include: – name,

- date of birth, – gender,
- current and previous addresses, – residency status,
- telephone numbers and e-mail addresses, – bank account details,
- driver's licence number, – Centrelink information, – photographs,
- race or ethnicity, and

- medical history or information provided by a health service. Personal information is collected to assist in:
- assessing employment applications;
- processing payment of Services.
- obtaining relevant security clearances;
- providing a duty of care in your employment, particularly in relation to any disclosed medical conditions;
- contacting family, carers, or other third parties as and if required; and
- ensuring you hold a current drivers licence and private motor vehicle registration as required to perform your role within Cosmos Divine Care Pty Ltd.

Further,

- staff will be advised, during the induction process, where this policy is located on the Cosmos Divine Care Pty Ltd intranet (or hard copy).
- all personal staff information will be placed on their personal file, held in both electronic and hard copy formats. Both formats will be securely held, with access limited to staff members where needed in the performance of their roles or duties.

All staff shall notify Cosmos Divine Care Pty Ltd of any changes to their personal information such as address, bank details, or a private motor vehicle being used for work purposes.

At regular intervals Cosmos Divine Care Pty Ltd will issue all staff, via email, a staff details form to complete and return to ensure personal information is up to date.

### ***Accessing personal information***

Staff can request and be granted access to their personal information, subject to exceptions allowed by law.

Requests to access personal information must state: – the information to be accessed

- the preferred means of accessing the information, and should be forwarded to the Director in writing to: 26 Laura St, Clayton South VIC 3169

The Director will assess the request to access information, taking into consideration current issues that may exist with the staff member, and whether these issues relate to any lawful exceptions to granting access to personal information.

Should the Director decide that access to personal information will be denied, they must, within 30 days of receipt of the request, inform the staff member in writing of:

the reasons for denying access and

the mechanisms available to complain or appeal.

Should access be granted, the Director will contact the staff member within 30 days of receipt of the request to arrange access to their personal information.

Should Cosmos Divine Care Pty Ltd be unable to provide the information in the means requested, the Director will discuss with the staff member alternative means of accessing their personal information.

### **Complaints**

Questions or concerns about Cosmos Divine Care Pty Ltd's privacy practices should be brought, in the first instance, to the Director's attention.

Staff may directly email the Director at [cosmosdivinecare@gmail.com](mailto:cosmosdivinecare@gmail.com)

In investigating the complaint Cosmos Divine Care Pty Ltd may, where necessary, contact the staff member making the complaint to obtain more information.

The staff member will be advised either in writing, or in a face-to-face meeting, of the outcomes and actions arising from the investigation.

If concerns cannot be resolved and the staff member wishes to formally complain about how their personal information is managed, or if they believe Cosmos Divine Care Pty

Ltd has breached an APP and/or IPP, they may send their concerns in writing to:

Office of the Victorian Information Commissioner Email: [privacy@cpdp.vic.gov.au](mailto:privacy@cpdp.vic.gov.au)

Phone: 1300 666 444

or through the online form available at <https://www.cpdp.vic.gov.au/menu-privacy/privacy-public/privacy-public-make-complaint>

## **Training and Development**

Records of induction, training and organisational and professional development provided to all staff will be kept on each staff record as well as in Cosmos Divine Care Pty Ltd's *Training and Development Register*.

### ***Induction***

Upon commencement and prior to engaging with participants, Cosmos Divine Care Pty Ltd will prepare new staff member and/or volunteer with timely and appropriate orientation to their role, the service and organisation. Where any specific training and/or support needs are identified during the recruitment and selection, Cosmos Divine Care Pty Ltd will ensure these are met for the new staff member/volunteer.

The Director is responsible for ensuring staff and volunteer induction includes (but is not limited to) the provision of the following information. The Director is supported by the management team in delivering training and information in:

- Cosmos Divine Care Pty Ltd's Mission and Vision and Strategic and Operational Plans;
- Cosmos Divine Care Pty Ltd's compliance responsibilities, including obligations under relevant legislation, regulations and standards and its Policies and Procedures;
- staff roles and responsibilities and Cosmos Divine Care Pty Ltd's Staff Code of Conduct;
- Cosmos Divine Care Pty Ltd's organisational and governance structures, team processes, communication channels, staffing, supervision arrangements and accountabilities;
- continuous improvement, risk management and WHS, including, incident reporting and emergency procedures;
- staff entitlements and working conditions;
- participant rights and responsibilities and Cosmos Divine Care Pty Ltd's *Participant Charter*; – obtaining feedback and handling complaints;
- privacy and confidentiality and Cosmos Divine Care Pty Ltd's records and information management processes;
- supporting participants to actively participate in their service delivery, including family members and supporters in service delivery and alternative communication needs and aids;
- cultural, linguistic and disability diversity;
- the needs of vulnerable people including children, people with complex needs, and culturally and linguistically diverse and Aboriginal and Torres Strait Islander people;
- responsibilities under anti-discrimination legislation; – use of interpreters and translators;
- the service's access and exit/transition processes;
- referral processes, including target response and referral timeframes and how to make appropriate referrals;
- Cosmos Divine Care Pty Ltd's service network, *Referral Database* and appropriate referrals for common issues;
- Cosmos Divine Care Pty Ltd's assessment, planning and review processes;
- evidence-based, person-centred approaches to service delivery and how to use a strengths-based approach to identifying participant needs and life goals;
- Cosmos Divine Care Pty Ltd's financial management processes, including supporting participants' control over their finances;
- Cosmos Divine Care Pty Ltd's service delivery and participation processes; – Duty of Care requirements;

- child protection and interacting appropriately with children.
- how to respond to actual or potential signs of abuse and neglect, including their responsibilities for responding.
- particular risks that may be experienced by people with different needs; and – positive behaviour support strategies.

Where possible, cultural awareness training will be delivered by local A&TSI and CALD groups to ensure it is tailored to the organisation's service areas.

Ongoing training will be provided in these areas where required.

Feedback on the induction process will be sought to contribute to Cosmos Divine Care Pty Ltd's continuous improvement.

### ***Ongoing Training and Development***

Cosmos Divine Care Pty Ltd is committed to ensuring staff and volunteers have the necessary skills and knowledge to competently undertake their duties.

Cosmos Divine Care Pty Ltd will provide:

- ongoing training and development opportunities for staff – opportunities for advancement within the organisation.

Regular staff Performance Reviews will:

- identify training and development needs in consultation with their manager – encourage staff engagement in their ongoing development.

The Director will be responsible for overseeing training and development needs for Cosmos Divine Care Pty Ltd. They will:

- track training undertaken and future needs in Cosmos Divine Care Pty Ltd's Staff Training and Development Register; and
- plan and publicise, to all staff, upcoming training and development opportunities using a Training and Development Calendar distributed.

Where Cosmos Divine Care Pty Ltd's capacity and resources allow, staff will be supported to pursue further education or training that will contribute to their professional development, but which may not be a requirement directly relevant to their current position.

Cosmos Divine Care Pty Ltd will provide equity of access to professional development opportunities for all staff, taking into account the organisation's needs and the needs and skills of staff.

### ***Staff management and retention***

Staff performance and retention are supported by the following organisational policies and procedures:

- Human Resources.
- Financial Management;
- Continuous Improvement; – Staff Code of Conduct;
- Staff Complaints;
- Equity, Anti-Discrimination and Workplace Harassment; and – Workplace Health and Safety.

Staff are expected to attend regular team meetings, where they will have access to information sharing, training and development, and debrief opportunities.

All staff will receive supervision (debrief and mentoring) sessions monthly with their immediate supervisor.

### ***Staff supervision***

Supervision processes will be in place in order to meet organisational, professional and personal objectives for staff, including access to their supervisor by phone and email for informal and formal supervision and support.

All staff will receive operational supervision in the course of their duties, through individual contact with their supervisor, team meetings and group supervision.

Professional allied health staff should engage the services of a professional supervisor (external to the organisation) to ensure practice standards are upheld.

### ***Performance Reviews and Management***

Performance Reviews will be conducted for all staff on a regular basis. These will assess staff capability to perform their role and their understanding and application of Cosmos

Divine Care Pty Ltd's policies and procedures and provide an opportunity to set future professional goals.

Performance Reviews will seek to:

- clarify any issues relevant to the staff member's job description and performance standards.
- identify the staff member's strengths.
- identify areas where the staff member needs to improve.
- identify and confirm the actions to be taken to maintain, enhance or improve performance; and
- set future professional goals.

The supervisor will complete a *Staff Performance Review*. This will be signed by them and the staff member.

Where strategies for performance improvement are required, a *Staff Performance Improvement Plan* must be completed and signed by the staff member and Senior Manager.

A copy of the completed Performance Appraisals will be placed on the staff member's file and a copy given to the staff member.

If a staff member believes that they have been directly or indirectly discriminated against in the performance review, they should take action in accordance with Cosmos Divine Care Pty Ltd's *Disputes and Grievances Policy and Procedure*.

### **Termination of Employment**

Should staff choose to end their employment with the organisation, they are required to give the Director written notice in advance, as stated in the relevant industrial Award or instrument.

The Director has the discretion to pay the staff member their notice period in lieu of having them attend work for the notice period.

All salary and entitlements are paid to the staff member within 14 days of the end of their employment with the organisation.

### **Disciplinary Action**

Staff may face disciplinary action if they: – they are not performing satisfactorily.

- preventing other staff members from carrying out their duties; or
- are not complying with Cosmos Divine Care Pty Ltd's Code of Conduct, Policies and Procedures or their Employment Contract.

Cosmos Divine Care Pty Ltd's management staff are responsible for identifying problems as soon as they arise and taking action. They must maintain records of all performance-related discussions and counselling sessions and keep these on staff records.

If managers identify unsatisfactory performance of a staff member, they must advise the staff member.

An opportunity must be provided for the staff member to improve their performance within a reasonable timeframe. Training may be required to improve the standard of the staff member's performance.

If the staff member's performance does not improve to the required standard after assistance and training has been provided within the specified time, the supervisor must document specific performance problems.

If misconduct occurs, the Director must document the issues with the staff member, detailing relevant incidents and behaviours.

The supervisor will meet with the staff member and inform them that a report will be written, and they will be provided with a copy.

The following disciplinary process will then be followed:

- Discussion/Counselling – between the supervisor, Director and the staff member. The problem will be explained, and the staff member asked to respond. The staff member is entitled to have a support person present. If misconduct or non-performance is proved, the Director will advise the staff member of the corrective action they need to take. The Director will record details of the disciplinary session. All parties present must sign the report. Where this report is presented by email, the staff member may acknowledge the report as true by return email.
- First warning - if the incident of misconduct is repeated or performance does not improve, the Director will issue a first written warning. If the case is considered severe enough, the first warning can be regarded as the first and final warning.
- Final warning - if the problem persists, the Director will issue a final written warning to the staff member. If the issue is not resolved, the Director will take action to dismiss the staff member.

The Director will maintain formal records of each counselling/disciplinary session and keep them confidential. All records must be sighted and signed by the relevant staff member as true. Such records will provide important evidence if the matter proceeds to the Fair Work Commission.

In all processes the principles of natural justice must be followed. This means the staff member must have an opportunity to state their point of view before action is taken and that the decision maker must not be biased.

### **Dismissal**

Staff members may be dismissed on the basis of: – their conduct, capacity or performance.

- operational requirements, e.g. the position is no longer required; or – other reasons sufficient to justify termination.

If a staff member engages in serious misconduct so that it is unreasonable for Cosmos Divine Care Pty Ltd to continue their employment, they may be dismissed instantly. Such action must be supported by a high level of evidence. Examples of serious misconduct include theft, assault and fraud.

Cosmos Divine Care Pty Ltd must comply with all State and Federal legislation and the staff member's Employment Contract in relation to disciplinary action and employment termination.

Cosmos Divine Care Pty Ltd must ensure:

- dismissal is not for an unfair reason;
- the staff member knows the reason for dismissal and has an opportunity to respond in relation to that reason; and
- it gives the staff member appropriate notice or compensation in lieu of notice.

### **Leave Entitlements**

Full time and part time employees are entitled to paid leave. Generally, casual employees are not entitled to paid leave, with the exception of long service leave, as their hourly rate incorporates loading in lieu of leave.

The leave that you are entitled to is governed by the National Employment Standards (NES), your employment contract, the long service leave legislation of the state where you work and/or by any relevant Award. You should check these documents to understand what leave you are entitled to. Where a term or condition stated here is inconsistent with the NES or relevant Award, then the NES or Award shall apply to the extent of the inconsistency.

**Applying for annual leave:** Requests will be considered based on individual circumstances and business needs. Discuss with your manager your intention to take leave and obtain verbal approval. Then submit your formal request. Casual employees are not entitled to paid annual leave however are still required to notify their manager of periods of absence.

**Unpaid personal leave:** As a casual employee, if you are unable to work because of personal illness or injury you are entitled to take unpaid sick/personal leave. If you are unable to provide prior notice, you or a family member must notify your manager by telephone, preferably within one hour of your start time. You will need to provide a medical certificate from a registered health practitioner for each period of unpaid sick/personal leave greater than two days/shifts.

There may be other types of leave that fall outside the leave entitlements mentioned above. These are outlined in the NES or the relevant Award.

**Hours of Work**

In order to ensure quality service delivery to our clients, our services operate beyond a standard 9-5 basis. As a result, you may work nights, weekends and public holidays, and reasonable hours over and above your rostered hours. In order to carry out specific work during busy times, some employees may work significant additional hours agreed in advance (overtime).

We acknowledge it's our duty to protect the health and safety of our staff by ensuring that they do not work excessive hours and that additional hours are monitored appropriately. We also want managers to discuss and construct ways of promoting flexibility where appropriate, so employees can work their hours in a way that suits them whilst also meeting business needs. The relevant Award covers hours of work and related allowances in detail, and employees who are covered by those instruments are advised to refer to those provisions. Where a term or condition stated here is inconsistent with the NES or relevant Award, then the NES or Award shall apply to the extent of the inconsistency.

**Overtime** means approved hours worked in excess of your ordinary rostered hours (including reasonable additional hours) as indicated in the relevant Award. You will need to get approval from your manager prior to performing any overtime. Overtime performed without prior management approval will not be paid.

Overtime is performed at the direction and pre-approval of a manager (or delegate). Overtime can occur at any time, including weekdays, weekends and on public holidays. All time worked as approved overtime will be paid as per the relevant Award.

Arriving to your shift and finishing your time on time are important aspects of your work. You will be paid accordingly to your roster whilst the timesheet reports will be used to confirm this data. Any anomalies will be confirmed with your manager to begin with.

As a **casual employee**, you will be offered varying hours of work at any time over any days of the week, Monday to Sunday inclusive, as determined by the needs of the business. Casual employees are paid an hourly rate which is calculated to include compensation for all annual leave, personal/carer's leave, notice of termination, penalties and overtime and the other entitlements of fulltime or part-time employment. Rosters for casual employees may be changed at any time prior to the commencement of a shift and once a shift has commenced, a casual can be requested to extend their shift or be directed to finish a shift early due to business requirements. On each occasion a casual employee is required to attend work they are entitled to a minimum payment for three hours' work.

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

*End of policy document. Uncontrolled when printed.*

## 10. CHILD SAFE CODE OF CONDUCT

<b>Policy Code</b>	<b>CDC.10.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This Code of Conduct outlines the expected standards of behaviour with and in the company of children, including online conduct.

This policy and procedure apply to the Director, and any additional staff, students, contractors and volunteers.

### 2. CODE OF CONDUCT

All personnel are required to observe child safe principles and expectations for appropriate behaviour towards and in the company of children, as described below.

All personnel are responsible for supporting the safety, participation, wellbeing, and empowerment of children by:

- adhering to the *Child Safe Policy* at all times
- taking all reasonable steps to protect children from abuse
- treating everyone with respect
- listening and responding to the views and concerns of children, particularly if they are telling you that they or another child has been abused and/or are worried about their safety or the safety of another
- promoting the cultural safety, participation and empowerment of Aboriginal children (for example, by never questioning an Aboriginal child's self-identification)
- promoting the cultural safety, participation and empowerment of children with culturally and/or linguistically diverse backgrounds (for example, by having a zero tolerance of discrimination)
- promoting the safety, participation and empowerment of children with a disability (for example, during personal care activities)
- ensuring as far as practicable that adults are not left alone with a child.
- reporting any allegations of child abuse to the Director and ensure any allegation to reported to the police or child protection.
- reporting any child safety concerns to the Director.
- if an allegation of child abuse is made, ensure as quickly as possible that the child(ren) are safe
- encouraging children to 'have a say' and participate in all relevant organisational activities where possible, especially on issues that are important to them.

#### **Staff and volunteers must not:**

- develop any 'special' relationships with children that could be seen as favouritism (for example, the offering of gifts or special treatment for specific children)
- exhibit behaviours with children which may be construed as unnecessarily physical (for example inappropriate sitting on laps. Sitting on laps could be appropriate sometime, for example while reading a storybook to a small child in an open plan area)
- put children at risk of abuse (for example, by locking doors)
- do things of a personal nature that a child can do for themselves, such as toileting or changing clothes
- engage in open discussions of a mature or adult nature in the presence of children (for example, personal social activities)
- use inappropriate language in the presence of children
- express personal views on cultures, race or sexuality in the presence of children
- discriminate against any child, including because of culture, race, ethnicity, or disability
- have contact with a child or their family outside of our organisation without our child safety officer's knowledge and/or consent (for example, no babysitting). Accidental contact, such as seeing people in the street, is appropriate)
- have any online contact with a child or their family (unless necessary, for example providing families with e-newsletters)
- ignore or disregard any suspected or disclosed child abuse.



By observing these standards, you acknowledge your responsibility to immediately report any breach of this code to the Director.

If you believe a child is at immediate risk of abuse phone 000.

<b>POLICY AMENDMENT RECORD</b>		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 11. STAFF CODE OF CONDUCT

<b>Policy Code</b>	<b>CDC.11.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> June 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure provide ethical guidelines for staff, volunteers and students engaged in Cosmos Divine Care Pty Ltd business.

This policy and procedure apply to the Director, and any additional staff, students, contractors and volunteers.

### 2. RISK

Two main forms of risks are associated with staff conduct: risks associated with staff as representatives of the organisation and the particular risks associated with working with people with disabilities.

As representatives of the organisation, staff conduct can influence public perception, the standing of the organisation within the community and the success of the organisation. Risk treatment begins with clear guidelines for staff conduct (this policy). This must be reinforced with: a culture of procedural fairness in informal and formal discussions about conduct; a culture of no retribution for responsibly reporting suspected infringements of the code of conduct (*Preventing and Responding to Abuse, Neglect and Exploitation Policy and Procedure*); and a culture that promotes a sense of mutual responsibility between the organisation and its staff.

As workers in the disability sector, staff must be able to distinguish between appropriate and inappropriate care between themselves and participants and be able to express the participant/worker relationship appropriately. The guidance this policy provides should be reinforced with a culture of openness and support to assist workers discuss and manage relationships with participants.

### 3. POLICY

Cosmos Divine Care prides itself on its professionalism and on its staff's ability to meet participant and other stakeholder needs. The organisation strives to be a leading service provider and to provide a safe, healthy and happy workplace. This Code of Conduct is designed to ensure that all staff, participants and other stakeholders are treated in a manner that reflects the Mission, culture and legal obligations of the service.

### 4. PROCEDURE

#### **NDIS Code of Conduct and Victorian Disability Service Safeguards Code of Conduct**

Cosmos Divine Care Pty Ltd adheres to the NDIS and the Victorian Disability Service Safeguards Code of Conduct (hereafter referred to as the "NDIS Code of Conduct") for providers and workers.

The Victorian Disability Service Safeguards Code of Conduct has adopted the NDIS Code of Conduct. From 1 July 2020, this Code of Conduct applies to all disability workers in Victoria, regardless of whether they are funded through the NDIS or other providers. Disability workers funded through the NDIS are already bound to follow the NDIS Code of Conduct.

Further information on the Victorian Disability Service Safeguards Code of Conduct may be found here: <https://www.vdwc.vic.gov.au/rights-and-responsibilities/disability-worker-code-of-conduct>

Staff, students and volunteers are required to observe the NDIS Code of Conduct

The NDIS Code of Conduct requires workers and providers delivering NDIS supports to:

1. act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with relevant laws and conventions
2. respect the privacy of people with disability
3. provide supports and services in a safe and competent manner with care and skill
4. act with integrity, honesty, and transparency
5. 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
6. take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect, and abuse of

people with disability (see the *Incident Management Policy*, and the *Preventing and Responding to Abuse, Exploitation, and Neglect Policy*, for further guidance)

7. take all reasonable steps to prevent and respond to sexual misconduct.

In determining whether a person's conduct is in breach of this Code, a range of factors, including the nature of the conduct and the circumstances in which the conduct takes place, will be considered.

Supervising staff are encouraged to ensure that all staff, volunteers and students under their supervision achieve the highest possible standards of conduct.

Guiding principles for the Code of Conduct:

RESPECT - for people and the law

INTEGRITY - all actions are honest and ethical

ACCOUNTABILITY - decisions and actions in all areas of service delivery are transparent, fair and legal

DILIGENCE - staff, volunteers and students carry out their duties honestly and to the best of their ability

## **RESPECT**

Cosmos Divine Care Pty Ltd staff, volunteers and students will carry out their duties with respect for participants, staff, the organisation and its work. Individuals will refrain from public comments that portray the organisation and/or its work in a negative way.

**Respect for the law:** Cosmos Divine Care Pty Ltd staff, volunteers and students will observe all the laws of the State and the Commonwealth.

Staff and volunteers must immediately inform the Director if charged with a criminal offence punishable by imprisonment, or if found guilty of the offence and the outcome would significantly affect their ability to perform their normal duties.

**Respect for persons:** Cosmos Divine Care Pty Ltd will strive to create an environment where all persons are treated equitably and with respect and where people's rights are upheld. This involves individual and collective responsibilities to:

respect the rights, privacy and confidentiality of participants, staff, office bearers, volunteers, students and agents;

promote a positive public image of people with a disability, and their families and carers;

make decisions which are procedurally fair;

have respect for the opinions of others and approach any differences in opinion in an open and non-judgmental manner.

Staff, volunteers and students should recognise that their obligation to respect the rights and privacy of all persons associated with Cosmos Divine Care continues after they cease employment with Cosmos Divine Care Pty Ltd.

Respect for persons emphasises the obligation of office bearers, staff, volunteers and students to refrain from behaviour which is or may be construed as sexual-, racial- or gender-based harassment. They should never behave towards other persons in a manner which may reasonably be perceived as intimidating, overbearing or bullying. All staff, volunteers and students must ensure that co-worker relationships are dignified and respectful at all times. (See also *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*)

## **INTEGRITY**

Staff, volunteers and students are placed in a position of trust when they manage or have access to Cosmos Divine Care Pty Ltd resources and information or make decisions that affect the interests of others.

Staff, volunteers and students will not undertake activities for personal gain while conducting business of the organisation.

People who have exited the organisation should not disclose to any future employer or use for their own purposes any confidential information, records, documents or materials they may have had access to during their involvement with Cosmos Divine Care Pty Ltd.

Staff, volunteers and students should make all reasonable efforts to avoid conflicts between their private and/or professional interests and Cosmos Divine Care Pty Ltd responsibilities and must always avoid situations where there are reasonable grounds for the perception of such a conflict.

**Personal relationships:** A conflict of interest may occur when a staff member or volunteer participates in decisions affecting another person with whom they have a close or personal relationship. Situations where such a conflict may occur include, but are not limited to:

the appointment, supervision or promotion of staff, decisions being made that are of a nature to directly benefit the other

person the awarding of tenders, or other forms of financial assistance.

Cosmos Divine Care Pty Ltd recognises the right of staff and volunteers to engage in personal or intimate relationships with people of their own choosing. However, relationships between office bearers, staff and volunteers should be professional at all times. Personal or intimate relationships should not intrude, or be seen to intrude, on the Cosmos Divine Care Pty Ltd environment or the workplace in general.

When a personal or intimate relationship creates a clear conflict, the staff member should withdraw from the situation. Where there is any possibility of a perceived conflict, the staff member should discuss the matter with a senior staff member or the Director.

Personal or intimate relationships between staff/volunteers and participants are not permitted and any deviation from this may be considered a serious breach of conduct and addressed in accordance with the Human Resources Policy.

Staff and volunteers should also refrain from unnecessary self-disclosure of personal information during their contacts with participants.

**External environments:** Staff or volunteers representing Cosmos Divine Care Pty Ltd in public must conduct themselves with propriety and be accountable for their conduct and decisions made on behalf of Cosmos Divine Care Pty Ltd. Where a staff member or volunteer is unsure of the capacity in which they are acting, they should seek clarification from a senior staff member.

**Alcohol and illicit drug consumption:** During the usual day-to-day conduct of their duties, staff and volunteers **must never** consume alcohol or illicit substances and must be free from the influence of any substance prior to commencement of a shift. Any deviation from this practice will be viewed as a serious breach of conduct and will be addressed in accordance with the *Human Resources Policy and Procedure*.

Whilst alcohol consumption may be permissible, or may be available, at certain business functions, staff and volunteers should refrain from excessive consumption of alcohol whilst representing Cosmos Divine Care Pty Ltd. Staff and volunteers are encouraged to use common sense to maintain Cosmos Divine Care Pty Ltd's interests and professional image, as well as their own welfare.

**Dress standards:** Dress standards are more a matter of etiquette rather than ethics. However, staff, volunteers and students must present a professional image and maintain an appropriate standard of appearance whilst engaged in Cosmos Divine Care Pty Ltd business.

Senior staff have a responsibility to counsel staff members, volunteers and students whose dress standards do not comply with the above.

**Gifts and benefits:** Staff, volunteers and students must never ask for gifts, or encourage gift giving of any kind in connection with the performance of official or work duties. Personal gifts from participants must be declared and recorded in the Gift Register. Any gifts that are above a nominal value must not be accepted.

**Intellectual property and copyright:** The Copyright Act provides creators with certain rights. This includes the right to be named in connection with their work and against false authorship. When using someone else's work in a presentation or document, authorship should be appropriately acknowledged. Ownership of all materials produced during the course of working for Cosmos Divine Care Pty Ltd is vested in the organisation.

### **Compliance with laws and Cosmos Divine Care Pty Ltd's governance**

Staff and volunteers and visitors must comply with all lawful and reasonable directions given by Cosmos Divine Care Pty Ltd.

Staff and volunteers and, where applicable, visitors must comply with Cosmos Divine Care Pty Ltd's policies and procedures at all times.

Staff and volunteers and visitors must comply with all relevant legislation, regulations, codes, standards, guidelines and policies that are applicable to Cosmos Divine Care Pty Ltd's operations irrespective of location.

### **Company property**

Cosmos Divine Care Pty Ltd property includes:

- equipment, vehicles and premises;
- intellectual property (including trade and business secrets) of Cosmos Divine Care Pty Ltd or affiliated entity;
- information concerning staff, volunteers and any contractors that provide a service to Cosmos Divine Care Pty Ltd; and
- any information of a commercial, operational, marketing, business, technical or financial nature relating to

the business of Cosmos Divine Care Pty Ltd or any affiliated entity.

Staff and volunteers must only use company property for authorised and appropriate work purposes and must take all reasonable care when doing so.

On termination of employment, for whatever reason, staff and volunteers must transfer to the Director all information in their possession, including all material in writing, software or databases on hard drive or any other means of storage.

If requested by the Director, office bearers, staff or volunteers must immediately return all Cosmos Divine Care Pty Ltd property in their possession or under their control.

### **Outside work behaviour**

Staff and volunteers must conduct their personal affairs in a manner that does not affect their duties and responsibilities to Cosmos Divine Care Pty Ltd.

Staff and volunteers should be aware that their activities or behaviour outside working hours could damage Cosmos Divine Care Pty Ltd's reputation. Staff and volunteers must avoid conduct outside of work that breaches this Code. If Cosmos Divine Care Pty Ltd becomes aware of such conduct, and the conduct is of a type that could have an adverse impact upon Cosmos Divine Care Pty Ltd, disciplinary or other remedial action may be taken against the worker.

### **ACCOUNTABILITY**

All staff and volunteers have an obligation to carry out official decisions and policies faithfully and impartially.

Senior staff members have a responsibility to ensure that sufficient, accurate and appropriate information is provided to enable office bearers to make decisions that are procedurally fair, transparent and timely.

Staff and volunteers who have responsibility for the day-to-day management and delivery of Cosmos Divine Care Pty Ltd services will provide accurate and regular reports.

Fraud, corrupt conduct and maladministration are detrimental to Cosmos Divine Care Pty Ltd and participants. Any staff member or volunteer who reasonably suspects that this may be occurring are encouraged to speak with the Director as soon as possible. Where disclosure of any of these activities occurs, the person disclosing the information will not be subjected to any acts of retribution.

Unfounded reports that are of a malicious or vengeful nature will not be pursued. Appropriate action will be taken against any person who is found to have made malicious or unsubstantiated claims.

### **DILIGENCE**

Cosmos Divine Care Pty Ltd aims to achieve best practice in service delivery. All staff and volunteers contribute to achieving this aim by carrying out their duties honestly and to the best of their ability.

All staff and volunteers should support the Cosmos Divine Care Pty Ltd's aims and objectives, and work within policy and procedural guidelines.

Cosmos Divine Care Pty Ltd's equipment and resources are not available for private use or private gain and appropriate care and security of equipment should be a priority.

Cosmos Divine Care Pty Ltd's resources, equipment and property should be used with economy and without undue waste. All equipment will be used with due care and respect and if necessary staff and volunteers should seek guidance in the use and appropriate storage of equipment.

All staff, volunteers and students have access to appropriate technology related to their role in the organisation.

Staff, volunteers and students who are authorised to use computers are permitted to use Internet and email for purposes directly related to their duties and for educational or self-development purposes consistent with other Cosmos Divine Care Pty Ltd policies and practices.

Inappropriate use of internet and email, including viewing, downloading, storage or forwarding of materials of a pornographic or illegal nature will be considered as a serious breach of this Code of Conduct and disciplinary action up to and termination of employment will be pursued as a matter of urgency.

### **Reporting Breaches of the Code of Conduct**

Breaches or suspected breaches of the Code of Conduct, should, in the first instance, be reported to the Director. Trivial, unfounded or vexatious complaints may result in disciplinary action.

Any person who complies with the Code of Conduct in reporting a breach must not be discriminated against and must be protected from reprisal. Confidentiality will be maintained at the highest level possible.

<b>POLICY AMENDMENT RECORD</b>			
DATE	BRIEF DESCRIPTION OF AMENDMENT	OF	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 12. RETURN TO WORK POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.12.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure provide guidance where a staff member has been injured during the course of employment.

This policy and procedure apply to staff, students, contractors and volunteers.

### 2. POLICY

Cosmos Divine Care Pty Ltd strives to prevent injury and illness by providing a safe and healthy working environment. It is committed to the return to work of its injured workers and will:

- support the injured worker and ensure that early return to work is a normal expectation; participate in the development of an injury management plan and ensure that injury management commences as soon as possible after the work is injured.

- provide suitable duties for an injured worker as soon as possible.

- ensure that injured workers (and anyone representing them) are aware of their rights and responsibilities – including the right to choose their own doctor and approved workplace rehabilitation provider, and the responsibility to provide accurate information about the injury and its cause.

- consult with staff and, where applicable, unions to ensure that the return-to-work program operates as smoothly as possible.

- maintain the confidentiality of injured worker records.

- not dismiss a worker as a result of a work-related injury within six months of becoming unfit for employment.

### 3. PROCEDURE

#### ***Return to work***

The Director will arrange a suitable person to explain the return-to-work process to the injured worker.

The Director will ensure that the injured worker is offered the assistance of a WorkCover-approved workplace rehabilitation provider if it becomes evident that they are not likely to resume their pre-injury duties or cannot do so without changes to the workplace or work practices.

The Director will arrange for the worker's early return to work (subject to medical and rehabilitation provider advice).

#### ***Suitable duties***

The Director will develop an individual return to work plan when the worker according to medical advice, is capable of returning to work.

The Director will provide suitable duties that are consistent with medical advice and that are meaningful, productive and appropriate for the injured worker's physical and psychological condition depending on the individual circumstances of the injured worker. Suitable duties may be:

- at the same worksite or a different worksite

- the same job with different hours or modified duties

- a different job

- full time or part time

#### ***Dispute resolution***

Cosmos Divine Care Pty Ltd will work together with the injured worker and their union representative to resolve any disagreements about the return to work program or suitable duties.

If disagreements cannot be resolved, Cosmos Divine Care Pty Ltd will involve other parties such as the worker's treating doctor, the agent/insurer, an approved workplace rehabilitation provider or an injury management consultant.

DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*



## 13. EQUITY, ANTI-DISCRIMINATION AND WORKPLACE HARASSMENT POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.13.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1.0 PURPOSE AND SCOPE

This policy and procedure demonstrate Cosmos Divine Care Pty Ltd's commitment to equal opportunity and a workplace free from discrimination and harassment.

This policy and procedure apply to the Director, and any additional staff, students, contractors, and volunteers.

### 2.0 DEFINITIONS

**Equity** – treating all persons fairly and without discrimination.

**Discrimination** – treating a person less favourably than others in similar circumstances because of a personal attribute that has no relevance to the situation.

Discrimination is unlawful under both federal and state anti-discrimination legislation. Discrimination is unlawful on the grounds of age, sex, marital status, pregnancy, religion, race, colour, nationality, sexual preference, physical or intellectual impairment, family responsibilities, political preference, criminal record and medical records.

**Age discrimination** – Discrimination on the basis of age (regardless of age) or on the basis of age-specific characteristics or characteristics generally associated with a person of a particular age.

**Disability discrimination** – Discrimination on the basis of physical, intellectual, psychiatric, sensory, neurological or learning disability, physical disfigurement, disorder, illness or disease that affects thought processes, perception of reality, emotions or judgement, or results in disturbed behaviour, and presence in body of organisms causing or capable of causing disease or illness (e.g., HIV virus).

**Racial discrimination** – Discrimination based on race, colour, descent or national or ethnic origin and in some circumstances, immigrant status.

**Sex discrimination** – Discrimination based on sex, marital or relationship status, pregnancy or potential pregnancy, breastfeeding, family responsibilities, sexual orientation, gender identity or intersex status.

**Sexual harassment** – any form of unwanted, unwelcome, or uninvited sexual behaviour that is offensive, humiliating, or embarrassing.

**Workplace bullying** – Workplace bullying is repeated less favourable treatment of a person, which may be considered unreasonable and inappropriate. Bullying can either be perpetrated by an individual or a group and can be psychological, verbal, or social. Often bullying can also create a risk to the physical and or mental health and safety of workers. Workplace bullying is defined as repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety and intimidates, humiliates and/or undermines a person or group.

**Workplace harassment** – repeated behaviour, other than behaviour amounting to sexual harassment, of one staff member or group of staff members that is unwelcome, unsolicited, and considered to be offensive, intimidating, humiliating or threatening by another staff member.

### 3.0 POLICY

Cosmos Divine Care Pty Ltd is committed to providing a workplace that is free from harassment, discrimination, and bullying. This responsibility is at the heart of the values of the organisation; it reflects how people should treat each other through building relationships based on trust, respect, and safety.

Cosmos Divine Care Pty Ltd considers all types of harassment, discrimination, bullying and workplace violence to be unacceptable forms of behaviours that will not be tolerated under any circumstances. Cosmos Divine Care Pty Ltd believes all staff and participants should be treated with respect, fairly and in a reasonable way. Harassment, discrimination, bullying and workplace violence are illegal under a range of Federal and State legislation.

If any staff breaches this policy it will result in disciplinary action which may include termination of employment. It is the responsibility of all staff to act in such a way as to create a working environment which is free of any form of discrimination or harassment.

Cosmos Divine Care Pty Ltd's commitment to equity accords with the *Sex Discrimination Act 1984* (Cwlth), *Racial Discrimination Act 1975* (Cwlth), *Disability Discrimination Act 1992* (Cwlth), *Age Discrimination Act 2004* (Cwlth), and the Australian Human Rights Commission Act 1986 (Cth).

#### 4.0 PROCEDURE

##### ***Expected Workplace Behaviours***

Under work health and safety laws, staff and other people at our workplaces must take reasonable care that they do not adversely affect the health and safety of others. Discrimination and harassment put health and safety at risk.

Cosmos Divine Care Pty Ltd expects staff to:

Behave in a responsible and professional manner.

Treat others in the workplace with courtesy and respect.

Listen and respond appropriately to the views and concerns of others.

Be fair and honest in their dealings with others; and

Provide all staff, and potential staff, equal access to employment, training and career opportunities including employment related benefits

This policy applies to behaviours that occur:

In connection with work, even if it occurs outside normal working hours.

During work activities.

At work related events; and

On social media where workers interact with colleagues or participants and their actions may affect colleagues or participants either directly or indirectly.

##### ***Responding to Harassment, Discrimination and Bullying***

Cosmos Divine Care Pty Ltd will not tolerate discrimination, sexual harassment or bullying in our workplace. Any breaches of this policy will be taken very seriously and may lead to the termination of your employment with Cosmos Divine Care Pty Ltd.

Any form of discrimination or workplace harassment or bullying must be reported either by those either subject to the behaviour, or by a witness. A person can raise a complaint either verbally or in writing by:

- ➔ Informing their supervisor, or the Director.
- ➔ Using Cosmos Divine Care Pty Ltd's established reporting procedures such as incident reports or the staff grievance process.

All breaches of this policy and procedure will be taken seriously.

Staff members who feel they are the subject of discrimination or harassment should:

approach the Director to discuss appropriate actions or options; or

lodge a formal complaint or grievance which will be dealt with by the Director in accordance with Cosmos Divine Care Pty Ltd's *Disputes and Grievances Policy and Procedure*.

Complaints will be dealt with promptly and in accordance with relevant State and Federal legislation and Cosmos Divine Care Pty Ltd policies and procedures.

All complaints will remain confidential.

<b>POLICY AMENDMENT RECORD</b>		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 14. STAFF COMPLAINTS POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.14.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure guide the processes around staff complaints.

This policy and procedure apply to the Director, and any additional staff, students, contractors, and volunteers.

### 2. POLICY

Staff have the right to raise a complaint within the management structure of the organisation where they feel their treatment is unjust or unfair.

Cosmos Divine Care Pty Ltd seeks an organisational culture that is non-threatening, in which complaints can be expressed and addressed without fear of retribution. No person with a complaint shall be subject to reprisal as a result of their registering a complaint.

Staff are entitled to their privacy; complaints must be treated confidentially by all members of staff involved.

The organisational culture, however, also encourages staff to use informal means of conflict resolution and to resolve complaints, where possible, at the point of conflict with the person(s) concerned or as close as possible to the level where the conflict has occurred. Cosmos Divine Care Pty Ltd takes formal complaints seriously and it is equally important that the staff member takes responsibility for initiating a complaint.

Staff members have a right to appeal the decision made on their complaint if they are not content with the outcome and have the right to have their chosen representative present at any time in a complaint or dispute process.

### 3. PROCEDURE

#### ***Formally lodging grievances***

If a dispute cannot be resolved, the staff member should lodge a grievance in writing to the Director. Feedback, Complaints and Disputes to [cosmosdivinecare@gmail.com](mailto:cosmosdivinecare@gmail.com)

This should detail:

description of the decision/s or behaviour/s that are the subject of the dispute.

the manner in which the decision or behaviour has adversely affected the staff member.

the time and date of the decision/s or behaviour/s;

names of witnesses.

attempts made to resolve the dispute; and

the action the staff member deems necessary to resolve the grievance.

#### ***Investigating grievances***

Once a formal grievance is lodged, the Director (or delegate) will investigate the matter within five working days.

If the Director has a conflict of interest in the matter, an independent party will conduct the investigation.

The following parties will be interviewed:

the staff member who lodged the grievance.

the staff member against whom the grievance has been lodged.

any witnesses; and

the relevant supervisor(s).

#### ***Resolving grievances***

Where necessary, the Director will:

appoint an independent mediator to help resolve disputes; and

encourage the participation of a support person, union or professional association representation and involvement in dispute resolution procedures.

If the investigation reveals that the grievance is valid, and depending on the nature of the complaint and its seriousness, the staff member against whom the grievance was lodged may be:

required to apologise to the staff member who lodged the grievance.

given a written warning, counselling, transfer or demotion; or

subject to dismissal processes.

If the grievance cannot be substantiated because of a lack of evidence, the organisation may:

remind all staff members of their obligations under the Code of Conduct and the Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure.

ask all staff members to undertake training in negotiation skills and dispute resolution.

ask supervisors to identify potential conflicts among their staff members and offer counselling.

If the grievance is found to be a frivolous claim, and depending on the seriousness of the allegations, the staff member making the complaint may be:

asked to undertake counselling.

make a written apology to the staff member complained about.

given a written warning, transfer, or demotion; or

subject to dismissal processes.

Staff have the right to appeal decisions relating to disputes. Appeals should be directed in writing to the Director who will make a final decision. Staff who are not successful in their appeal will have the original decision reconfirmed.

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

*End of policy document. Uncontrolled when printed.*

## 15. WORKPLACE HEALTH AND SAFETY POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.15.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure demonstrate Cosmos Divine Care Pty Ltd's commitment to providing a workplace that is safe and minimises risks to the health and wellbeing of staff, participants, their families, and all other stakeholders.

This policy and procedure apply to the Director, and any additional staff, students, contractors, and volunteers.

### 2. DEFINITIONS

**Workplace** – any place where work is carried out on behalf of Cosmos Divine Care Pty Ltd.

**Duty of care** – A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of Cosmos Divine Care Pty Ltd's staff to provide participants, students, volunteers, contractors, and anyone visiting the service with an adequate level of care and protection against reasonably foreseeable harm and injury.

### 3. POLICY

Cosmos Divine Care Pty Ltd will conduct its activities in such a way as to provide an environment which, so far as possible, protects the health, safety and welfare of all people at the workplace and actively encourages safe working practices. To achieve this, every effort will be made in the areas of accident prevention, hazard control and removal, injury protection, health preservation and promotion. These aspects of working conditions will be given priority in organisational plans, policies and procedures, job instructions.

No task is so important as to compromise health and safety. Adequate consideration must be given to determine a safe and healthy work method for each activity undertaken.

Cosmos Divine Care Pty Ltd is committed to ensuring that:

All relevant legislation and statutory requirements, codes of practice and Australian Standards are complied with;

Health and safety awareness and the development of hygienic and safe work practices are promoted.

Information, training, instruction and adequate protective equipment are provided;

Staff are consulted and cooperated with on health and safety matters and on ways to reduce workplace hazards and improve quality control systems;

Effective accident analysis and incident and hazard reporting systems are maintained; and

The rehabilitation of injured staff is encouraged.

Provide safe systems of work

Provide written procedures and instructions to ensure safe systems of work.

Monitor the health and safety conditions of the workplace.

Workplace Health and Safety is the responsibility of all Cosmos Divine Care Pty Ltd stakeholders – staff members, volunteers, contractors, participants, families, carers and visitors.

Cosmos Divine Care Pty Ltd staff and volunteers are not expected to carry out work that is unsafe, and participants are not expected to tolerate unsafe work practices or service environments.

### 4. PROCEDURE

#### **Responsibilities**

The Director will:

comply with all relevant legislation and statutory requirements, codes of practice and industry standards and make adequate provision of resources to meet these requirements;

promote health and safety awareness and the development of healthy and safe working procedures;

provide information and where appropriate, training and/or instruction and adequate protective equipment;

consult with staff and volunteers on health and safety issues as well as identify and implement ways to reduce workplace hazards and improve control systems;

maintain effective accident analysis procedures and hazard reporting systems;

encourage the rehabilitation of injured staff;  
set and regularly review health and safety objectives; and  
seek feedback from staff and volunteers on matters relating to stress management techniques.

Staff members, volunteers, students and visitors are expected to:  
comply with all relevant legislation and statutory requirements, safe working procedures, codes of practice and industry standards;  
report, and where appropriate, rectify hazards, and participate in the analysis of accidents/incidents; and  
accept responsibility for protecting themselves and others.

All staff and volunteers are responsible for ensuring that all plant, equipment and substances are safe and without risk to health when used in accordance with standard operating procedures.

Cosmos Divine Care Pty Ltd has a no smoking policy. Staff, volunteers, students, participants and visitors are not permitted to smoke indoors, within the office, or on any covered patio area that is part of or attached to a building. Smoking is only permitted in designated outside smoking areas.

If staff or volunteers have any health problems or medical conditions requiring medication or that may require emergency assistance, it is advisable to notify senior staff or nominated Workplace Health and Safety (WH&S) Representative.

Guidelines on procedures for dealing with critical incidents or handling of blood and other body fluids can be obtained from senior staff.

All staff and volunteers are advised to take adequate breaks during the performance of repetitive tasks.

All staff and volunteers should be aware of the location of the First Aid Kit, incident reports and emergency numbers.

If a Position Description states that a current Senior First Aid Certificate is required, this must be organised by the staff member concerned.

Whenever cleaning, gardening and/or other chemical substances are kept on the premises, access should be limited to authorised personnel who have adequate knowledge and understanding of their safe storage and application.

**Senior staff** are responsible for their areas of control to ensure:  
relevant health and safety policies and procedures are effectively implemented; all risks to health and safety are identified, assessed and effectively controlled;  
the effectiveness of risk control measures are regularly monitored and deviations from standards are rectified;  
staff members have adequate knowledge and skills to carry out their health and safety responsibilities;  
staff members are consulted on any proposals for or changes to the workplace, work practices, policies or procedures which may affect the health and safety of staff members;  
all incidents within their area of control are reported and investigated and basic cause and control strategies are identified.

Any workplace accident or incident (dangerous occurrence) which has the potential to result in injury or damage to property must be reported in the same manner as an incident or accident that results in injury or damage.

All accidents or incidents that result in an injury or illness at work must be reported to the Director (through senior staff) within 24 hours of the incident occurring.

POLICY AMENDMENT RECORD		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 16. FIRE SAFETY AND EMERGENCY POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.16.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>13<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure seek to ensure the safety of staff, participants, and other stakeholders during emergencies such as fire or other emergencies.

This policy and procedure apply to the Director, and any additional staff, students, contractors, and volunteers providing services in a Cosmos Divine Care Pty Ltd facility.

### 2. RISK

People with disabilities may be more vulnerable to fire and other emergencies than are others in the community. Consideration of risk must extend beyond fires and other emergencies in the workplace. Emergencies may include heatwave conditions, fire and bushfire, and prolonged interruptions to power supply or transport systems. Consideration must be given to risk on a case-by-case basis, including the participant's mobility, dependence upon critical services, geographic isolation, and other environmental factors. Where appropriate, a participant-specific *Crisis and Emergency Plan* should be developed, in cooperation with other service providers where appropriate.

Fire and other emergencies in the working environment should be managed as per this policy. Where services are provided in the participant's home, risk treatment plans should be established appropriate to the potential hazards identified.

### 3. POLICY

The health and safety of all of Cosmos Divine Care Pty Ltd's stakeholders is of paramount importance. Cosmos Divine Care Pty Ltd is committed to the implementation of clear and effective fire safety and emergency procedures.

Cosmos Divine Care Pty Ltd complies with all laws and mandatory standards relating to fire protection, health and general safety that apply to any premises the service owns or operates, irrespective of whether the relevant regulatory requirements place the obligation on the owner or occupier of those premises.

For services other than in the participant's home, Cosmos Divine Care Pty Ltd is required to ensure that the people in its care are appropriately protected from fire risk. This includes in relation to Cosmos Divine Care Pty Ltd's premises, operational readiness and participant placement.

Services funded to provide personal care, support and case management services to people living in the community have a key role in relation to the safety and welfare of participants. Cosmos Divine Care Pty Ltd will support participants to improve their safety and resilience through promoting personal emergency planning.

### 4. PROCEDURE Premises

Cosmos Divine Care Pty Ltd's premises meet relevant building local laws, regulations, or legislation in force at the time of construction, including provisions that apply retrospectively (for example, requirement for smoke alarms). Any subsequent building works shall meet the relevant building approval provisions at the corresponding time.

#### Operational Readiness

The Director will ensure that appropriate operational readiness measures are developed, implemented, and reviewed. This includes (but is not limited to):

fire emergency management and evacuation procedures.

training of staff to implement the procedures developed.

maintenance of all the fire safety systems and any deviations through an alternative solution.

Cosmos Divine Care Pty Ltd will prepare for, respond to and recover from emergencies in accordance with the 'all hazards' approach. This includes, but is not limited to, fire, bushfire, flood, relocation, evacuation, and prolonged service interruption.

In the event of an emergency, Cosmos Divine Care Pty Ltd will ensure essential services are maintained as far as is practicable.

## Supporting participant emergency readiness

Cosmos Divine Care Pty Ltd will actively work to improve the safety of vulnerable people in emergencies through encouraging and supporting participants (who meet the definition of a vulnerable person) to undertake personal emergency planning. Where there is recognised bushfire risk, specific bushfire planning will be undertaken in addition to basic personal emergency planning.

Cosmos Divine Care Pty Ltd will screen participants to identify people who should be listed on a Vulnerable Persons Register (VPR) meet the definition of a vulnerable person **and** cannot identify personal or community support networks to help them in an emergency. Cosmos Divine Care Pty Ltd will obtain informed consent from identified people and enter and maintain their information on VPRs.

## Emergency Plans

The Director will prepare, test and annually review an *Emergency Plan* for the service, covering: emergency contact details for key staff who have specific roles or responsibilities under the emergency plan, for example, fire wardens, floor wardens and first aid officers.

contact details for local emergency services, for example police, fire brigade and the poison information centre.

a description of the mechanisms for alerting people at the workplace to an emergency or possible emergency, for example sirens or bell alarms.

evacuation procedures including arrangements for assisting any people with hearing, vision or mobility impairment.

a map of Cosmos Divine Care Pty Ltd's workplace/s, illustrating the location of fire protection equipment, emergency exits and assembly points.

testing of emergency procedures, including the frequency of testing; and information, training, and instruction to relevant staff in relation to implementing the emergency procedures.

Cosmos Divine Care Pty Ltd's *Emergency Plan*, or a summary of key elements of the plan, will be readily accessible by staff and on display in Cosmos Divine Care Pty Ltd's premises.

Cosmos Divine Care Pty Ltd's *Emergency Plan* must be implemented in an emergency. Directions from emergency services workers must also be complied with.

The Director will review Cosmos Divine Care Pty Ltd's *Emergency Plan* at least annually and:

when there are changes to the workplace such as re-location or refurbishments.

when there are changes in the number or composition of staff including an increase in the use of temporary contractors.

when new activities have been introduced; and

after the plan has been tested.

The Director will prepare and regularly review premises *Emergency Evacuation Plans* for how people should evacuate the premises and where they should assemble if there is an emergency.

The *Emergency Evacuation Plans* will be displayed prominently in Cosmos Divine Care Pty Ltd's premises. Each Plan will clearly indicate its current location, where the exits are and where the assembly area is.

The Director (or delegate) will practice emergency and evacuation procedures with all staff (where applicable) at least every six months.

## Fire Emergency

The Director will ensure that fire equipment is installed, suitable for risks specific to Cosmos Divine Care Pty Ltd's workplace and readily available in accordance with the relevant Australian Standards.

The Director will install signage within Cosmos Divine Care Pty Ltd's premises so people can find fire equipment quickly and identify what type of fire it can be used on.

Emergency exits will be kept unlocked, unblocked and all exit signs will be maintained and kept illuminated.

Fire extinguishers will be placed away from heat sources and regularly maintained.

All staff (where applicable) will be trained in how to use fire equipment and know what type of fire extinguishers to use for different types of fires.

The Director will ensure fire equipment is regularly tested by Cosmos Divine Care Pty Ltd's local fire authority or fire equipment supplier in accordance with Cosmos Divine Care Pty Ltd's *Internal Review and External Audit Schedule*.

Staff will ensure that no source of ignition is introduced to a confined space if there is a likelihood of fire or explosion in that space.

If the maintenance or repair of any structure or plant used for the storage or handling of dangerous goods involves the use of welding, cutting or other processes that generate heat or introduce ignition sources, the Director will ensure that the risk of a fire or explosion involving the dangerous goods is eliminated, or



reduced so far as is reasonably practicable if it cannot be eliminated.

For services provided to a participant in their own primary residence (whether leased or owned by the participant), Cosmos Divine Care Pty Ltd expects that the participant (and where appropriate, the owner of the premises) will have responsibility for their own fire safety and ensure that the premises meet all relevant building local laws and regulations or legislation.

### **Crisis and Emergency Plan**

This Crisis and Emergency Plan prepares Cosmos Divine Care Pty Ltd's service continuity and delivery against the impact of crises such as extreme weather events and their attending uncertainty.

#### ***RISK ASSESSMENT***

Crises and emergencies can vary in intensity, duration, and effect. This assessment primarily considers the significant *effects* of extreme weather events on participants, staff, and service delivery (rather than specific events): damage to property, equipment and information storage systems that may cause extended disruption to services.

#### **Typical effects of extreme weather events:**

- risk to participant wellbeing – people with disabilities are most at risk in extreme weather than others.
- changes to participant needs
- reduction in staff availability due to disruption of transport systems and personal crises
- disruption in supply of goods necessary for service delivery
- disruption to power supply and other utilities
- disruption to telecommunications systems
- failure of data storage facilities and loss of data
- damage to property and equipment

#### **Priorities:**

- participant safety and wellbeing
- staff safety and wellbeing
- data security
- service delivery equipment

### **Authorities to Trigger Plan**

The Director will appoint (or assume the role of) a Business Continuity Planning Coordinator, responsible for

- business continuity during extreme weather events and similar disruptions.
- carrying out the Crisis and Emergency Plan.
- overseeing communications with staff regarding the weather event; and
- assigning tasks within the Plan

The Director and the Business Continuity Planning Coordinator have the authority to:

- trigger this Plan
- run exercises to test the plan as necessary.

Check, repair or replace essential equipment.

Re-stock first aid kits.

Review service cooperation n during crisis and improve *Crisis and Emergency Plan*

### ***PRE-EVENT (LONG-TERM PREPARATION) Participant***

#### **Wellbeing**

Cosmos Divine Care Pty Ltd will:

- identify supports critical to participants' wellbeing, which must be maintained during a crisis, and prepare contingency plans if participants are inaccessible to suitably qualified support workers.
- store participant contact details in a secure, accessible, off-site location

## **Staff Resourcing**

Cosmos Divine Care Pty Ltd will:

identify key management and service-delivery personnel and consult them regarding the roles in this Plan.

store staff contact details in a secure, accessible, off-site location.

## **Data Security**

Cosmos Divine Care Pty Ltd will ensure:

that data is backed-up regularly,  
that backups are stored securely and off-site, and  
and data is accessible off-line.

## **Essential Services**

Cosmos Divine Care Pty Ltd will:

identify essential service functions to be maintained during, or restored immediately after, a disruptive event.

## **Essential Equipment and Supplies:**

Cosmos Divine Care Pty Ltd will:

develop a register of service-essential equipment that can be removed off-site in case of flood  
organise emergency storage facilities for removed essential equipment  
consider alternative power supplies to run essential equipment in blackout conditions  
consult with key suppliers and subcontractors to clarify whether they have robust business continuity plans in place.  
ensure first-aid and emergency kits are kept stocked and functional

## **Community Relations**

Cosmos Divine Care Pty Ltd will:

subscribe to a local service issuing weather alerts  
discuss co-operative service-continuity plans with other local service-providers  
liaise with Police and Emergency Services.

## **Insurance Coverage**

Cosmos Divine Care Pty Ltd will:

identify severe weather event scenarios, mapping these against its insurance coverage to identify gaps.

## ***DURING THE EVENT* Participant**

### **Wellbeing**

Cosmos Divine Care Pty Ltd will:

prioritise participants' immediate safety  
contact participants to inform them of service status  
contact participants regularly during protracted weather events to ascertain needs and wellbeing

### **Staff Safety and Resourcing**

Cosmos Divine Care Pty Ltd will:

prioritise staff safety.  
inform staff as weather alerts are issued Staff will:  
notify Cosmos Divine Care Pty Ltd if unable to attend work

## **Essential Equipment and Supplies:**

Cosmos Divine Care Pty Ltd will:

ensure the safety of service-essential equipment (as conditions dictate)  
contact key suppliers and subcontractors to ensure supply.

### **POST-EVENT Participants**

Cosmos Divine Care Pty Ltd will contact participants (or carers):

- to assess well-being
- inform them of current service status
- arrange continuation of participant services

### **Data Security**

Cosmos Divine Care Pty Ltd will check the integrity of information systems and restore as necessary.

### **Essential Services**

Cosmos Divine Care Pty Ltd will resume services as quickly as possible after a disruptive event, provided that

- information systems are functioning and secure.
- qualified staff are available to carry out service delivery; and
- supplies of service-essential goods are available.

### **Essential Equipment and Supplies:**

Cosmos Divine Care Pty Ltd will:

- check that all service-essential equipment is functioning; repair or replace as necessary
- ensure first-aid and emergency kits are re-stocked.

### **Community Relations**

The Director (or delegate) will re-assess co-operative service-continuity plans with other local service-providers and liaise with them to make improvements to the Crisis and Emergency Plan

### **Review Plan**

The Director will review the measures taken to preserve business continuity during the extreme weather event and make appropriate improvements to the *Crisis and Emergency Plan*

Cosmos Divine Care Pty Ltd will revisit and retest this Plan periodically, particularly when new services are introduced, and to include learnings from previous tests. The plan will be reviewed at least once per year, to ensure it remains current.

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

*End of policy document. Uncontrolled when printed.*

## 17. CHEMICAL USE AND STORAGE POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.17.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

Incidents involving chemicals and fuels can result in explosions or fire, causing death or serious injury, as well as large-scale damage to property and the surrounding environment. Unsafe use can also cause cancer, poisoning, burns, blindness and other serious health problems. This policy and procedure seek to ensure the safety of staff, participants and other stakeholders when handling and storing chemicals.

This policy and procedure apply to the Director, and any additional staff, students, contractors and volunteers when working on a Cosmos Divine Care Pty Ltd operated facility.

### 2. POLICY

The health and safety of all Cosmos Divine Care Pty Ltd's stakeholders is of paramount importance. Cosmos Divine Care Pty Ltd is committed to ensuring that when chemicals are introduced onto Cosmos Divine Care Pty Ltd's premises that they are recorded, handled and disposed of appropriately.

Workplace chemicals and fuels can be classified as dangerous goods, hazardous substances or both.

### 3. PROCEDURE

#### **Risk and Hazard Management**

In accordance with the *Risk Management Policy and Procedure*, the Director will implement a risk management process regarding chemical use and storage:  
actively identifying hazards.  
implement risk controls to eliminate or reduce the risks associated with these hazards; and  
reviewing and if necessary, revising these risk controls on a monthly basis.

#### ***Identify dangerous goods and hazardous substances***

The Director will ensure that all dangerous goods and hazardous substances are identified and clearly labelled or signed within the workplace.

#### **Chemical register**

The Director will ensure details of all dangerous goods and hazardous substances stored or handled in the workplace are entered into a Chemical Register.  
The Chemical Register is to be reviewed when new or additional quantities of chemicals are introduced into the workplace, or when risk controls have changed, or are no longer effective.

#### ***Restricted chemicals***

The Director will develop a *Guidance Sheet: Restricted Chemicals* that will provide a list of restricted substances not permitted in Cosmos Divine Care Pty Ltd workplaces at any time.

#### ***Material safety data sheets***

The Director will ensure a hard copy collection of current Material Safety Data Sheets (MSDSs) and Safety Data Sheets (SDSs) from manufacturers and suppliers is maintained. The MSDSs and SDSs obtained for each chemical must be the authorised version prepared by the manufacturer.  
The *Chemical Register* and associated MSDSs and SDSs are to be kept by the Director in a suitable location which is known and accessible to all staff members in the workplace, as well as any other person who is likely to be exposed to the dangerous goods or hazardous substances.

#### ***Storage***

The Director will ensure that storage of chemicals is conducted in accordance with the *Code of practice for the storage and handling of dangerous goods 2013*.  
Storage quantities should be kept to a minimum to cater for demand and excessive storage for long

periods should be avoided.

### **Signage**

The Director will ensure that if the workplace is storing dangerous goods exceeding minor storage quantities, placards are provided as a visual warning.

The Director will ensure that all purpose-built cupboards, cabinets and refrigerators for storing chemicals are labelled to indicate the type and class of chemicals being stored in them. Additional warning signs may also be required, such as "DO NOT USE TO STORE FOOD".

### **Labelling**

The Director will ensure that all dangerous goods and hazardous substance storage containers are clearly labelled. The label on the container in which the dangerous good or hazardous substance is supplied must remain intact, legible and unaltered. The date of receipt of a hazardous substance should be marked on the original container to allow for monitoring of the age of the chemical and promote the use of older materials first.

Containers with unknown substances in them should be labelled 'CAUTION DO NOT USE: UNKNOWN SUBSTANCE' and then disposed of appropriately.

### **Handling Dangerous Goods**

The Director will ensure Safe Work Procedures (SWP) specific to the handling of dangerous goods and hazardous substances stored in the workplace are developed and implemented.

### **Emergency procedures**

The Director will ensure that appropriate emergency management provisions are available for use in the event of a chemical emergency. The emergency management provisions may include:

- spill kits or containment equipment;
- safe work procedures for spills or release of chemicals; fire blankets/extinguishers;
- first aid kits;
- eye wash stations/eye wash kits/emergency showers; emergency shutdown procedures for equipment;
- appropriate numbers of trained emergency wardens and first aiders; and appropriately displayed emergency contact details.

### **Health surveillance**

The Director will regularly refer to current MSDSs and SDSs to determine the health surveillance requirements for any staff members exposed to hazardous substances in the workplace.

### **Chemical Waste and Disposal of Chemicals**

The Director will ensure that chemical waste is properly packaged, labelled and stored in suitable designated areas whilst awaiting collection. Labelling must include at a minimum the product identifier, workplace details and a hazard pictogram consistent with the correct classification of the chemical (if relevant).

The Director will ensure dangerous goods, hazardous substances and chemical waste are disposed of as per the *Code of practice for the storage and handling of dangerous goods 2013*.

### **Consultation, Information and Training**

The Director will ensure that arrangements are in place for consultation with staff members in relation to chemical management. Consultation should occur in relation to:

- ➔ the introduction of new chemicals to the workplace.
- ➔ the identification and assessment of risks associated with chemicals at the workplace.
- ➔ decisions about control measures to be implemented, and induction and training requirements.

Hazard identification and incident reporting relating to chemicals should be carried out in accordance with the *Incident Management Policy and Procedure*.

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>


*End of policy document. Uncontrolled when printed.*

## 18. INFECTION CONTROL POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.18.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure seeks to ensure that Cosmos Divine Care Pty Ltd minimises the risk of the spread of infectious diseases in its work environments.

This policy and procedure applies to the Director, and any additional staff, students, contractors and volunteers.

### 2. DEFINITIONS

**Infectious diseases** – also known as communicable diseases; caused by organisms such as bacteria, viruses, fungi and parasites. These micro-organisms are able to invade and reproduce in the human body, and then cause harmful effects. In healthcare settings, the main modes for transmission of infectious agents are contact (including bloodborne), droplet and airborne.

### 3. POLICY

Cosmos Divine Care Pty Ltd's Director has a duty of care and must take all reasonable steps to safeguard participants, other staff and stakeholders from infection.

### 4. PROCEDURE

#### Standard Precautions

Notifiable diseases are diseases that must be reported to the Health Department by health practitioners. Any staff member that has a notifiable disease must not attend work until such time as they are cleared by their doctor.

Any staff member with any infectious disease, including the flu, is required to stay away from the workplace until such time they are cleared by a doctor. A medical certificate is required to be presented with the staff member's timesheet for payment of sick days.

Standard precautions must be implemented when cleaning surfaces and facilities. Staff must wear suitable gloves and other protective clothing appropriate for the task. Protective eyewear must be worn where splashing is likely to occur.

Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required. Cleaning methods for these items should avoid generation of aerosols. Although environmental surfaces play a minor role in the transmission of infections, a regular cleaning and maintenance schedule is necessary to maintain a safe environment.

Surfaces should be cleaned on a regular basis using only cleaning procedures that minimise dispersal of micro-organisms into the air.

Routine surface cleaning should be undertaken as follows:

clean and dry work surfaces before and after usage or when visibly soiled;

spills should be dealt with immediately;

use detergent and warm water for routine cleaning;

where surface disinfection is required, use in accordance with manufacturer's instructions;

clean and dry surfaces before and after applying disinfectants;

empty buckets after use, wash with detergent and warm water and store dry; and mops should be cleaned in detergent and warm water then stored dry.

Floors should be cleaned daily or as necessary with a vacuum cleaner. Alternatively, damp dusting or cleaning with a dust-retaining mop is acceptable.

#### Person-centred approach to Infection Control

A person-centred approach to providing support includes putting participants at the centre of infection prevention and control and enabling them to participate in their care process.

To support a two-way approach to infection prevention and control and encourage participant

participation, the organisation will:

familiarise participants with its infection prevention and control strategies;

encourage participants to disclose their health or risk status if there is a potential risk or source of infection.

provide opportunities for participants to identify and communicate risks and encourage them to use feedback procedures through the service's feedback, compliments, and complaints processes.

provide educational materials about infection prevention and control using a variety of media (e.g. posters, printed material, educational videos) in a variety of accessible formats; and

inform participants about the protocols for protecting their privacy and confidentiality.

## **Food Preparation Safety**

### ***Staff Responsibilities***

Any practices believed to be in conflict with general hygiene standards should be reported to the Director immediately.

Staff involved in food preparation are expected to report to work each day in clean clothing.

Hair should be clean, tidy and secured in place. Appropriate hair covering must be worn if hair is longer than shoulder length.

Clean gloves must be worn at all times while preparing food and should be changed regularly.

Tongs or other appropriate utensils must be used in handling food where gloves are not appropriate.

Smoking, eating and drinking is not allowed in areas where food is stored, prepared or served.

Hands must be kept clean and must be washed regularly with soap and hot water, or approved hand sanitisation gel, especially;

when entering a food handling area;

before touching any cooked or prepared food and after handling raw food;

after using the toilet;

after having a cigarette;

after handling garbage or cleaning equipment and chemicals;

after using a handkerchief or tissue or stifling a sneeze or cough;

after handling money;

before resuming work after any break or change in work area; and

after touching hair, face or other parts of the body.

Staff involved in food preparation should report the following to the Director or their Supervisor:

any skin irritations (eczema, dermatitis, etc.) especially on the hands;

any stomach complaints or bowel conditions;

feeling generally unwell;

any changes in health which may affect their ability to perform duties; and

all cuts, scratches and wounds which may contaminate food.

The Director or Supervisor will reallocate duties if necessary.

All staff involved in food preparation and storage must familiarise themselves and comply with the *Australia New Zealand Food Standards Code* and *Safe Food Australia - A Guide to the Food Safety Standards*.

### ***Temperature Control of Potentially Hazardous Foods***

Preparation time of potentially hazardous foods should be minimised to avoid build-up of bacteria and toxins.

The following are examples of potentially hazardous foods:

raw and cooked meat or foods containing meat, such as casseroles, curries and lasagne;

dairy products, for example, milk, custard and dairy based desserts;

seafood;

processed fruits and vegetables, for example, salads;

cooked rice and pasta;

foods containing eggs, beans, nuts or other protein rich foods, such as quiche and soy products; and

foods that contain these foods, such as sandwiches and rolls.

Potentially hazardous food must be

kept chilled at 5°C (or below) when received, served, transported or stored; *or*

heated to 60°C (or above) when it is received, served, transported or stored.

Previously cooked and cooled potentially hazardous food must be reheated

rapidly to 60°C or hotter – ideally, reheated to 60°C within a maximum of two hours to minimise growth of bacteria and formation of toxins.

Previously cooked potentially hazardous foods should be cooled to 5°C or colder as quickly as possible, as faster cooling times limit the growth of bacteria.

Food must be cooled from 60°C to 21°C in a maximum of two hours and from 21°C to 5°C within a further



maximum period of four hours.

To chill food quickly, divide it into smaller portions in shallow containers, taking care not to contaminate the food in the process.

### **Reporting**

Incidents relating to infection control or infectious diseases should be reported in accordance with Cosmos Divine Care Pty Ltd's *Incident Management Policy and Procedure*.

### **Monitoring and Review**

This policy and procedure will be reviewed at least annually by the Management Team and incorporate staff, participant and other stakeholder feedback.

The *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant fed into the service planning and delivery processes.

<b>POLICY AMENDMENT RECORD</b>			
DATE	BRIEF DESCRIPTION OF AMENDMENT	OF	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 19. ELECTRICAL SAFETY POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.19.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy sets out Cosmos Divine Care Pty Ltd's compliance with the *Occupational Health and Safety Act 2004* in the safe use, installation and management of electrical equipment.

This policy and procedure apply to the Director, staff, students, contractors, and volunteers.

### 2. DEFINITIONS

**Electrical Installation** – a group of items of electrical equipment, permanently electrically connected together and supplied from mains power or equivalent source.

**Electrical Equipment** – any apparatus, appliance, cable, conductor, fitting, insulator, material, meter, or wire, operated by electricity at a voltage greater than extra-low voltage.

#### **Residual Current Devices (RCDs)**

The risk of workplace fatalities and fire can be reduced by the use of RCDs. RCDs, or 'safety switches' immediately switch off the supply of electricity when electricity leaks to earth.

RCDs do not protect in all circumstances: e.g., if an unearthed person contacts both active and neutral conductors while handling faulty plugs or electrical equipment.

For new installations, Minimum Level Design and Construction Specifications state that an RCD must be installed at the switchboard by a licensed Electrical Installation worker.

RCDs can be either non-portable ('fixed') or portable.

Fixed RCDs must be installed by an appropriately licensed electrical installation worker.

RCDs should be included in routine safety checks

Where practicable, RCDs should be used in line with the supply of electricity to 'plug in' electrical equipment.

RCDs are required wherever:

Electrical Equipment's normal operating conditions expose it to damage: e.g., moisture, heat, vibration, mechanical damage, corrosive chemicals or dust;

Electrical Equipment moves while operating: e.g., electric lawn mowers, vacuum cleaners, floor polishers and extension cords;

Electrical Equipment is moved for use in multiple locations;

a circuit supplies a wet use appliance, if practicable.

### 3. POLICY

On Cosmos Divine Care Pty Ltd premises, only a suitably licensed electrician must undertake:  
electrical installations;  
testing and repair of appliances.

The Director (or delegate) is responsible for routine Workplace Safety checks, in line with the *Workplace Health and Safety Policy and Procedure*.

Staff are required to notify the Director of any faulty, hazardous or suspect electrical equipment or fittings.

### 4. PROCEDURE

#### **Risk Management**

##### ***Identifying hazards***

The Director will conduct risk assessments for electrical hazards regulated according to the *Internal Review and External Audit Schedule* and whenever changes to the premises or equipment require.

Suspected hazards must be identified and action taken to eliminate, or minimise, them so far as is practicable. See the *Risk Management Policy and Procedure*.

Staff should inform the Director if they suspect Electrical Equipment in the workplace is:  
unsafe; or

could be rendered unsafe given unexpected conditions (e.g., unsuitable equipment in a wet area which might flood).

The Director will ensure that all RCDs used in the workplace are checked and tested regularly. A record of testing must be kept until the device is next tested or disposed of.

### **Minimising hazards**

Electrical hazards will be minimised on Cosmos Divine Care Pty Ltd premises by using lowest-risk appliances and other equipment:

convection heaters – not fan or bar heaters;

EPODs (power boards with overload protection devices) – not double adapters.

taking care not to overload power circuits.

using extension leads for temporary applications only, ensuring leads are: placed to avoid creating tripping hazards and damage to the lead's insulation; and not used in damp or wet conditions unless they are specially designed for these conditions.

### **Testing, Tagging and Repairing Electrical Equipment**

All electrical equipment used on Cosmos Divine Care Pty Ltd premises should be certified safe, so far as is practicable.

Appliances should be inspected, tested and tagged:

in accordance with the requirements of AS/NZS 3760:2010 - In-service safety inspection and testing of electrical equipment and the *Occupational Health and Safety Act (2004)*.

at intervals not exceeding those set out by AS3760:2010 (a tolerance of two weeks is acceptable); and before being returned to service or after any repair or servicing that could have affected the electrical safety of the appliance.

Except for:

equipment not in use.

new electrical equipment, which should be fitted with a tag that states that the equipment is 'new to service'; the date of entry into service; and the date when the first electrical safety test is due.

equipment beyond its testing date, which should be fitted with an isolation tag indicating that tagging is required and must be completed prior to use.

personal laptops. (Staff, participants, and visitors are encouraged, however, to have their laptops tested and tagged using an approved person or company).

Electrical appliances brought from home by staff, participants, or visitors, for use on Cosmos Divine Care Pty Ltd property are subject to the same testing and tagging procedure as for appliances owned or leased by Cosmos Divine Care Pty Ltd. Appliances should be tested and tagged prior to their use on Cosmos Divine Care Pty Ltd property. Testing and tagging is the responsibility of, and at the expense of, the owner.

Any equipment purchased second-hand must be tested and tagged before first use.

Commercially hired equipment must fulfil inspection and testing requirements at the commencement of each hire.

### **Unsafe Equipment**

The Director will ensure that any unsafe or suspect Electrical Equipment is:

disconnected immediately

labelled to avoid reconnection

tested and repaired or replaced

An Incident Report should be lodged when the hazard is discovered to enable an accurate investigation.

### **Qualified Electrical Services**

A suitably qualified and licenced electrical contractor will conduct all:

installation and removal of electrical installations

testing and tagging of electrical equipment.

repairs to electrical equipment; and

electrical Installation work on Cosmos Divine Care Pty Ltd premises.

An Electrical Installation that has been constructed, altered or repaired must not be put into service until:

the certificate of electrical safety has been issued and the installation inspected if required; and

the installation has been tested and the electrical contractor has verified that the alteration, addition, or repair is compliant with AS/NZS 3000:2018 (Electrical installations).

### **Hazard and incident reporting**

All hazards and injuries relating to electrical safety must be reported immediately using Cosmos Divine Care Pty Ltd' *Incident Report* and managed in accordance with Cosmos Divine Care Pty Ltd' *Incident Management Policy and Procedure*.

<b>POLICY AMENDMENT RECORD</b>		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 20. INCIDENT MANAGEMENT POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.20.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure provide guidelines for reporting, investigating, and applying appropriate control measures when an accident, incident (including critical incidents) or near miss occurs. It addresses both participant and staff incidents.

This policy and procedure apply to the Director, and any additional staff, students, contractors and volunteers.

This policy and procedure should be read in conjunction with the *Preventing and Responding to Abuse, Neglect and Exploitation Policy and Procedure*.

### 2. DEFINITIONS

**Accident** – an unforeseen event that causes damage to property, injury, or death.

**Employee** – Under the Reportable Conduct Scheme, an employee is a person over the age of 18 years who is:

(a) employed by an organisation, whether the person is employed in connection with any work or activities of the organisation that relate to children, or

(b) engaged by the organisation to provide services, including as a volunteer (including foster carers and kinship carers), contractor, Minister of religion, officer of a religious body, office holder or officer, whether the person provides services to children.

**Head of an organisation** - the person who is primarily responsible for an organisation's compliance with the Reportable Conduct Scheme. Depending on the structure or type of organisation, the head of the organisation may be the Chief Executive Officer (CEO), principal officer or equivalent.

**Incident** – an occurrence that causes (or could have caused, in the case of a 'Near Miss') damage to property, injury/illness or death.

**Incident investigation** – A formal process of collecting information to ascertain the facts, which may inform any subsequent criminal, civil, disciplinary, or administrative sanctions.

The purpose of an incident investigation by a service provider is to determine whether there has been abuse or neglect of a participant by a staff member (including a volunteer) or another participant, pursuant to an allegation in a participant incident report.

An investigation involves the planned and systematic gathering and analysis of all relevant facts by interviewing witnesses, examining documentation, skilled observation and obtaining expert opinion where appropriate.

**Incident review** – Analysis of an incident to identify what happened, determine whether an incident was managed appropriately, and to identify the causes of the incident and subsequent learnings to apply to reduce the risk of future harm.

**Near Miss** – any incident that occurred at Cosmos Divine Care Pty Ltd, which, although not resulting in any injury, illness, or damage, had the potential to do so.

**Hazard** – a situation that has the potential to harm a person (cause death, illness or injury) or environment or damage property.

**Hazard identification** – A process that involves identifying all foreseeable hazards in the workplace and understanding the possible harm that each hazard may cause.

**Hazard management** – A structured process of hazard identification, risk assessment and control, aimed at providing safe and healthy conditions for staff members, contractors, and visitors while on the premises.

**Harm** – Includes death, or injury, illness (physical or psychological) or disease that may be suffered by a person as a consequence of exposure to a hazard.

**Reportable conduct** - there are five types of 'reportable conduct' under the Reportable Conduct Scheme, as listed in the *Child Wellbeing and Safety Act 2005*:

1. **sexual offences** (against, with or in the presence of, a child) – In Victoria, it is an offence to engage in certain sexual behaviours against, with or in front of, a child. Many of these behaviours are reportable conduct under the Reportable Conduct Scheme. This includes sexual assault, indecent acts, possession of child abuse material, 'grooming' a child in order to commit a sexual offence. A worker or volunteer does not need to be charged with, or found guilty of, a sexual offence for their behaviour to be reportable conduct.
2. **sexual misconduct** (against, with or in the presence of, a child) – encompasses a broader range of inappropriate behaviours of a sexual nature that are not necessarily criminal. Sexual misconduct refers to conduct that: amounts to misconduct, is of a sexual nature, and occurred against, with, or in the presence of, a child.
3. **Physical violence** (against, with or in the presence of, a child), encompassing:  
*Actual physical violence* - a worker or volunteer intentionally or recklessly uses physical force against, with, or in the presence of a child without a lawful reason, which has the ability to cause injury or harm to the child. Actual physical violence can include hitting, punching, kicking, pushing, or throwing something that strikes a child or another person.

*Apprehended physical violence* - a worker or volunteer intentionally or recklessly engages in conduct or behaviour against, with, or in the presence of a child that is capable of causing a child to think that physical force is about to be used against them or another person. This could include words, gestures or actions that cause a child to believe physical force is about to be used against them, regardless of whether or not the worker or volunteer actually intended that any physical force would be applied.

4. **Behaviour that causes significant emotional or psychological harm.**  
A child can be significantly emotionally or psychologically harmed by severe or sustained instances of (for example): verbal abuse, coercive or manipulative behaviour, hostility towards, or rejection of, a child; humiliation, belittling or scapegoating. To be reportable conduct under this category:

the allegation must concern the worker's or volunteer's behaviour

there must be a clear link between the worker's or volunteer's alleged behaviour and the harm suffered by the child

the harm must be significant (more than trivial or temporary)

5. **Significant neglect** - occurs when there is a significant, deliberate or reckless failure to meet the basic needs of a child in circumstances where the adult understood the needs of the child or could have understood those needs if they had turned their mind to the question and had the opportunity to meet those needs but failed to do so. Examples of different types of neglect could include:  
Supervisory neglect: This may occur when a person responsible for the care of a child is unable or unwilling to exercise adequate supervision or control of the child or young person or fails to seek or comply with appropriate medical treatment.  
Physical neglect: This may occur where there is the failure to meet a child's physical needs including the provision of adequate and appropriate food, clothing, shelter, or physical hygiene needs.  
Educational neglect: This may occur when there is a failure to ensure that a child's formal education needs are being met.  
Emotional neglect: This may occur where there is a failure to provide adequate nurturing, affection encouragement and support to a child.

**Reportable incidents** – incidents, or alleged incidents, that must be reported to the NDIS Commission are those that:

- arise from acts, omissions, events or circumstances occurring in connection with providing supports or services to a person with disability AND resulted in, or could have resulted in, harm to the person with disability; OR which
- arise from acts by a person with disability that cause, or risk causing, serious harm to another person.

Section 73Z(4) of the *National Disability Insurance Scheme Act 2013* defines a reportable incident as:

- the death of a person with disability
- serious injury of a person with disability including fractures, burns, deep cuts, extensive bruising, concussion, and any other injury requiring hospitalisation.
- abuse of a person with disability behaviour management including verbal, psychological and financial abuse
- neglect of a person with disability behaviour management that is seriously

inappropriate or improper

- unlawful sexual or physical contact with, or assault of, a person with disability by a worker or another NDIS participant
- sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity
- unauthorised use of a restrictive practice in relation to a person with disability.

For further examples, consult the *NDIS Quality and Safeguards Commission Reportable Incidents Guidance*.

### **Victorian Disability Worker Commission Definitions:**

**Employer of a disability worker:** a person that employs the disability worker under a contract of employment or a contract for services.

**Impairment:** The *Disability Service Safeguards Act 2018* defines ‘impairment’ as ‘a loss or abnormality of structure or function of an intellectual, cognitive, neurological, sensory, psychological or physical nature, whether permanent or temporary’.

To make a mandatory notification about a disability worker who has an impairment you must form the reasonable belief the impairment has, or is likely to have, a detrimental impact on the disability worker’s capacity to practise and has placed, or may place, the public at risk of harm.

**Notifiable conduct:** means when a disability worker has:

- practised as a disability worker while intoxicated by alcohol or drugs
- engaged in sexual misconduct while practising as a disability worker
- placed, or may place, the public at risk of harm because the disability worker has an impairment that detrimentally affects, or is likely detrimentally to affect, the disability worker’s capacity to practise as a disability worker, or
- placed, or is placing, the public at risk of harm because the disability worker practised, or is practising, as a disability worker in a manner that constitutes a significant departure from accepted professional standards.

**Reasonable belief:** Before making a mandatory notification, you must form a ‘reasonable belief’. To do so, you generally need direct knowledge (not just a suspicion) of the incident or behaviour that led to a concern.

You might directly observe the incident or behaviour. You may have a report from a reliable source or sources about conduct they directly experienced or observed. In that case, you should encourage the person with the most direct knowledge of the incident or behaviour to consider whether to make a notification themselves.

Mandatory notifications should be based on personal knowledge of reasonably trustworthy facts or circumstances that would justify a person of reasonable caution, acting in good faith, to believe that the concern and a risk to the public exists.

These principles about forming a ‘reasonable belief’ come from legal cases. In short, a reasonable belief is a state of mind based on reasonable grounds. It is formed when all known considerations, including matters of opinion, are objectively assessed and taken into account.

**Sexual misconduct:** Sexual misconduct encompasses a broad range of behaviours. Sexual misconduct includes when a disability worker has done any of the following:

- engaged in sexual activity with a person they are providing a service to, whether or not that person has given consent
- made sexual remarks about a service user
- touched a service user in a sexual way
- touched a service user in an intimate area without a clinical indication whether or not they give consent
- engaged in sexual behaviour in front of a service user.

Because there is frequently a power imbalance between disability workers and the person receiving the disability service, any sexual activity with a service user is sexual misconduct,

even with their consent.

Engaging in sexual activity with a person to whom the disability worker has previously provided a service may also be sexual misconduct, depending on the circumstances.

**Significant departure from professional standards:** 'Accepted professional standards' includes reference to documents like the code of conduct. It covers both practice and professional behaviour. A significant departure is serious (not slight or moderate) and would be obvious to any reasonable person who practises as a disability worker.

### 3. POLICY

Staff are required to be vigilant in reporting incidents when they occur so that appropriate support can be provided to those affected and the circumstances can be analysed to reduce the likelihood of a similar event occurring again.

All staff, contractors, volunteers and students have a responsibility to ensure that details of any incident are recorded and reported to their immediate supervisor (or Director, as appropriate).

### 4. PROCEDURE

Note: incidents may need to be reported to several agencies.

#### Workplace Incidents

##### ***Responding to Incidents***

Assess the situation to ensure a safe and secure environment. Remove the source of danger or the person from the source of danger if safe to do so.

In urgent cases, call Victoria Police and other emergency services should be called immediately (e.g., where a crime is suspected or alleged, or where there is ongoing danger).

If any person requires immediate medical attention, a medical practitioner or ambulance should be called, or the participant conveyed to the nearest hospital accident and emergency department.

The site where the incident occurred should not be disturbed until WorkSafe Victoria, Victoria Police or the Director lift the requirement to preserve the area.

Where injuries do not require immediate attention, support the person to see a doctor for assessment and treatment of any injuries, including psychological trauma.

##### ***Responding to Participant Incidents***

Assure the participant that the incident will be taken seriously, discuss their options with them and ask them how they would like to be supported throughout the process.

If a staff member is accused or suspected of harming the participant, they should be removed from contact with all participants pending an investigation.

Where the participant is a child, report the matter under the Reportable Conduct Scheme to the Commission for Children and Young People.

Where the incident may involve notifiable conduct by a Disability Worker, report the matter to the Victorian Disability Workers Commission.

Where the incident may involve reportable incidents, report the matter to the NDIS Commission.

Where a participant is accused or suspected of harming another participant, they should be removed from contact with other participants, where possible, pending an investigation.

Consider the impact of the incident on the other participants within the setting and provide them with appropriate support. It is important that they are not treated simply as potential witnesses.

If they can provide informed consent to contact and receive specialist services, the participant (or, if not, his or her key support person) should be asked whether he or she wishes to contact specialist/victim support services such as crisis care, counselling, advocacy, a legal information service or a lawyer.

Notify other service providers known to be working with that participant, if appropriate. Refer to section 3.7 of the *Participant Incident Management Guide* (DHHS) for further information.

Agreed actions for the participant's immediate and ongoing needs must be recorded on the *Participant Support Plan*. This must include:

- steps being taken to ensure the participant's ongoing safety and wellbeing



- treatment or counselling the participant may access to address their safety and wellbeing
- modifications in the way services are provided (for example, same gender care or placement)
- how best to support the participant through any action the participant takes to seek justice or redress, including making a report to police
- any ongoing risk management strategy required where this is deemed appropriate.

### **Reporting Workplace Incidents**

All incidents and near misses must be reported to the Director (or delegate) as soon as practicable and within 24 hours through completion of an *Incident Report*.

The Director will inform:

- the Victorian Police Service and/or other relevant authorities;
- WorkSafe Victoria, by phone immediately after becoming aware of the incident and in writing within 48 hours.

If an incident is Reportable (or it is not certain whether it is Reportable) it must be reported to the Director immediately. Information required includes the:

- name and address of the person giving notice; – date and time of the event;
- place where the event happened;
- apparent cause;
- nature and extent of the damage;
- work that was being carried out at the time of the incident; and – name and contact details of any injured or affected parties.

The Director must ensure that all incidents are reported to the relevant agency or agencies.

Under the *Occupational Health and Safety Act 2004* (Vic) Cosmos Divine Care Pty Ltd may be obliged to notify WorkSafe in the event that there is an incident at a workplace. Notifiable incidents include:

- death of a person
- a person needing medical treatment within 48 hours of being exposed to a substance – a person needing immediate treatment as an in-patient in a hospital
- a person needing immediate medical treatment for one of the following injuries: amputation, serious head injury or serious eye injury, removal of skin (example: de-gloving, scalping), electric shock, spinal injury, loss of a bodily function, serious lacerations (example: requiring stitching or other medical treatment)

Accidents, incidents and near misses are to be reported to the Management Team monthly by the Director as part of their WHS reporting.

The Director will track progress and outcomes of accidents, incidents and near misses in the Incident Report Register and refer any relevant items for inclusion in the Continuous Improvement Plan.

### ***Investigating and Resolving Workplace Incidents***

The Director will work with WorkSafe Victoria and/or other relevant authorities to investigate the incident.

The Director or their nominated representative will:

- commence investigations immediately upon receiving a completed Incident Report – (where a staff member is injured), involve them in the investigation;
- implement the most effective controls practicable that do not introduce other hazards, and monitor and review these;
- consult with staff who are, or are likely to be, directly affected;
- provide information and feedback to the Management Team; and – track all relevant information in the *Incident Register*.

Upon completion of the investigation the Director must finalise the relevant *Incident Report* form and record the outcomes in the *Incident Register*.

The completed *Incident Report* should be stored on the relevant staff member's file.

### **Debrief and Support**

For all persons involved in an accident, incident or near miss, if required, the Director must:

- facilitate an informal debrief amongst supervisors, colleagues or peers; and – ensure appropriate support and access to counselling is made available.

See also the *Return to Work Policy and Procedure*.

### **NDIS Commission: Reportable Incidents Reporting**

Reportable Incidents may also qualify as Notifiable Incidents (see glossary above), criminal incidents or child-related incidents, and should be reported to all appropriate agencies.

Reportable Incidents – including alleged incidents – must be reported to the NDIS Commissioner

The Director is responsible for reporting all Reportable Incidents unless the role is otherwise delegated.

If a person with disability discloses an incident that occurred in the past, it should generally be treated in the same way as any other reportable incident, noting that the immediate response may differ.

The reporting officer must provide the following information to the NDIS Commission where it can be collected:

- the name and contact details of: – the registered NDIS provider,
- the person making the notification;
- the name and contact details of the persons involved in the incident (alleged victim and alleged offender);
- a description of the reportable incident, including:
  - the nature of any injuries sustained, and details such as time, date and place it allegedly occurred,
  - a description of the impact on, or harm caused to, the person with disability (Note: where the reportable incident is a death this does not need to be provided),
  - the immediate actions taken by the provider in response to the reportable incident including any actions relating to the health, safety and wellbeing of the participant, involved in the incident including medical treatment provided, or whether the incident has been reported to the police or any other body.

### **Forms and Timeframes**

Unauthorised use restrictive practices must be reported to the NDIS Commission within 5 business days.

Forms are available at <https://www.ndiscommission.gov.au/document/656>

All other Reportable Incidents must be reported immediately (within 24 hours of key personnel becoming aware of the incident)

Forms are available at <https://www.ndiscommission.gov.au/document/661> **orking with Police**

A police investigation takes priority over a reportable incident investigation.

Clearance must be obtained from police before taking any action that might compromise the investigation. Cosmos Divine Care Pty Ltd will manage any ongoing risk and should maintain an open dialogue with police about any investigation they are conducting.

Cosmos Divine Care Pty Ltd will inform the NDIS Commission where a Police investigation delays conducting a required investigation and finalising a report.

### **NDIS Commission: Investigating Incidents**

Cosmos Divine Care Pty Ltd will investigate and respond to all Reportable Incidents. The nature of any investigation or actions following an incident will be proportionate to the harm caused and any risk of future harm to people with disability.

If the NDIS Commission requires a Reportable Incident to be investigated, either internally or by an external independent investigator, Cosmos Divine Care Pty Ltd will fully comply with the Commission's requests.

Where an incident relates to potential staff-to-participant abuse or poor quality of care, some degree of independence is required for the investigation. Depending on the nature of the incident and the organisation, one of the following may be appropriate to conduct the investigation:

- an area of the organisation that is sufficiently independent from staff who are the subject of any allegations, such as another division or an independent investigative function
- another service provider independent from the staff who are the subject of any allegations
- an external investigative body. An

investigation must:

- be in proportion to the nature and significance of the incident and any associated allegations;
- include the identification of any previous relevant allegations that should be considered regarding the relevant individuals;
- include a degree of independence appropriate to the seriousness of the incident;
- adopt a person-centred and rights-centred approach, taking into account what is important to the participant;
- abide by the standard principles of good investigations:
  - procedural fairness
  - confidentiality and privacy
  - appropriate interview techniques
  - evidence based
  - properly documented
  - result in an investigation report

Internal and external investigators must be appropriately trained in conducting serious workplace investigations, including investigating serious incidents that may involve a criminal element.

The Director (or delegated investigator) will appropriately assess and/or investigate all incidents having regard to the views of any person with disability impacted by an incident and including the following:

- whether the incident could have been prevented;
- how well the incident was managed and resolved;
- what, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact;
- whether other persons or bodies need to be notified of the incident.

### ***Investigation Reports***

If required, Cosmos Divine Care Pty Ltd will supply details to the NDIS Commission in connection with any internal or external investigation or assessment that has been undertaken in relation to the reportable incident, including:

- the name and position of the person who undertook the investigation; – when the investigation was undertaken;
- details of any findings made;
- details of any corrective or other action taken after the investigation; – a copy of any report relating to the investigation;
- information about whether persons with disability impacted by the incident (or their representative) have been kept informed of the progress, findings and actions relating to the investigation or assessment;
- any other information required by the NDIS Commission.

The details outlined above should be included in the final report to the NDIS Commission which must be provided within 60 business days following the initial notification. The NDIS Commission may extend the period for providing the final report – for example, if there is a concurrent police investigation the reportable incident investigation will be justifiably delayed.

The notification must be made in writing, by completing a form approved by the NDIS Commission and returning it to the NDIS Commission via email.

### **NDIS Commission: Corrective and Restorative Action**

Participants affected by incidents will be provided information about how the incident has been managed and the measures taken to ensure against recurrence.

All investigations should determine whether corrective and/or restorative measures are required. The NDIS Commission may require Cosmos Divine Care Pty Ltd to take corrective and/or measures. The NDIS Commission may work with Cosmos Divine Care Pty Ltd to implement the measures and monitor progress.

Restorative measures may include, but are not limited to:

- providing ongoing support to people with disability impacted by a reportable incident
- giving an apology
- providing compensation - for example, through an enforceable undertaking. Corrective

measures may include, but are not limited to:

- disciplinary action
- training or education of workers – modification  
of the environment
- development or amendment of a policy or procedure
- changes to the way in which supports or services are provided
- other practice improvements.

### **NDIS Commission: Record Keeping**

Records of all reportable incidents that occur or are alleged to have occurred must be kept for a period of seven years from the date of notifying the NDIS Commission.

Cosmos Divine Care Pty Ltd will retain:

- completed reportable incident notification forms – records of investigations, including:
  - records of interviews,
  - evidence collected,
  - any relevant correspondence,
  - investigation reports and outcomes.

Incidents involving participants under 18 years old should be kept until the participant turns (or would have turned) 25 years old.

The Director (or delegate) will be responsible for creating and maintaining incident records, while the provider will be required to retain them.

### **Supporting Participants through the Justice Process Participant**

#### ***Incidents and alleged criminal acts***

If a participant is suspected of committing a criminal act, report the incident to Victoria Police.

While some discussion may be required to establish safety and a basic understanding of what has occurred, **do not question the alleged perpetrator or victim without Victoria Police approval.**

If the participant needs to talk about what happened, listen and support the participant.

Service providers should support participants through the justice process, including police investigation, prosecution and crimes compensation processes as appropriate. This may include:

Ensuring the participant has access to appropriate communication aides and tools to facilitate disclosures and the provision of evidence.

Ensuring the participant has access to an interpreter should they be from culturally or linguistically diverse backgrounds.

Ensuring the participant has access to a key support person of their choosing.

Alerting police to the need for an Independent Third Person or Independent Person and the participant's particular communication support needs, and the need for timely interviews to facilitate the recall of information.

Facilitating arrangements with police for interviews and examination of evidence.

Facilitating arrangements with specialist support services.

Working proactively with the participant to consider whether they will provide a witness statement, including making sure they understand they have time to make their decision if they are initially reluctant and the right to seek independent legal advice (in some instances Victoria Police may be better placed to provide this information).

Including participants affected by incidents in the management and resolution of the incident, where doing so does not expose the participant to added trauma or risk, by:

- keeping the participant informed of the investigation,
- consulting with the participant, where possible, concerning:
  - the release of information to third parties
  - the investigation process
  - corrective actions
- supporting participants who were witness to an incident.

Where a participant perpetrates a reportable offence and requires legal representation and assistance during the investigation and hearing, Cosmos Divine Care Pty Ltd will assist the participant or contact the service most directly responsible for the participant's care to organise support.

### ***Criminal injuries compensation and victim support***

Application for compensation from the Victims of Crime Assistance Tribunal may be pursued by the participant or their legal administrator after the incident has been reported to Victoria Police.

In relation to sexual abuse, a Centre Against Sexual Assault counsellor/advocate can support participants who wish to pursue compensation.

The alleged victim may also wish to contact:

Victims of Crime: <https://www.victimsofcrime.vic.gov.au/>  
Court Network on 1800 681 614 or <http://www.courtnetwork.com.au>

### **Victorian Commission on Children and Young People (CCYP) – Reportable Conduct Scheme<sup>5</sup>**

The Reportable Conduct Scheme ('Scheme') requires in scope organisations to:

- have in place systems to prevent child abuse and, if child abuse is alleged, to ensure allegations can be brought to the attention of appropriate persons for investigation and response, and
- ensure that the Victorian Commission on Children and Young People (VCCYP) is notified and given updates on the organisation's response to an allegation.

<sup>5</sup> The information in this section has been excerpted from

<https://ccyp.vic.gov.au/reportable-conduct-scheme/about-the-reportable-conduct-scheme/>

**It is an offence to fail to notify and update the VCCYP about reportable allegations.**

**The Reportable Conduct Scheme does not replace the need to report allegations of child abuse, including criminal conduct and family violence to Victoria Police.**

### **What organisations are covered by the Reportable Conduct Scheme?**

The Scheme applies to organisations that exercise care, supervision or authority over children, whether as part of their primary functions or otherwise.

Schedules 3, 4 and 5 of the *Child Wellbeing and Safety Act 2005* lists the types of organisations and services that must comply with the requirements of the Scheme.

A summary of organisation types covered by the Reportable Conduct Scheme and their respective commencement dates is shown in the diagram below.

**Once part of your services or functions are covered by the scheme, all of your organisation is covered by the scheme. This means that you may need to report to the Commission and investigate reportable allegations made against any of your workers or volunteers, regardless of whether they perform services for or in relation to children.**

### **Who can an allegation be made about under the scheme?**

A reportable allegation can be made about certain workers or volunteers over 18 years of age who are or were:

- an employee of an organisation covered by the scheme
- a minister of religion, religious leader or officer of a religious body
- a foster or kinship carer
- a volunteer, contractor, office holder, officer or other position directly engaged by an organisation covered by the scheme to provide services.

A reportable allegation can only be made against a volunteer if they have been engaged by an organisation covered by the scheme. An organisation is not required to notify the Commission about an allegation involving a volunteer who performed services without the organisation's knowledge.

People who are not employed or engaged by an organisation covered by the scheme may not be within scope of the scheme. You should take particular care when considering whether a reportable allegation can be made about a person who performs services for your organisation under a labour-hire arrangement, as an agency worker, a secondment agreement or as a subcontractor. This is because those people may be employed or directly engaged by a third party rather than your organisation.

If your employee resigns you are still responsible for notifying the Commission of the reportable allegation and conducting an investigation.

Similarly, if there is a reportable allegation about your employee that relates to their conduct outside of the workplace, you must report this allegation and investigate.

Investigations undertaken in these circumstances may have some challenges. However, your organisations must still do its best to conduct an investigation. If you are unsure how to proceed, the Commission can provide advice and guidance.

If you are unclear whether a reportable allegation can be made about a person, please do not hesitate to contact the Commission.

### **Criteria for reporting allegations to the VCCYP**

All reportable allegations must be reported to the Commission.

An allegation will be reportable to the Commission if it meets the following requirements:

the allegation relates to an employee of an organisation that is required to comply with the Scheme. The Scheme covers all employees of an organisation—not only those who work with children.

the organisation exercises care, supervision or authority over children.

the employee to whom the reportable allegation relates is at least 18 years of age when the conduct occurred.

the alleged conduct is *reportable conduct or misconduct* that may involve reportable conduct (even if the conduct occurred outside of work)

A *reasonable belief* has been formed that the alleged conduct occurred. A reasonable belief is more than suspicion. There must be some objective basis for the belief. For example, a person is likely to have a

reasonable belief if they:

observed the conduct themselves

heard directly from a child that the conduct occurred

received information from another credible source (including another witness).

Heads of organisations do not need to agree with or share the belief that the alleged conduct has occurred, however they are still obligated to notify the Commission of allegations of reportable conduct based on reasonable belief.

the alleged victim is under 18 years of age when the alleged conduct occurred.

### **Timeframes for reporting allegations to the Commission**

Once the scheme applies to an organisation, the head of the organisation must notify the Commission of any reportable allegations made against their workers or volunteers within **three business days** of becoming aware of the allegation.

- Within **30 calendar days** you must provide the Commission detailed information about the reportable allegation and any action you have taken.
- You must notify the Commission of the investigation findings and any disciplinary action the head of entity has taken (or the reasons no action was taken).

## How do I give the Commission information?

The Commission requires that heads of organisations use the online form to notify of a reportable allegation, which will guide them through the notification process. Supporting documentation can also be submitted through the online form.

The online form can be found at <https://ccyp.vic.gov.au/reportable-conduct-scheme/notify-and-update/>

If you are not the head of an organisation you can still tell the Commission about a reportable allegation by using the online form, calling or writing to the Commission. This may be useful should the reportable allegation concern alleged reportable conduct by the Head of Organisation.

## What about reportable allegations that took place before the Scheme applied to your organisation?

Heads of organisations are not required to notify the Commission of all reportable allegations that they were aware of **before** the scheme applied to their organisation, except if:

- a person communicates or conveys a reportable allegation again **after** the scheme applies to an organisation, or
- the head of an organisation becomes aware of **new** information that causes them to form a reasonable belief that reportable conduct has been committed.

The head of an organisation is required to notify the Commission of a reportable allegation made against one of their *current* workers or volunteers, regardless of whether the alleged conduct occurred before, during, or outside the worker or volunteer's role with the organisation.

The Reportable Conduct Scheme requires certain allegations of past or historical reportable conduct to be reported to the Commission. This is a complex part of the scheme and organisations are encouraged to contact the Commission to discuss individual cases if advice is needed.

## Investigating Reportable Conduct

**If an allegation is criminal in nature, you MUST get clearance from Victoria Police before beginning your investigation.**

## What is a reportable allegation investigation?

An investigation into a reportable allegation is a workplace investigation aimed at gathering and examining information to establish facts and make findings in relation to allegations of child abuse against an employee. The investigation may also make recommendations about what disciplinary or other action should be taken (if any).

An effective investigation requires a systematic approach to assessing and managing an allegation, followed by a sound decision-making framework that enables procedural fairness for all parties in the investigation process.

## Overview of Investigation Process

### What rules govern an investigation process?

Cosmos Divine Care Pty Ltd has policies and procedures in place to guide reportable conduct investigation including a Code of Conduct, processes for managing and investigating complaints, misconduct, discipline, grievances, dispute resolution and employee welfare and supports. Refer to the Incident Management Policy and Procedure, Human Resources Policy and Procedure, and Staff Code of Conduct for further guidance.

## Standard of Proof for Reportable Conduct Investigations



A reportable conduct investigation should apply the 'balance of probabilities' as the standard of proof. A person investigating and making findings should actually be persuaded, based on the available information, that reportable conduct has occurred before making such a finding.

During a reportable conduct investigation, the subject of an allegation may choose, but is not required, to give information or documents that support their version of events. However, the subject of an investigation is not obliged to prove or disprove any fact or issue that is being investigated.

### **Procedural fairness**

All investigations into reportable conduct must be undertaken in a fair and reasonable manner. This will usually include ensuring that, before any findings are made or disciplinary action is taken, the subject of an allegation:

is notified of any adverse information that is credible, relevant, and significant.  
has a reasonable opportunity to respond to that information.

Procedural fairness does not require that employees or others must be notified of allegations when the Commission is first notified. Consideration should also be given to when the subject of the allegation should be first told about an allegation, to ensure the investigation is not compromised but remains procedurally fair.

The Commission will seek any response or submissions made by the employee in response to allegations or actions, preferably in writing and dated.

### **Information gathering**

Throughout your investigation, other allegations or concerns may be identified. If this occurs, this additional information should be considered in the context of your investigation and may add or change the allegations put to the employee.

Information relevant to your investigation can be gained from several key sources:

#### **Physical evidence**

Documents such as policies, procedures, incident reports, records of employment, rosters, emails can provide vital evidence. Objects, such as mobile phones and computers, inspection of premises, or photographic records can also provide physical evidence.

#### **Direct evidence**

Speaking with people including witnesses, organisational management, other staff members and the person the allegation has been made against enables you to gather their direct observations, experience and recollections of events or actions. Care must be taken when it is proposed that an investigation involve children or the person who is the subject of the allegation.

#### **Specialist knowledge**

Information from people with specialist knowledge, such as a medical practitioner may be relevant to an investigation.

#### **Reporting**

The investigation report should document the terms of reference of the investigation, together with how the investigation was undertaken, what evidence and information was obtained, what conclusions were made and, if applicable, any recommendations for consideration.

The report should be provided to the head of the organisation or their delegate to inform a decision as to the appropriate disciplinary or other action to be taken.

### **Welfare and support**

A reportable conduct investigation can be stressful and demanding on all people involved. Vital to the intent of keeping children safe is the need to ensure appropriate support to an alleged victim. Steps must be taken to mitigate risks that the alleged victim is not re-traumatised by the investigation process.

COSMOS DIVINE CARE PTY LTD has appropriate welfare and support systems to support staff and volunteers. Please refer to Human Resources Policy and Procedure for further information.

## Investigation Report Requirements

Further guidance on how to investigate reportable conduct can be found at the links below:

<https://ccyp.vic.gov.au/assets/resources/Reportable-Conduct-Guidance/CCYP-Investigation-guide.pdf>

<https://ccyp.vic.gov.au/assets/resources/Investigation-overview.pdf>

<https://ccyp.vic.gov.au/assets/resources/Investigation-findings.pdf>

## Victorian Disability Worker Commission – Mandatory Notifications

**NOTE:** The Victorian Disability Worker Commission (VDWC) commences operations on 1 July 2020. Information on how to make mandatory notifications to the VDWC can be found at <https://www.vdwc.vic.gov.au/making-complaints/notifications>

**What conduct requires mandatory notification?** Notifiable conduct means

when a disability worker has:

practised as a disability worker while intoxicated by alcohol or drugs  
engaged in sexual misconduct while practising as a disability worker  
placed, or may place, the public at risk of harm because the disability worker has an impairment that detrimentally affects, or is likely detrimentally to affect, the disability worker's capacity to practise as a disability worker, or  
placed, or is placing, the public at risk of harm because the disability worker practised, or is practising, as a disability worker in a manner that constitutes a significant departure from accepted professional standards.

### Who has to notify?

From 1 July 2020, all disability workers and disability employers must make mandatory notifications to the Victorian Disability Worker Commission if they form a reasonable belief that a disability worker has engaged in notifiable conduct.

This is a requirement of the *Disability Service Safeguards Act 2018*.

Anyone can tell VDWC about a concern that a disability worker may be putting safety at risk. This is called a 'notification'. Under the *Disability Service Safeguards Act 2018*, disability workers and employers must notify the Victorian Disability Worker Commission if they believe that a worker has engaged in certain types of misconduct.

If you are a disability worker and you do not make a mandatory notification to the Victorian Disability Worker Commission, this may constitute behaviour for which health, conduct or performance actions may be taken against you.

### Are there exceptions?

Mandatory notifications do not apply to employers of a disability worker if the employer receives disability services from the relevant disability worker in the course of the disability worker's employment. This means that a person with disability, or their family member or carer, who has directly employed a disability worker are not subject to mandatory notifications.

If you are a disability worker, you are not required to make a mandatory notification in the following circumstances:

You know, or reasonably believe, that the Victorian Disability Worker Commission has already been notified of the worker's conduct.

You are employed or engaged by an insurer that provides professional indemnity insurance in relation to the disability worker who is a subject of the notification, and you formed the reasonable belief as a result of a disclosure made by a person to you in the course of a legal proceeding or providing legal advice arising from the insurance policy.

You do not need to notify the Victorian Disability Worker Commission if the disability worker has effective controls to manage the impairment and reduce the risk and severity of harm to the public, such as:

treatment  
taking a break from practice, such as sick leave  
modified scope of practice  
strategies used to manage impacts of impairment  
compliance with monitoring and supervision.

**When must I notify?**

From 1 July 2020, you must notify the Victorian Disability Worker Commission as soon as practicable after you form a reasonable belief that behaviour that constitutes notifiable conduct has occurred. The *Disability Services Safeguards Act 2018* does not define as soon as practicable. The Victorian Disability Worker Commission expects you to not delay making a notification once you have formed a reasonable belief.

**How to notify?**

The simplest way to make a notification to the Victorian Disability Worker Commission is to use the webform at <https://portal.vdwc.vic.gov.au/public/home>

You can also call VWDC on 1800 497 132 between 9.30am and 4.30pm, Monday to Friday and advise you want to make a notification.

POLICY AMENDMENT RECORD		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 21. PRIVACY AND CONFIDENTIALITY POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.21.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>13<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

To ensure that management of personal information for participants meets all relevant legislative and regulatory requirements.

This policy and procedure apply to current and potential participants, their carers and family members.

### 2. RISK

Because people with disabilities are more vulnerable to exploitation and abuse than others in the community, workers with access to participant information automatically occupy risk-assessed roles under the NDIS Commission.

The primary risk to privacy and confidentiality arises from the collection, storage and sharing of participant information. Access by non-authorised persons may expose participants to risk. Safe storage and access policy protects participants from abuse and exploitation. This policy addresses these issues.

There is a risk that information will be shared inadvertently and without the intention to do harm. Information may be unintentionally disclosed by careless use of tablet- or phone-based software, shared with a participant's supporters against the participant's wishes, or disclosed to peers on the assumption that the information is publicly known. Cultural assumptions around sharing information are diverse and change rapidly. Social media platforms may allow participants to be identified. This risk may be minimised by:

- raising staff awareness of privacy and confidentiality
- ensuring consent is obtained before gathering data (including audio and photographic data)
- ensuring that consent is specific to the use of data, and that consent is current
- encouraging participants to provide feedback and complaints about the use of their information.

These issues are addressed in this policy.

### 3. DEFINITIONS

**Personal information** – Recorded information (including images) or opinion, whether true or not, from which the identity (including those up to thirty years deceased) could be reasonably ascertained.

**Sensitive information** – Information or an opinion about an individual's racial or ethnic origin, political opinions, membership of a political party, religious beliefs or affiliations,

philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preference or practices, or criminal record. This is also considered to be personal information.

**Health information** – Any information or an opinion about the physical, mental or psychological health or ability (at any time) of an individual.

**Information Privacy** – refers to the control of the collection, use, disclosure and disposal of information and the individual's right to control how their personal information is handled.

### 4. POLICY

Cosmos Divine Care Pty Ltd is committed to the transparent management of personal and health information about its participants and staff.

This commitment includes protecting the privacy of personal information, in accordance with the Australian Privacy Principles (APPs) set out in the *Privacy Act 1988 (Cwlth)* amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cwlth)* and in accordance with the *Privacy Policy*, Department of Human Services, endorsed June 2002 (amended August 2005) (Vic), the *Health Records Act 2001 (Vic)*, the *Information Privacy Act (2000) (Vic)*, and the *Freedom of Information Act 1982 (Cwlth)*.

Cosmos Divine Care Pty Ltd's *Privacy and Confidentiality Policy and Procedure* is made publicly available.

## 5. PROCEDURE

### Personal information

Personal information may include:

name,  
date of birth,  
gender,  
current and previous addresses,  
residency status,  
telephone numbers and e-mail addresses,  
bank account details,  
driver's licence number,  
Centrelink information,  
photographs,  
race or ethnicity, and  
medical history or information provided by a health service.

In collecting personal information, Cosmos Divine Care Pty Ltd will inform the participant:  
that information is being collected.

the purposes for collection.

who will have access to the information.

the right to seek access to, and/or correct, the information; and

the right to make complaint or appeal decisions about the handling of their information.

Participant information is used to:

assess and provide services.

administer and manage those services.

evaluate and improve those services.

contribute to research.

contact family, carers, or other third parties if required; and

meet our obligations under the NDIS.

### ***Participant Consent***

Participants are to be provided with the *Participant Consent Form* at the time of commencing service with Cosmos Divine Care Pty Ltd. This form is to be signed and placed in the participant's file;  
held securely with access limited to staff members in the performance of their role.

### ***Updating Participant Information***

To ensure that participant information is accurate, complete, current, relevant and not misleading, Cosmos Divine Care Pty Ltd checks personal details and updates participant files accordingly:

whenever reviewing a participant's service; and / or

upon being informed of changes or inaccuracies by participants or other stakeholders

There will be no charge for any correction of personal information.

Where Cosmos Divine Care Pty Ltd has previously disclosed participant personal information to other parties, should the participant request us to notify these parties of any change to their details, we must take reasonable steps to do so.

### ***Collection and Storage of Personal Information.***

Cosmos Divine Care Pty Ltd collects information:

directly from participants orally or in writing.

from third parties, such as medical practitioners, government agencies, participant representatives, carer/s, and other health service providers.

from participant referrals; and

from publicly available sources of information.

Cosmos Divine Care Pty Ltd will collect sensitive information:

only with participant consent, unless an exemption applies: e.g. the collection is required by law, court/tribunal order or is necessary to prevent or lessen a serious and imminent threat to life or health;  
fairly, lawfully, and non-intrusively.

directly from participant, if doing so is reasonable and practicable.  
only where deemed necessary to support:  
service delivery to participants; staff activities and  
functions; and giving the participant the option of  
interacting anonymously, if lawful and practicable.

Cosmos Divine Care Pty Ltd takes all reasonable steps to protect personal information against loss, interference, misuse, unauthorised access, modification, or disclosure. Cosmos Divine Care Pty Ltd will destroy, or permanently de-identify personal information that is:  
no longer needed.

unsolicited and could not have been obtained directly; or  
not required to be retained by, or under, an Australian law or a court/tribunal order.

Cosmos Divine Care Pty Ltd has appropriate security measures in place to protect stored electronic and hard-copy materials. Cosmos Divine Care Pty Ltd has an archiving process for participant files which ensures files are securely and confidentially stored and destroyed in due course.

***Should a breach in privacy occur, potentially exposing participant information (e.g. computer system hacked, laptop stolen etc.) the Director will immediately act to rectify the breach in accordance with organisational policy and processes.***

### **Disclosing information**

Cosmos Divine Care Pty Ltd respects the right to privacy and confidentiality, and will not disclose personal information except:

where disclosure would protect the participant and / or others.

where necessary for best service practice; or

where obligated by law.

For these purposes, Cosmos Divine Care Pty Ltd may disclose participants' personal information to other people, organisations or service providers, including:

medical and allied health service providers who assist with the services we provide to participants.

a 'person responsible' if the participant is unable to give or communicate consent e.g. next of kin, carer, or guardian;

the participant's authorised representative/s e.g. legal adviser;

our professional advisers, e.g. lawyers, accountants, auditors;

government and regulatory authorities, e.g. Centrelink, government departments, and the Australian Taxation Office;

organisations undertaking research where information is relevant to public health or public safety; and  
when required or authorised by law.

Any information released for evaluation or research purposes will be de-identified.

### **Accessing personal information**

Participants can request and be granted access to their personal information, subject to exceptions allowed by law.

Requests to access personal information must state:

the information to be accessed

the preferred means of accessing the information,

and should be forwarded to the Director either verbally, or in writing to: 29 Brunton Drive, Mernda, 3754, Victoria

The Director will assess the request to access information, taking into consideration current issues that may exist with the participant, and whether these issues relate to any lawful exceptions to granting access to personal information.

Should the Director decide that access to personal information will be denied, they must, within 30 days of receipt of the request, inform the participant in writing of:

the reasons for denying access and

the mechanisms available to complain or appeal.

Should access be granted, the Director will contact the participant within 30 days of receipt of the request to arrange access to their personal information.

Should Cosmos Divine Care Pty Ltd be unable to provide the information in the means requested, the Director will discuss with the participant alternative means of accessing their personal information.

Reasonable charges and fees, incurred by Cosmos Divine Care Pty Ltd in providing the data as requested, may be passed on to the participant.

### **Complaints**

Questions or concerns about Cosmos Divine Care Pty Ltd’s privacy practices should be brought, in the first instance, to the Director’s attention.

Participants may directly email the Director at [cosmosdivinecare@gmail.com](mailto:cosmosdivinecare@gmail.com)

In investigating the complaint Cosmos Divine Care Pty Ltd may, where necessary, contact the participant making the complaint to obtain more information.

The participant will be advised either in writing, or in a face-to-face meeting, of the outcomes and actions arising from the investigation.

If concerns cannot be resolved and participants wish to formally complain about how their personal information is managed, or if they believe Cosmos Divine Care Pty Ltd has breached an APP and/or IPP, they may send their concerns in writing to:

Office of the Victorian Information Commissioner Email:

[privacy@cpdp.vic.gov.au](mailto:privacy@cpdp.vic.gov.au)

Phone: 1300 666 444

or through the online form available at

<https://www.cpdp.vic.gov.au/menu-privacy/privacy-public/privacy-public-make-complaint>

### **Breaches of Privacy**

Cosmos Divine Care Pty Ltd are required to disclose a data breach to the Office of Australian Information Commissioner if the data contains personal information that is likely to result in “serious harm”, which includes any of the following: physical, psychological, financial or reputational harm. Personal information is information about an identified individual, or an individual who is reasonably identifiable.

Any staff who identify a potential breach must immediately inform their line manager, who must report to the Director for further action.

<b>POLICY AMENDMENT RECORD</b>			
DATE	BRIEF DESCRIPTION OF AMENDMENT	OF	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 22. SERVICE ACCESS AND EQUITY POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.22.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure provide guidelines relating to access and equity.

This policy and procedure apply to all potential and existing Cosmos Divine Care Pty Ltd participants, their family members and carers, and other relevant stakeholders.

### 2. PRINCIPLES

**Access** – Cosmos Divine Care Pty Ltd will provide services to everyone who is entitled to them, without discriminating on the basis of a person's country of birth, language, culture, sexual identity or orientation or religion.

**Equity** – Cosmos Divine Care Pty Ltd's services will be developed and delivered to ensure fair treatment of all eligible participants.

**Communication** – Cosmos Divine Care Pty Ltd will inform eligible participants of the services available, their entitlements, and how to obtain them. The organisation will regularly seek participant feedback about the scope and standard of service provision.

**Responsiveness** – Cosmos Divine Care Pty Ltd will be sensitive to participants from diverse linguistic and cultural backgrounds and, as far as practicable, respond to their particular circumstances and needs.

**Effectiveness** – Cosmos Divine Care Pty Ltd will focus on meeting the needs of participants from all backgrounds.

**Efficiency** – Cosmos Divine Care Pty Ltd will optimise the use of available public resources through a user-responsive approach to service delivery that meets the needs of participants.

**Accountability** – Cosmos Divine Care Pty Ltd will ensure it is accountable for implementing access and equity objectives for participants.

### 3. POLICY

Cosmos Divine Care Pty Ltd's service delivery environment is safe and engaging, physically accessible and responsive to its participants' support and communication needs.

Cosmos Divine Care Pty Ltd's screening and eligibility, priority of access and waitlist management is undertaken in a fair, equitable and transparent manner, and in line with the *Participant Rights and Responsibilities Policy and Procedure*. Access to services is based on eligibility, relative need, organisational capacity, the best interests of people using the service and potential impact on existing participants.

### 4. PROCEDURE

#### Service Access

#### **Physical Accessibility**

The Director will consider how the premises accommodates participant's accessibility needs, and possible modifications where reasonable.

Suggestions or complaints about the service's accessibility will be directed to Cosmos Divine Care Pty Ltd's Feedback, *Compliments and Complaints Policy and Procedure*.

#### **Accepting requests for service**

Cosmos Divine Care Pty Ltd will respond quickly and appropriately to each request for service.

Cosmos Divine Care Pty Ltd's process for receiving and assessing requests for a service is designed to be inclusive of our agreed target group and consistently applied.

To be eligible for a Cosmos Divine Care Pty Ltd service, the person must be a NDIS participant.

Consideration must be given to the person's priority of access by examining: the person's need relative to other participants and potential participants.

where relevant, the needs of their family, carer, or other supporters.

Cosmos Divine Care Pty Ltd's potential contribution to meeting those needs.



Cosmos Divine Care Pty Ltd's available resources to meet those needs.

how Cosmos Divine Care Pty Ltd's services will complement other services the person receives; and the best interests of the person.

During an intake interview, the Director (or delegate) will assess any barriers to the person accessing services:

The Director (or delegates) will advise the person of their right to involve a support person in their dealings with Cosmos Divine Care Pty Ltd.

The Director (or delegates) will provide information and support for the person to access a person of their choice, such as an advocate, to assist them to interact with the service (see Decision Making and Choice Policy and Procedure).

Where physical access issues are identified, the Director will consider whether Cosmos Divine Care Pty Ltd is accessible for the person, and if not, how it could be made accessible.

Where a language or cultural barrier is identified, the Director (or delegates) will engage an interpreter or an appropriate external agency to support the person. See Service Delivery and Participation Policy and Procedure.

The Director (or delegates) will contact the person or their supporter within 1 working day of the Intake Interview to advise them of the outcome. Notification will be provided by phone and or email.

Where the participant is offered services and accepts, see the *Assessment, Planning and Review Policy and Procedure*.

Comprehensive and clear records will be kept using the *Participant Intake Form*, detailing: the name of the applicant, how they were referred, their eligibility, and any onward referrals made.

The Director (or delegates) will conduct all Intake Interviews. They will provide the person with information about:

entry and exit procedures.

eligibility and priority of access requirements.

conditions that may apply to service provision; and

fees.

The Director (or delegates) will provide the person with a Welcome Pack that outlines Cosmos Divine Care Pty Ltd's entry and exit procedures, fees, hours of operation, the Participant Rights and Responsibilities statement, Privacy and Confidentiality Policy and Procedure and Feedback, Compliments and Complaints brochure.

Where appropriate, the Director (or delegate) will provide this information in an alternative format such as a different language, Easy English, detailed verbal explanation or through the use of interpreters and advocates.

### ***Waiting List processes***

The Director (or delegates) will contact people on its Waiting List at least every three months to: advise them of their current status.

check whether they want to remain on the list.

provide referrals to other service providers if required; and

advise the estimated wait time remaining.

### **Appeal**

When a participant is excluded from or is ineligible for a service with Cosmos Divine Care Pty Ltd, the Director (or delegate) will advise them of their right of appeal and offer referral to more appropriate agencies, as per the *Providing Information, Advice and Referrals Policy and Procedure*.

Appeals should be directed in writing to Cosmos Divine Care Pty Ltd's Director and a final decision will be made by the Director (or Management Team where appropriate).

If required, staff will provide support for a person to make an appeal, by either transcribing their feedback for the Director's (or delegate's) review or referring the person to interpreter or advocacy services.

Those not successful in their appeal will be provided written advice to this effect.

If a person is unhappy with outcome of their appeal, they will be directed to Cosmos Divine Care Pty Ltd's complaints process. As per Cosmos Divine Care Pty Ltd's Feedback, *Compliments and Complaints Policy and Procedure*, information on the complaints process can be provided in a variety of formats if required including support to access interpreters or advocates if necessary.

### **Alternative supports**

Cosmos Divine Care Pty Ltd will work collaboratively with all people refused services and (with consent) their supporters, to identify what alternative services and referrals could best meet their needs.

With the participant's consent, relevant information will be provided by Cosmos Divine Care Pty Ltd to new service providers to support the participant's seamless transition. Where appropriate, Cosmos Divine Care Pty Ltd staff may also meet with staff of alternative providers to facilitate a smooth transition for the participant.

**Continuous improvement**

Cosmos Divine Care Pty Ltd will maintain a record of people who have been refused a service, summarising reasons for their being found ineligible or, if found eligible, reasons for being placed on Cosmos Divine Care Pty Ltd's Waiting List.

Access, service refusal and referral information will be tracked to inform Cosmos Divine Care Pty Ltd's continuous improvement.

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

*End of policy document. Uncontrolled when printed.*

## 23. ASSESSMENT, PLANNING AND REVIEW POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.23.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>13<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure set out the approach to assessment, planning and review in respect to participant support plans, once a person has been offered and accepted Cosmos Divine Care Pty Ltd's services.

This policy and procedure apply to all potential and existing Cosmos Divine Care Pty Ltd participants, their family members and carers, and other relevant stakeholders.

### 2. POLICY

This policy and procedure align with the planning requirements as set out in the *Disability Act 2006 (Vic)* and *NDIS Act 2013 (Cwlth)* of participation, choice and control, engaging as equal partners in decisions and including families, carers and other significant people.

Should a person request assistance with support planning that is beyond the scope of this policy and procedure, the person should be directed to a relevant support coordinator (see point above). Referral and support to connect the person to the relevant agency or service provider will be provided within a service benchmark of 5 working days.

### 3. PROCEDURE

#### **Overview**

Staff involved in assessment, planning and review activities have the relevant skills (or the capacity to acquire skills) in order to provide:

active engagement and early intervention strategies, including with families.

strength-based planning, assessment, and review.

holistic and collaborative approaches to service delivery; and

capacity building of families and carers.

All documentation relating to assessment, planning and review will be maintained on participant files.

During all assessments, planning and review activities, staff will discuss participants' rights and responsibilities with them. They will confirm participants' understanding verbally, using an interpreter or advocate where required.

Staff will advise the person of their right to involve a support person in their dealings with Cosmos Divine Care Pty Ltd, including assessment, planning and review processes. This may also be an appropriate person is sensitive to and understands their cultural needs.

Where required, participants will be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. See *Decision Making and Choice Policy and Procedure*.

In accordance with the *Privacy and Confidentiality Policy and Procedure*, respect for and protection of participants' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

If necessary and with the participant or their supporter/s consent, other parties such as service providers who deliver existing or complementary services to participants will be included in assessment, planning and review activities.

Staff will take into account the participant's wishes in regards to accepting or rejecting particular support options.

#### **Assessment and Planning**

Following their Intake Interview, where a participant is offered services and accepts, staff will work with the participant and their supporter/s to assess their needs, develop and agree upon a Service Agreement. Staff will meet with the participant and their supporter/s as soon as practicable for an Assessment and Planning Interview.

Cosmos Divine Care Pty Ltd will engage in joint assessment and planning activities where the NDIS, Local Area Coordinator, Support Coordinator or Plan Management provider in negotiating appropriate supports

for the participant. All activities undertaken with, or on behalf of, the participant will be documented in the participant file.

The Participant Strengths and Needs Assessment will take into account:

the participant's needs (including health, wellbeing, and safety needs), goals and longer-term aspirations.

the supports that Cosmos Divine Care Pty Ltd can provide to meet those needs, goals, and aspirations.

the participant's preferred links to family, friendships, and other support networks.

the participant's and their supporters' age, ability, gender, sexual identity, culture, religion, or spirituality.

any barriers to community participation and strategies that could be put in place to help participants overcome them.

how, when, and where the participant requires the supports to be delivered; and

the participant's NDIS Plan.

Where there is an identified need in relation to nutrition and swallowing or epilepsy for a participant accessing the centre-based service, Cosmos Divine Care Pty Ltd will follow the DHHS Policies and Procedures for ensuring the needs of participants are met.

Where possible, services provided to participants should:

support them to develop, maintain and strengthen independence, problem solving, social and self-care skills appropriate to their age, developmental stage, and cultural circumstances; and

help participants to take control of and responsibility for their choices and enhance their autonomy, independence, and community participation.

Where required, staff will identify and provide referrals and linkages in accordance with the *Information, Advice and Referrals Policy and Procedure* to other services and activities that will enhance the participant's community participation and provide support and assistance to help them access these, including training, employment, health, wellness, cultural and community services.

Staff will work with the participant and their supporter/s to formalise the supports to be provided in a *NDIS Service Agreement*.

Staff must ensure the participant (and their supporter/s) understands their Service Agreement, or is supported to understand it, and provide the participant a copy. A copy will also be kept on the participant's file.

The participant must sign the Service Agreement before service delivery can commence.

Staff will complete a *Participant Risk Assessment* and *Participant Safety Plan* with the participant (and their carer/support person) prior to the delivery of services.

All staff working with a participant must be aware of the contents of individual plans and any identified risk and safety issues for the people they provide support to.

## **Review**

Staff, with the relevant stakeholders, will review the provision of supports for each participant quarterly with the participant and their supporter/s, or at any time where the participant's needs have changed. The participant can also request a review at any time.

Participants are encouraged to be actively involved and participate in the monitoring and review of their assessment and planning and will be provided access to support during these processes (including to support person/s who are sensitive to and understand their cultural needs).

Reviews will include:

Case conferences/case management meetings with other stakeholders occurring prior to the review with the participant (and their support person where applicable)

taking into account the participant's age, ability, gender, sexual identity, culture, religion and spirituality.

assessing changes to the participant's needs (including health, wellbeing, and safety needs), goals and longer-term aspirations.

the participant's progress towards addressing their needs and achieving their goals.

assessing whether the participant has been given opportunities to participate in a range of community-based activities of their choice (where applicable and appropriate)

recognition and celebration of the participant's progress.

any barriers to community participation and strategies to help participants overcome them.

whether a change to the supports provided is necessary.

Reviews will take into account the participant's NDIS Plan and incorporate any changes to the Plan where practicable.

DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 24. SERVICE DELIVERY POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.24.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

The purpose of this policy and procedure is to describe person-centred principles that guide the service delivery to participants of Cosmos Divine Care Pty Ltd.

This policy and procedure apply to all potential and existing Cosmos Divine Care Pty Ltd participants, their family members and carers, and other relevant stakeholders.

### 2. POLICY

Cosmos Divine Care Pty Ltd promotes a person-centred approach to its service delivery whereby individuals lead and direct their services and are supported to maintain connections with their family, friends, and communities.

All aspects of Cosmos Divine Care Pty Ltd's service delivery promotes participants' active participation in their community and support participants to develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage, and cultural circumstances.

Participant assessment, planning, service delivery and review will include activities or supports that help participants to take control of and responsibility for their choices and enhance their autonomy, independence, and community participation.

Cosmos Divine Care Pty Ltd recognises the importance of carers and respects the carer as an individual with his or her own needs; and that the carer has special knowledge of the person in his or her care.

Cosmos Divine Care Pty Ltd is committed to the involvement of carers in the services provided to the participant.

### 3. PROCEDURE

#### **Service Delivery Principles**

- Service delivery must, wherever possible: respect and support participant rights.
- put the participant at the centre of decision-making in all aspects of their life.
- recognise and accommodate participant preferences.
- respect the participant's gender, sexuality, culture, religion and spiritual identity; support participants to actively participate in their community and pursue their interests and goals.
- support participants to develop and maintain autonomy, independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances.
- use a strengths-based approach to identifying individual participant needs and life goals, particularly in relation to recognising individual capacity to develop their independence, problem solving, social and self-care skills.
- support the participant's dignity of risk.
- be based on the least intrusive options in accordance with contemporary evidence-based practices.

Staff will recognise that people can communicate their choices, likes and dislikes in many ways, including verbal communication, withdrawal, acting out, engagement and disengagement, aggression, excitement, despondency, and joyfulness.

#### **Identity, Culture and Language**

##### ***Carers and Community***

Where required, staff will identify and provide referrals and linkages to services and activities that will enhance people's community participation and provide support and assistance to help participants access these. See Cosmos Divine Care Pty Ltd's Providing *Information, Advice and Referrals Policy and Procedure*.

Cosmos Divine Care Pty Ltd will work collaboratively with disability-specific and mainstream services to provide holistic service delivery to its participants. Staff will work with participants and adapt to their individual needs as they change over time, regardless of the frequency or cause.

Cosmos Divine Care Pty Ltd will take all practicable measures to ensure that carers are involved in service delivery to the participant.

### ***Cultural Connections***

Cosmos Divine Care Pty Ltd is committed to supporting participants from Aboriginal and Torres Strait Islander (A&TSI) and Culturally and Linguistically Diverse (CALD) backgrounds to maintain and strengthen their connection to their community, their spiritual and language connections.

The Director will develop a culturally competent workforce and employ A&TSI and CALD staff where appropriate so that participant assessments, planning, service delivery and reviews are undertaken in a culturally sensitive way.

Staff will identify and provide referrals and linkages to community services and activities operated by or for A&TSI and CALD people.

Cosmos Divine Care Pty Ltd will work collaboratively with A&TSI and CALD services to provide holistic service delivery.

Cosmos Divine Care Pty Ltd will use a strengths-based approach to identifying individual participant needs and life goals, particularly in relation to recognising the importance of family, extended family, kinship and community ties and recognise the importance of people's ties to their culture, spirituality and language.

### ***Interpreters and Translation***

Where appropriate or requested, Cosmos Divine Care Pty Ltd will engage with interpreters and translation services to assist the participant's understanding of the service.

### **Continuity of Service**

- Participants should be able to identify staff providing supports.
- Where a participant's regular support worker becomes unavailable, Cosmos Divine Care Pty Ltd will endeavour to: contact the participant (or their supporters) and explain why the support worker is unavailable offer another support worker in replacement.
- Allow participant to postpone or cancel appointment or agree on another solution with participant.
- Cosmos Divine Care Pty Ltd will fulfil its responsibilities under the participant's *NDIS Service Agreement* by:
  - providing the participant with the supports agreed to, at the agreed time, and consistent with all relevant laws and regulations.
  - managing operations efficiently and effectively to minimise or avoid disruption to participants.
  - keep scheduled appointments with the participant or, if unable to do so, provide a minimum of 48 hours' notice.
- Cosmos Divine Care Pty Ltd will develop processes to provide continuity of services if unable to meet the above requirements, including (but not limited to):
  - arranging for contractors to provide services; or
  - signing Memorandums of Understanding with other local service providers to provide services.

Note: The Director is responsible to check that replacement staff have undergone mandatory criminal history checks, have appropriate qualifications (where necessary to deliver the service), and have been inducted such that they can deliver services on Cosmos Divine Care Pty Ltd's behalf (see *Human Resources Policy and Procedure*).

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

*End of policy document. Uncontrolled when printed.*

## 25. PROVIDING INFORMATION, ADVICE AND REFERRAL POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.25.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure describe how Cosmos Divine Care Pty Ltd provides information, advice, and referrals to participants.

This policy and procedure apply to all potential and existing Cosmos Divine Care Pty Ltd participants, their family members and carers, and other relevant stakeholders.

### 2. POLICY

Cosmos Divine Care Pty Ltd operates proactively with other service providers to increase each person's support options.

Where possible, people (including participants leaving the service or people unable to access Cosmos Divine Care Pty Ltd's services) will be referred using facilitated, warm or active referral processes.

### 3. PROCEDURE

#### ***Service Network Engagement***

Cosmos Divine Care Pty Ltd will build strong relationships with local government and non-government providers and agencies and participate in relevant local networks, to increase service and referral options for its participants and other stakeholders.

Cosmos Divine Care Pty Ltd will build strong relationships with relevant Aboriginal and Torres Strait Islander (A&TSI) and culturally and linguistically diverse (CALD) services to support it to identify and meet participants' needs and goals, as well as contribute to more coordinated service provision, better use of resources and improved outcomes for participants and communities. This includes active involvement with A&TSI and CALD communities and services, such as participation in community events, collaborative service provision and referrals.

The Director will collaborate with local A&TSI and CALD service providers to assist culturally sensitive service delivery, ensure staff are adequately trained and sensitive to the specific cultural needs of the service area (including in the development of referral practices) and generally facilitate participation of stakeholders from these backgrounds in the service and community.

Where applicable, Cosmos Divine Care Pty Ltd will develop clear protocols with other service providers, such as memorandums of understanding or other forms of agreement, which in outline relationships and delineate the roles and responsibilities of collaborating agencies. The Director will be responsible for establishing, reviewing, and modifying such agreements.

Staff will be encouraged to attend interagency meetings as a means of linking with other service providers and to inform them of participant service and referral options.

The Director will retain records of service network involvement, such as meeting minutes and communications, in accordance with the *Information Management Policy and Procedure*, to inform continuous improvement.

#### ***Service Promotion***

The Director (or delegates) will ensure Cosmos Divine Care Pty Ltd is listed on relevant directories, including through the 'Find Registered Service Providers' tool on the NDIS website and distribute information about its services in appropriate formats to local agencies.

#### ***Referral and Information***

The Director (or delegates) will maintain a comprehensive *Referrals Database*, which will be continuously reviewed and built upon by all delivery staff.

Cosmos Divine Care Pty Ltd will work collaboratively with all people refused services or leaving Cosmos Divine Care Pty Ltd, and their supporters, to identify alternative services and referrals that could best meet their needs.



Staff will provide referrals with empathy and respect for the person, a non-judgemental attitude and sensitivity to their needs.

Where required, people will be provided with information and support to access a person of their choice, such as an advocate, to assist them to interact with the Director (or delegates) and other services. See *Decision Making and Choice Policy and Procedure*.

Staff must be aware of possible barriers that a person may experience in using another service and, where feasible and appropriate, work with them to find ways to overcome these barriers.

<b>POLICY AMENDMENT RECORD</b>			
DATE	BRIEF DESCRIPTION OF AMENDMENT	OF	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 26. WORKING WITH CARERS AND FAMILY MEMBERS POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.26.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

The purpose of this policy is to outline Cosmos Divine Care Pty Ltd's approach to the inclusion of carers and family members in the planning, delivery and review of services.

This policy applies to all potential and existing participants, their family members, carers, and other supporters.

### 2. POLICY

Cosmos Divine Care Pty Ltd aims to provide services that will have a continuing positive effect on participants. As such, Cosmos Divine Care Pty Ltd recognises the importance of the role of significant people in the wellbeing of people with a disability, and in the participant's life overall. Cosmos Divine Care Pty Ltd will implement processes identify family members/carers as soon as possible in all service episodes, and that maintain an ongoing relationship with family members/carers as partners in service delivery.

Participants will be invited to identify their family members / carers during their initial contact with Cosmos Divine Care Pty Ltd, and Cosmos Divine Care Pty Ltd processes will include family members/carers to the extent that the participant wishes.

Cosmos Divine Care Pty Ltd will maintain current information on services that support family members / carers and provide them with education and training to support them to participate in services, such as in goal setting and planning, and where relevant, strengthen their participation in and contribution to the child's learning and development.

Where service to children is provided, information and supports are provided in a clear, easy to understand and flexible manner by integrating the support into the child's everyday routine.

Cosmos Divine Care Pty Ltd is also committed to ensuring its staff are appropriately trained and knowledgeable in ways in which to provide family member / carer support, including ensuring staff are trained in cultural competency, are aware of cross-organisational and community linkages, and can access resources and information for family members / carers.

### 3. PROCEDURE

Ways in which Cosmos Divine Care Pty Ltd will support family members/carers can include (but is not limited to):

Family members/carers will be provided with and have access to information on respite services, counselling, crisis support, education, and training to maximise their wellbeing and ability to care and advocate for the participant.

Identifying family members/carers as soon as possible and ensuring this is recorded in the participant's record.

Reviewing family member/carer information regularly throughout service delivery.

Providing training and support, if required, to family members / carers to maximise their participation in the service.

Promoting and developing the strengths of the family and assisting them to develop their own network of formal and informal resources.

Ensuring that the needs of family members/carers who are children or aged persons are met, by maintaining knowledge of specialist support services/organisations that can assist them.

Engaging with family members/carers prior to the participant exiting Cosmos Divine Care Pty Ltd services to provide them with information on crisis management and services that can provide ongoing support to them.

If a participant refuses or does not wish to nominate a family member / carer during the initial access process, Cosmos Divine Care Pty Ltd will review this at each service review.

If a participant does not wish to nominate a family member/carer at any point during their service, this will also be respected, and comply with the any other relevant legislation or requirements. Information, in this case, will only be provided to family members/carers:

if the participant provides consent.

if the information is needed so that the family member / carer can provide care to the participant.

the family member / carer needs to know the participant has been made an involuntary patient; or it is to prevent harm to the participant or to another person.

If participants do not provide their consent for a carer to be involved/have knowledge of their service, Cosmos Divine Care Pty Ltd should still engage with family members/carers. Carers may still have very high needs for support. In this case, family members/carers can still participate without breaching participant confidentiality decision. Cosmos Divine Care Pty Ltd can:

provide participant information in general terms and provide reassurance about the supports that monitor the participant's wellbeing.

provide the family member/carer the opportunity to present their issues / needs, and to consider these in the assessment, planning and support of the participant.

provide opportunities for the family member/carer to be involved in Cosmos Divine Care Pty Ltd at a service level.

provide support to assist them to access other services and advocacy.

### **Working with children and their families**

Where Cosmos Divine Care Pty Ltd provides services to a child, Cosmos Divine Care Pty Ltd recognises the importance of a family's involvement in the service provided in order for the best possible outcomes for the child. Cosmos Divine Care Pty Ltd is committed to:

working with the family to inform and strengthen their participation in, and contribution to, the child's learning and development

recognising and acknowledging the expertise and knowledge of the family about the child

building the confidence of family members to understand how family routines and everyday activities can support the child's development through capacity building, coaching, and collaborating with other service providers

assessing the child's development and focusing on the child's function in their everyday routines and activities in their natural learning environments.

ensuring that support plans are flexible and customised to suit the child's and family member's preferences and learning styles

promoting supports that include the child in daily routines in their natural learning environment

collaborating with the family and other providers to support the coordination of supports provided

working with the family and other providers where the family wishes to engage a key worker, to identify an appropriately skilled and experienced worker.

sharing information, knowledge and skills with the family, and other providers where consent has been provided to do so

respecting and valuing feedback from the child, family, and other professionals to improve service delivery.

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

*End of policy document. Uncontrolled when printed.*

## 27. HANDLING PARTICIPANT MONIES POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.27.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>13<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure provide guidelines for Cosmos Divine Care Pty Ltd staff in relation to the handling and where appropriate, management, of participant's funds.

This policy applies to all staff, contractors, and volunteers.

Plan Management services are not in the scope of this policy.

### 2. RISKS

Where participants require staff assistance in managing their funds, there exists:

- a risk of staff mismanaging participant funds accidentally or purposefully.
- a risk of participants wrongfully accusing staff of mismanagement.
- a risk of misjudging the balance between duty of care and dignity of risk.
- and thus
  - ➔ a risk to the rights of the participant; and
  - ➔ a risk to the reputation, trust and effectiveness of the service.

### 3. POLICY

Cosmos Divine Care Pty Ltd is committed to:

ensuring that participants are supported to manage, control, access and spend their own money as they determine.

ensuring that where staff have access to a participant's money or other property, that it is managed, protected and accounted for.

exercising a duty of care to ensure that participants funds are not exploited or disadvantaged.

A participant's funds cannot be legally managed by another person unless:

the participant has competently assigned management to that person

an order has been made by the Courts

the person has been appointed as a Centrelink nominee under the Commonwealth *Social Security (Administration) Act 1999*, which allows the person to receive social security payments on behalf of another.

Cosmos Divine Care Pty Ltd staff will not informally manage participant funds without the explicit consent of the participant and authorisation from the Director.

Participants' money or other property will only be used with the consent of the participant and for the purposes intended for the participant.

Cosmos Divine Care Pty Ltd will not provide financial information, advice or information other than that which would reasonably be required under the participant's plan.

Participants should manage their own funds wherever possible. Staff should not manage or make decisions regarding participants' funds if participants are capable of doing so themselves, including providing financial information or advice other than that which would be reasonably required under the participant's plan.

Cosmos Divine Care Pty Ltd systems will include appropriate checks and balances to ensure the safeguarding of participants from being exploited, and to protect staff from allegations of financial mismanagement:

Participants who rely on staff for managing their money must have an account with a savings institution that records all transactions.

Participants' funds held onsite should be kept in a secure location.

A staff member who was not involved in the transactions must verify that participants have received the goods and services that have been purchased.

Staff cannot accrue benefits for themselves from managing participants' funds.

Family members or advocates must be involved in decisions concerning the expenditure or investment of significant amounts of participants' funds.

All staff are expected to demonstrate a high level of ethical conduct in both their duty to the participant and to Cosmos Divine Care Pty Ltd. All staff are required to maintain absolute confidentiality in respect of participant's funds and accounts.

## **4. PROCEDURES**

### **Person-centred Principles**

In general, person-centred principles govern the handling of participant monies. Staff should 'do with' not 'do for', supporting participants to:

- lead and direct transactions.
- actively participate in the transaction and their community.
- take control of and responsibility for their choices.
- develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage, and cultural circumstances.

### **Community Participation**

#### ***Meals and Entertainment***

Staff must pay for their own take away, fast food and restaurant meals purchased when accompanying participants in the community. The use of a companion card is encouraged to cover the cost of entry into venues/entertainment for a staff member when the staff member is accompanying a participant as part of their individual plan. Where a companion card is not available or accepted, the cost will be paid by Cosmos Divine Care Pty Ltd. To arrange reimbursement, the staff member must forward a receipt and request for payment form to their manager for approval. A staff member must not allow a participant or their family to pay for a staff member's entrance to any venues or entertainment.

### **Supported Independent Living**

#### ***Budgeting***

Participants should manage their own funds wherever possible. Staff should not manage or make decisions regarding participants' funds if participants are capable of doing so themselves. Incidental Spending Money for Participants should be determined on a case-by-case basis. Signatories to individual participant's accounts must satisfy themselves that requests for the withdrawal of funds are for genuine purposes and for the benefit of the participant concerned. Where possible such requests should be in writing from the staff making the request. Signatories must not sign blank withdrawal forms. Any discrepancies in procedures should be brought to the attention of the Director as soon as possible.

#### ***Participant Bank Accounts***

All adult participants, wherever possible, should have an account in a financial institution:

- held in their own name
- through which participants receive their income, including pensions, gifts etc; and
- through which all significant payments are transacted.

Where possible a system of direct debits should be implemented for all individual participants' accounts. Participants' finances should be managed through passbook accounts without access via credit cards, debit or other plastic account identification cards, or automatic teller machines. Staff may not use a participant's PIN or other access codes when assisting a participant to manage their funds. All accounts, which have staff involvement, should require at least two approved signatures for any withdrawal of funds.

#### ***Safeguarding Participant Funds***

The amount of individual participant funds held on site should be kept to a minimum.

All participant expenses require written receipts. It is the responsibility of the Director (or delegate) to ensure that all receipts are available for checking.

Participants' funds which are managed by staff members should be checked at least monthly, by an independent staff member (i.e. a staff member who was not involved in the transactions). Debits, withdrawals and expenditure should be checked against receipts. Spot-check audits should be performed by an independent staff member, or other nominated employee at least annually. Monthly financial reports should be prepared on all participants' funds and financial transactions, for the

information of the Director, where appropriate.

Participants' cash funds and bankbooks, where possible, should be held by the participants themselves. Where this is not possible, they should be stored in a safe place. The items are not to be kept, left or stored anywhere except in the stated location. Changes in signatories to individual participant's accounts need to be made as soon as a present signatory ceases in their current role. Copies of completed 'Change of Signatory Forms' are to be checked by an independent staff member before they are lodged with the financial institution.

Any discrepancies in these procedures, participants' accounts or moneys are to be brought to the attention of the Director, as soon as possible after their discovery.

### ***Participant Expenses and Purchases***

**UTILITIES:** The cost to participants for utilities and other regular expenses will be calculated according to formulae agreed to by the participant (e.g., the total bill divided by the number of participants). Participants are required to reimburse the organisation for all bills and payments according to the agreed formula.

**PERSONAL USE ITEMS:** Participants are responsible to pay directly for any personal services and items purchased (e.g., medical bills, medications, community access services charges, special soaps, shampoos, perfume etc., unless otherwise agreed in writing by the Director.

**COMMON USE ITEMS:** Where staff assist with the purchase of significant items for use in common areas (e.g., sound systems, fridge, TV etc.), they should discuss with participants, families and advocates: rights of ownership, maintenance responsibilities, operation, risks, etc.

Prior to commencing the purchasing process, the above issues should be resolved; understandings reached should be documented and approved by the Director.

### ***Roles and Responsibilities***

Staff directly involved in managing participant funds are responsible for:  
Assisting participants with budgeting and the purchase of goods and services.  
Exercising a duty of care to prevent the exploitation of participants whilst respecting the dignity of risk.

Facilitating the withdrawal of funds for incidental expenses and specific purchases, and compiling receipts for purchases made by participants.

Checking funds kept on site and ensuring the safe storage of such funds.

Reporting to the Director any discrepancies and, unusual bank withdrawals or expenditure.

Assisting with participants' banking and payment of bills.

Ensuring appropriate amounts of incidental spending money for participants.

Ensuring funds and receipts are held securely on premises and are readily accessible for regular and spot audits.

Staff involved in monitoring participant funds:

Undertaking regular audits of participants' funds.

Monitoring money management systems on sites and ensuring that the processes are accountable.

Providing families and guardians with reports about participants' funds on an as required basis.

Reporting to the Director any discrepancies or deficiencies in the money management system.

Checking participants' income against their entitlements.

Checking that participants' incomes and gifts are deposited in the correct accounts.

Checking the appropriateness of charges levied by the organisation against participants.

Checking deposits and withdrawals from participants' accounts against funds received and payments made.

Checking payments made and goods and services purchased against receipts.

Checking the appropriateness of signatories of participants' accounts.

Preparing for the Director, monthly reports of all audits performed.

Preparing financial statements as required.

Collating and storing all current and previous checked and audited accounts.

### **Monitoring and Review**

This policy and procedure will be reviewed at least annually by the Management Team and incorporate staff, participant and other stakeholder feedback as well as participant file audits, to assess alignment between documented processes and actual practice.

Cosmos Divine Care Pty Ltd's Continuous *Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into the service planning and delivery processes.

<b>POLICY AMENDMENT RECORD</b>		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 28. WORKING IN PARTICIPANT HOMES POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.28.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure seek to minimise risk to staff health and wellbeing whilst using equipment in participant homes.

This policy and procedure apply to all staff, contractors, volunteers and student placements.

### 2. RISKS

Risks to staff working in participant homes are increased due to use of unfamiliar equipment in an unfamiliar (and sometimes unsuitable) work environment.

As staff might not be apprised of changes to the environment and equipment, staff need to exercise caution and conduct risk assessments prior to beginning each task.

### 3. POLICY

Where Cosmos Divine Care Pty Ltd delivers services in participants' homes it is responsible to minimise risk to staff providing supports. Cosmos Divine Care Pty Ltd will conduct an initial risk assessment in consultation with participants, and other stakeholders (as appropriate) and identify potential hazards and put appropriate controls in place prior to commencing service delivery.

Risks will change over time: Cosmos Divine Care Pty Ltd staff should assess risks as they deliver services; they should report and risk to participant and staff health and wellbeing as they emerge.

### 4. PROCEDURE

#### ***Responsibilities***

Safety and wellbeing are shared mutual responsibilities (see *Participant Rights and Responsibilities Policy and Procedure*). Cosmos Divine Care Pty Ltd and participants, their carers and their families should work together to provide a safe environment for workers.

Cosmos Divine Care Pty Ltd should:

clearly communicate and understand what services are to be provided.

assess additional services before delivery.

review an activity that may have changed to ensure the controls are still working or need to be altered.

document the daily monitoring of the service using various methods (e.g. a communication folder/book or electronically) particularly where there are several service providers or several community workers for a particular participant.

**Participants and/or carers** (and landlords – where appropriate) should:

maintain a safe work environment (e.g. repair broken steps, mow long grass, restrain animals, provide adequate lighting)

look after their own in-home safety (e.g. maintain electrical equipment and install smoke alarms and safety switches to switchboards)

cooperate with service providers and workers to ensure safe work procedures and a safe work environment (e.g. move furniture to allow adequate work space, use lifting equipment based on assessed needs)

keep their equipment safe, well maintained and in good order

inform service providers and others of any known hazards.

#### **Risk Assessment (Pre-service)**

Where Cosmos Divine Care Pty Ltd delivers services in participants' homes it will conduct an initial assessment of possible domestic hazards, prior to commencing service delivery.

The risk assessment will be conducted in consultation with (as appropriate):

participants,

their families and carers



landlords and other stakeholders  
other services providing supports, where possible.

Cosmos Divine Care Pty Ltd will see that adequate controls are put in place prior to commencing service delivery.

The risk assessment will follow the 5-step Risk Management Process (see *Risk Management Policy and Procedure*)

Identify hazards.

Analyse: Assess and prioritise risks.

Treat: Implement controls to eliminate or mitigate the risk.

Monitor and review: Continually monitor and evaluate the risks and treatments to maintain their effectiveness and appropriateness.

Report: Provide regular reports to the organisation and stakeholders. (Consultation should be carried out at each step of this process)

If the assessment shows that workers are exposed to significant risks, Cosmos Divine Care Pty Ltd will determine whether they need to modify or suspend that particular service until the risk has been adequately controlled. Participant advocacy groups are available to work with all parties to address the issues.

## **Risk Assessment (On-going)**

### ***Responding to changes***

Changes will sometimes occur which can affect workplace health and safety. Changes which may affect staff health and safety include the following:

### ***Changes in participant's health***

Illness, injury and other changes to a participant's health status, should be monitored as a potential source of risk to workplace health.

Staff should:

regularly monitor the participant's health status

inform their supervisor and initiate the need for a review of the care plan

reassess their activities to ensure the risks are controlled

discuss the need for changes with the participant and their families.

### ***Changes to the home environment***

A participant's home environment can change between visits. Changes may include:

positioning of furniture

inoperable electrical equipment

people or animals are now present

altered storage patterns

spills or leaks

new equipment or furniture

obstructed access.

Staff need to:

determine at each visit the safety of the participant's home as a workplace before commencing duties.

undertake a visual scan of the participant's home immediately on arrival, and of the equipment before use.

### ***Changes to service arrangements***

Changes to service arrangements could include:

changes in the service required

requested staff change by participant or by worker

changes in alternate service provider.

Where time does not allow normal assessment and planning, Cosmos Divine Care Pty Ltd will:

complete a provisional assessment

make interim arrangements

follow up with long-term arrangements.

Cosmos Divine Care Pty Ltd will indicate its expectations for managing risk prior to commencing service delivery.

## **Reporting incidents**

All incidents involving staff and participants will be reported as per the *Incident Management Policy*

and Procedure.

Reportable incidents include:

injuries to participants or workers

emergency situations

near miss incidents where there is no injury but requires preventative action.

Staff induction will include training in Cosmos Divine Care Pty Ltd's Incident Management procedures

Cosmos Divine Care Pty Ltd will include all incidents recorded in the *Incident Register* in its WH&S review as regulated in the *Internal Audit Schedule*.

### **Electrical equipment**

Staff should follow the *Electrical Safety Policy and Procedure* wherever possible.

Cosmos Divine Care Pty Ltd is responsible for the testing and maintenance of equipment it provides for use in participant homes. Staff should:

report faults and suspected faults immediately

treat Cosmos Divine Care Pty Ltd electrical equipment left in participant residences as detailed below.

Where Cosmos Divine Care Pty Ltd staff must use the participant's electrical installation and electrical equipment (i.e. power points, lights, extension leads etc), they should:

Visually inspect the electrical installation to satisfy themselves as to the electrical safety of the installation, paying particular attention to details such as damaged or missing parts and burning or discolouration of the electrical fittings in the installation (e.g. damaged light switch or cracked power point).

Avoid using the participant's electrical equipment (i.e. electric kettles, vacuum cleaners, extension leads etc) if possible, as Cosmos Divine Care Pty Ltd is not in control of the electrical condition of this equipment.

Connect participant equipment via a compliant safety switch. If the participant's residence is not fitted with a safety switch – or if uncertain – staff should use their own portable safety switch.

### **Hazardous substances/chemicals**

All chemicals are hazards that should be identified and managed.

There are a number of chemicals used in community service work,

particularly for cleaning, laundry and gardening tasks. Some of these chemicals may be hazardous with the risks increased in areas with poor ventilation (e.g. shower alcoves, ovens or small gardening sheds). The effects from exposure to hazardous substances can range from minor skin irritation to chronic diseases such as occupational asthma and various forms of cancer.

Disinfectants and cleaning solutions are a common cause of chemical injuries among workers in the home environment. Substances, like sodium hypochlorite (bleach) are an irritant and, in high concentrations, may cause burns to the skin, mucous membranes and eyes.

Where staff use chemicals supplies by participants, they should:

avoid using chemicals that have been decanted into another container

read the first aid information and precautions on the label before use;

note any adverse reactions to chemical use; and

consult with participant about replacing the product or designing the task where possible

report adverse reaction as an incident to be documented in the Incident Register

### **Medications**

Medications, with the exception of a few such as cytotoxic (anti-neoplastic) drugs, are not classified hazardous substances.

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

*End of policy document. Uncontrolled when printed.*

## 29. SERVICE EXIT POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.29.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure describe the process for the exiting of participants from Cosmos Divine Care Pty Ltd's service.

This policy and procedure apply to all potential and existing Cosmos Divine Care Pty Ltd participants, their family members and carers, and other relevant stakeholders.

### 2. POLICY

Participants have the right to terminate their service provision and any time, and this decision will not prejudice future access to the service.

Cosmos Divine Care Pty Ltd will collaborate with other services to enhance exit/transition planning to meet people's needs where appropriate.

Exit procedures will be fair, transparent, follow due process, uphold the rights of participants, and protect the safety and integrity of Cosmos Divine Care Pty Ltd staff, participants, programs, and services.

### 3. PROCEDURE

All participants shall be provided with appropriate:

Advice and support when exiting the service.

Referral to other services and links to the community (including those that will assist the participant's recovery and wellbeing);

Information relating to entering our services at a later date (this will also be provided to family members and other service providers involved in follow-up).

Prior to the participant's exit from Cosmos Divine Care Pty Ltd, the Director (or delegate), with the participant and family members/carers (if nominated by the participant) will review the outcomes of the service and support, as well as inform the participant of ongoing follow-up arrangements (if any).

All participants will be invited to complete a *Participant Exit Survey* upon exiting the service and will be offered the opportunity to have an informal interview with the Director (or delegate).

With the consent of the participant, carers and family members will be involved in exit planning and follow-up arrangements to ensure continuity of care.

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

*End of policy document. Uncontrolled when printed.*

### 30. DUTY OF CARE POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.30.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

#### 1. PURPOSE AND SCOPE

This policy and procedures outline Cosmos Divine Care Pty Ltd's duty of care responsibilities to its participants and other stakeholders.

This policy and procedure apply to all staff, contractors, and volunteers.

#### 2. RISK

Failure to provide clear direction on the prevention and management of care concerns could lead to under-reporting of care issues, inadequate responses, and below standard service provision. Direction around care concern prevention and management aims to drive a culture of rights facilitation for people with disability and continued service improvement and staff development.

#### 3. DEFINITIONS

**Dignity of risk** – Respecting each individual's autonomy and self-determination (or “dignity”) to make informed choices and calculated risks for themselves.

**Duty of care** – A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury. In the context of this policy, duty of care refers to Cosmos Divine Care Pty Ltd's responsibility to provide its participants with an adequate level of care and protection against foreseeable harm and injury.

**Care concerns** – are defined as acts or situations where a person's health and/or wellbeing is jeopardised because of a failure to meet an agreed minimum standard of care. Care concerns can be minor, moderate, or serious.

Minor care concerns are deficits in accepted care standards where the observed actions of a staff member, volunteer, contractor or person on placement, or general organisational practices are likely to pose a minor risk to the safety, wellbeing and quality of life of people with disability, if intervention does not occur. Minor care concerns may include, but are not limited to:

Poor attention to a person's grooming needs (e.g. nails dirty or untrimmed, teeth not brushed, clothing unclean, hair not combed etc)

Being distracted when interacting with person (e.g. talking on personal mobile, listening to portable music device, watching television etc)

Failure to participate with interest and enthusiasm in activities designed to foster a person's participation in the activities of daily living

Restricting opportunities for a person to act independently in the absence of any real safety concerns

Requiring reminders to meet deadlines for a person's appointments, day activities or work

Requiring reminders to maintain accurate records.

Moderate care concerns are deficits in care standards where the alleged actions of a staff member, volunteer, contractor or person on placement, or general organisational practices have placed the safety, wellbeing and quality of life of people with disability at moderate risk. Moderate care concerns may include, but are not limited to:

Frequently ignoring direction from the supervisor/manager regarding the support needs of a person

Persistently ignoring a person's dietary and hydration needs after clear instruction and training

Persistent teasing or making fun of a person

Taking unauthorised photos of a person

Requiring reminders and guidance to attend to a person's health needs.

Serious care concerns are breaches in care standards where the alleged

actions of a staff member, volunteer, contractor or person on placement, or general organisational practices have placed people with disability at significant risk or immediate danger of serious harm or have already caused the person with disability serious harm. Serious care concerns may include, but are not limited to:

Exposing the person to extreme safety risks

Witnessing an act of abuse or neglect without intervening and failing to make an immediate report of the abuse to the manager/supervisor  
Restricting a person's freedom of movement without authorisation  
Intentionally withholding food or drinks from a person for a considerable period of time  
Adding staff names to person's bank accounts or property without the approval of the person, and/or family or guardian.

#### 4. POLICY

Cosmos Divine Care Pty Ltd has a zero-tolerance policy towards abuse, harm, and neglect.

Cosmos Divine Care Pty Ltd has a duty of care to ensure that people with disability are not subject to any type of abuse, harm or neglect.

Cosmos Divine Care Pty Ltd has a moral and legal obligation to take all reasonable care in providing services and to meet appropriate standards of care. The appropriate standard of care is assessed on the action a reasonable person would take in a particular situation.

Duty of care is breached by failing to do what is reasonable or by doing something unreasonable that results in harm, loss or injury to another. This can be physical harm, economic loss or psychological trauma. Staff must use their professional skills and experience to decide what actions they should take in each situation of potential harm. Where possible, concerns should be discussed with the Director.

Duty of care must be balanced with an individual's dignity of risk.

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; and
- current professional standards about the issue.

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; and
- maintaining confidentiality.

#### 5. PROCEDURES

All Cosmos Divine Care Pty Ltd staff involved in participant care will at all times provide a standard of care that is reasonable and consistent with the policies and procedures outlined in this manual.

Staff will not carry out tasks requiring qualifications or training that they do not have.

Staff will promptly report concerns about the safety of participants (including environmental hazards) to the Director so that appropriate action can be taken. See Cosmos Divine Care Pty Ltd's *Incident Management and Preventing and Responding to Abuse Neglect and Exploitation Policies and Procedures*.

Participants will be encouraged to always make their own decisions regarding their care. This may require the support of other significant people as per the *Decision Making and Choice Policy and Procedure*.

In managing behaviours of concern staff will first ensure their own safety and the safety of others. No punitive action will be taken, and restraint will only be implemented in accordance with the *Positive Behaviour Support and Restrictive Practices Policy and Procedure*.

Participants have a right to complain about Cosmos Divine Care Pty Ltd services and they and their key support person/advocate should be alerted to the *Feedback, Compliments and Complaints Policy and Procedure* and external complaints bodies.

#### General Principles

People with disability are informed of their inherent human rights and are supported to exercise these rights.

People with disability have the right to participate in and contribute to the social, cultural, political, and

economic life of the community on an equal basis with others.

People with disability have the right to live free from abuse, neglect, intimidation, and exploitation.

People with disability have the right to be respected for their worth, dignity, individuality, and privacy.

People with disability have the right to realise their potential for intellectual, physical, social, emotional, sexual, and spiritual development.

People with disability have the right to have access to appropriate assistance and support that will enable them to maximise their capacity to exercise choice and control and realise their potential.

People with disability have the right to pursue any grievances with disability service providers without fear of the discontinuation of services or of recriminations or retribution from disability service providers.

People with disability are empowered to determine their own best interests, including the right to exercise informed choice and take calculated risks.

The cultural and linguistic diversity of people with disability is respected.

People with disability receive quality standards of care.

Intervention in the lives of people with disability occurs in the least intrusive way, with the smallest infringements on the fewest rights.

Services and supports are based on contemporary evidence-based best practice with a strong focus on person-centred approaches.

## **Responsibilities**

Cosmos Divine Care Pty Ltd's is responsible for:

- fostering a person-centred service culture which supports participants' safety and wellbeing

- establishing and maintaining a safe service environment

- providing staff with training and guidance on the prevention and management of care concerns and duty of care. This may include training and guidance in:

  - disability awareness.

  - relevant legislation, policies, procedures, and guidelines that may assist them in the delivery of direct support.

  - any individual processes and/or standards of support that the disability service provider has in place.

  - positive support practices and care concerns.

  - identifying and reporting allegations of abuse and deficits of care.

  - recording and reporting.

  - managing care concerns by:

    - providing appropriate guidance and training

    - providing appropriate supervision

    - conducting performance reviews and

    - taking disciplinary action where appropriate

    - reporting serious care concerns where they arise as per the Incident Management Policy and Procedure and Preventing and Responding to Abuse, Neglect and Exploitation Policy and Procedure

    - debriefing participants and staff after care concerns have occurred

    - conducting services reviews focusing on both the individual level and across the organisation.

    - analysing reported care concerns and developing corrective strategies

    - implementing reviewed corrective strategies

    - protecting the confidentiality of participant information as per the Privacy and Confidentiality Policy and Procedure.

Staff are responsible for:

- ensuring the safety and wellbeing of participants in their care.

- acting on duty-of-care guidance and training provided.

- providing feedback on care management strategies.

- identifying and recording potential improvements to care provided.

- discussing care preferences and potentials with the participant, family and carers.

- recording care preferences in the participant's file.

- discussing improvement to care with their manager.

- identifying possible care concerns and where possible, acting to prevent them.

- responding to care concerns as they arise.

- documenting care concerns and responses in the participant file and bringing them to the attention of their supervisor.

- modelling exemplary behaviours when supporting people with disability and interacting with other staff and care providers, including families and carers.

## Service culture

Cosmos Divine Care Pty Ltd will deliver person-centred services by ensuring:

- that participants are involved in making decisions and choices about all aspects of the support services they receive.
- that individual plans are in place that clearly document individual choices, needs, consent arrangements.
- that service delivery supports the participant's achievement of their goals.
- that services are delivered in an ethical, respectful, and safe manner that focuses on human rights.
- that services promote the wellbeing, inclusion, safety, and quality of life of people with disability.
- that interventions or safeguards implemented:
  - have been consented to;
  - are the least restrictive on the fewest rights; and
  - consider the person's particular goals, aspirations, interests, preferences, strengths, and capacities.

## Recording and reporting

**Moderate care concerns** may be Reportable Incidents if staff perceive that harm is done to the participant. Reportable Incidents should be reported to the NDIS Commission as per the *Incident Management Policy and Procedure*.

**Serious care concerns** are Reportable Incidents and should be reported to the NDIS Commission as per the *Incident Management Policy and Procedure*.

From 1 July 2020, if the concerns relate to conduct of a disability worker, it may also constitute notifiable conduct and require reporting to the Victorian Disability Workers Commission. See the *Incident Management Policy and Procedure* for further guidance.

Cosmos Divine Care Pty Ltd staff will record all care concerns and potential care concerns in the participant's file.

The Incident Register will be used to record:

- all participant incidents
- deficits in care and
- allegations of deficits in care.

Participant, family, and carer care suggestions will be recorded using the *Feedback and Complaints Form* and logged in the *Complaints Register*.

Any incident involving a person with disability that may constitute an offence should be reported to the Police. If it is safe, practical, and appropriate to do so, staff should simultaneously, or immediately after, consult their supervisor.

## Monitoring and Review

This policy and procedure will be reviewed at least annually, incorporating participant and other stakeholder feedback.

Cosmos Divine Care Pty Ltd's service delivery and satisfaction surveys will assess participant and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them, participant and other stakeholder satisfaction with Cosmos Divine Care Pty Ltd's complaints processes; and the extent to which participants feel safe and protected in their dealings with Cosmos Divine Care Pty Ltd.

Cosmos Divine Care Pty Ltd's Continuous *Improvement Plan* will be used to record and monitor progress of any improvements identified.

POLICY AMENDMENT RECORD		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 31. PARTICIPANT RIGHTS AND RESPONSIBILITIES POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.31.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>13<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

The purpose of this policy and procedure is to confirm Cosmos Divine Care Pty Ltd's commitment to participants' rights.

This policy and procedure apply to the Director, staff, students, contractors and volunteers and all potential and existing participants, their family members and other supporters.

### 2. POLICY

Cosmos Divine Care Pty Ltd respects and fully commits to upholding the rights of all people, including those with disabilities.

Cosmos Divine Care Pty Ltd is committed to ensuring its participants are made aware of their rights and responsibilities and supported to exercise them.

Cosmos Divine Care Pty Ltd acknowledges that people with disability have the same human rights as other members of the community and that the community has a responsibility to facilitate the exercise of those rights.

### 3. PROCEDURE

#### ***Statement of Rights***

Participants have the right to:

- fair treatment – regardless of gender, religion, disability, cultural and linguistic background, or age.
- honesty, respect, dignity and a regard for privacy and individuality.
- information and support to access services in the community.
- to be an active partner in the services provided.
- make informed decisions and choices about the services they receive.
- a safe, secure, and comfortable environment whilst using the service.
- quality services, appropriate to their needs and age.
- support that takes into account lifestyle and cultural differences
- pursue a grievance about the service and to have that grievance resolved in a timely and appropriate manner.
- have a support person/advocate/ally of their choice to represent them in matters relating to their support.

#### ***Statement of Responsibilities*** Participants have a

responsibility to:

- respect other people's rights to a safe, secure, and comfortable environment.
- treat other participants, staff and volunteers with fairness, honesty, and respect.
- respect other people's rights to privacy and confidentiality.
- follow the programs' policies and procedures as they relate to participants and access to support.

#### ***If you feel your rights are violated***

You can:

Speak directly to a staff member, or send them an email:

Phone: 0480 292 788

Email: [cosmosdivinecare@gmail.com](mailto:cosmosdivinecare@gmail.com)

Complain to the NDIS Commission:

- by phone on 1800 035 544

Complain to the Victorian DHHS:

- by email to [complaints.reception@dhhs.vic.gov.au](mailto:complaints.reception@dhhs.vic.gov.au)
- by phone on 1300 884 706 (cost of a local call)
- by post to  
Complaints and Privacy Unit  
GPO Box 4057 Melbourne, Victoria



3000

Complain to the Disability Services Commissioner:

- online at <http://www.odsc.vic.gov.au>
  - by phone on 1800 677 342 (free call)
- TTY service for people with hearing or speech difficulties: 1300 726 563  
From 1 July 2020, you can complain to the Victorian Disability Workers

Commission. Information can be found here <https://www.vdwc.vic.gov.au/making-complaints>

<b>POLICY AMENDMENT RECORD</b>		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 32. PREVENTING AND RESPONDING TO ABUSE, NEGLECT AND EXPLOITATION POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.32.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure outlines Cosmos Divine Care Pty Ltd's immediate response requirements following verbal assault, bullying, discrimination or racism or an allegation of physical or sexual assault that involves a participant.

For incident management and reporting, see the *Incident Management Policy and Procedure*. The aims of the policy and procedure are to:

- ensure timely and effective responses are taken to address immediate participant safety and wellbeing.
- support participants who have experienced physical or sexual assault.
- be accountable to participants for actions taken immediately and planned in response to their experience of an assault.
- ensure due diligence and responsibilities to participants are met; and
- hold perpetrators of physical and sexual assault accountable for their actions. This policy and procedure apply to staff, students, contractors, and volunteers.

### 2. DEFINITIONS

**Abuse** (in the context of this policy) – Verbal, physical and/or emotional mistreatment and/or lack of care of a person. Examples include sexual abuse and any non-accidental injury.

**Child abuse** – An act or omission by an adult that endangers or impairs a child's physical and/or emotional health and development. Child abuse can be a single incident but often takes place over time. Abuse, neglect and maltreatment are generic terms used to describe situations in which a child may need protection.

**Physical abuse:** When a child suffers or is likely to suffer significant harm from an injury inflicted by a parent/guardian, caregiver or other adult. The injury may be inflicted intentionally or be the consequence of physical punishment or the physically aggressive treatment of a child. Physical injury and significant harm to a child can also result from neglect by a parent/guardian, caregiver or other adult. The injury may take the form of bruises, cuts, burns or fractures, poisoning, internal injuries, shaking injuries or strangulation.

**Sexual abuse:** When a person uses power or authority over a child, or inducements such as money or special attention, to involve the child in sexual activity. It includes a wide range of sexual behaviour from inappropriate touching/fondling of a child or exposing a child to pornography, to having sex with a child.

**Emotional and psychological abuse:** Involves continuing behaviour by adults towards children, which erodes social competence or self-esteem over time. It occurs when a person engages in inappropriate behaviours, such as rejecting, ignoring, threatening or verbally abusing a child, or allowing others to do so.

**Racial, cultural and religious abuse:** Conduct that demonstrates contempt, ridicule, hatred or negativity towards a child because of their race, culture or religion.

**Neglect:** The failure to provide a child with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the child's health and development is, or is likely to be, significantly harmed.

**Abuser** – A person who mistreats and/or harms another person.

**Bullying** – Repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

**Child or Young Person** – Under the Children, Youth and Families Act 2005 (Vic), a person under the age of 17 years.

**Participant Incident** – an event or circumstance that occurred during service delivery and resulted in harm to a

participant.

**Exposure to domestic/family violence:** When children and young people witness or experience the chronic, repeated domination, coercion, intimidation and victimisation of one person by another through physical, sexual and/or emotional means within intimate relationships (Adapted from the Australian Medical Association definition).

**Child sex offender** – Someone who sexually abuses children, and who may or may not have prior convictions.

**Child protection** – The term used to describe the whole-of-community approach to the prevention of harm to children. It includes strategic action for early intervention, for the protection of those considered most vulnerable and for responses to all forms of abuse.

**Code of conduct** – A set of rules or practices that establish a standard of behaviour to be followed by individuals and organisations. A code of conduct defines how individuals should behave towards each other, and towards other organisations and individuals in the community.

**Disclosure** (in the context of this policy) – A statement that a child or person makes to another person that describes or reveals abuse.

**Discrimination** – treating a person less favourably than others in similar circumstances because of a personal attribute that has no relevance to the situation.

**Age discrimination** – Discrimination on the basis of age (regardless of age) or on the basis of age-specific characteristics or characteristics generally associated with a person of a particular age.

**Disability discrimination** – Discrimination on the basis of physical, intellectual, psychiatric, sensory, neurological or learning disability, physical disfigurement, disorder, illness or disease that affects thought processes, perception of reality, emotions or judgement, or results in disturbed behaviour, and presence in body of organisms causing or capable of causing disease or illness (e.g., HIV virus).

**Racial discrimination** – Discrimination on the basis of race, colour, descent or national or ethnic origin and in some circumstances, immigrant status.

**Sex discrimination** – Discrimination on the basis of sex, marital or relationship status, pregnancy or potential pregnancy, breastfeeding, family responsibilities, sexual orientation, gender identity or intersex status.

**Sexual harassment** – any form of unwanted, unwelcome or uninvited sexual behaviour that is offensive, humiliating or embarrassing.

**Domestic/family violence** – The repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s) or someone with who they have or have had an intimate relationship, including carers.

**Duty of care** – A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility Cosmos Divine Care Pty Ltd has to provide its participants with an adequate level of care and protection against foreseeable harm and injury.

**Independent Third Persons (ITPs)** – ITPs are volunteers trained by Office of the Public Advocate to assist people with a cognitive disability or mental illness during interviews, or when giving formal statements.

**Maltreatment** (in the context of this policy) – Physical and/or emotional mistreatment, and/or lack of care of a child or person. Examples include sexual abuse, the witnessing of family violence and any non-accidental injury.

**Mandatory reporting** – The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child is in need of protection from harm. In Victoria, the following people are mandated to report:

registered medical practitioner

nurse

midwife

person who is registered as a teacher under the Education and Training Reform Act 2006 or has been granted permission to teach under the Act

the principal of a government school or non-Government school within the meaning of the Education and Training Reform Act 2006

member of the police force

**Negligence** – Doing for failing to do something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.

**Notifiable conduct** (under the Victorian Disability Workers Commission) - means when a disability worker has:

practised as a disability worker while intoxicated by alcohol or drugs  
engaged in sexual misconduct while practising as a disability worker.

placed, or may place, the public at risk of harm because the disability worker has an impairment that detrimentally affects, or is likely detrimentally to affect, the disability worker's capacity to practise as a disability worker, or

placed, or is placing, the public at risk of harm because the disability worker practised, or is practising, as a disability worker in a manner that constitutes a significant departure from accepted professional standards.

**Offender or Perpetrator** – A person who mistreats and/or harms a child or person.

**Reasonable grounds** – See "Identification of Abuse, Neglect and Exploitation," below, for indicators which supply reasonable grounds for suspecting abuse has occurred.

**Sexual misconduct** (under the Victorian Disability Workers Commission) - Sexual misconduct encompasses a broad range of behaviours. Sexual misconduct includes when a disability worker has done any of the following:

- engaged in sexual activity with a person they are providing a service to, whether or not that person has given consent
- made sexual remarks about a service user
- touched a service user in a sexual way
- touched a service user in an intimate area without a clinical indication whether or not they give consent
- engaged in sexual behaviour in front of a service user.

Because there is frequently a power imbalance between disability workers and the person receiving the disability service, any sexual activity with a service user is sexual misconduct, even with their consent.

Engaging in sexual activity with a person to whom the disability worker has previously provided a service may also be sexual misconduct, depending on the circumstances.

**Voluntary (non-mandated) notification** – A notification to the Department of Human Services by a person who believes that another person is in need of protection, where the notification is made out of moral obligation, rather than legislative obligation. The person making the notification is not expected to prove the abuse, and the law protects the anonymity of the person making the notification.

### 3. POLICY

Cosmos Divine Care Pty Ltd is proactive in preventing the occurrence of abuse and neglect in its services and to its participants. This includes supporting the safety and security of people affected by family violence.

Physical and sexual assault are crimes against the person. Staff should be aware that many participants, including children, young people and people with a disability, are at greater risk of physical and sexual assault than the general population.

Cosmos Divine Care Pty Ltd has a moral, ethical and legal responsibility to ensure that all participants are safe in their care, and will provide training, resources, information and guidance to support this. Cosmos Divine Care Pty Ltd is committed to:

- ensuring that the health, safety and wellbeing of participants at the service is protected at all times.
  - fulfilling its duty of care obligations under the law by protecting participants from any reasonable, foreseeable risk of injury or harm.
  - ensuring that all staff, students and volunteers caring for participants at the service act in the best interests of the participant and take all reasonable steps to ensure the participant's safety and wellbeing at all times.
  - supporting the rights of all participants to feel safe, and be safe, always.
  - developing and maintaining a culture in which participants feel valued, respected and cared for.
  - encouraging active participation from parents/guardians and families at the service, and ensuring that best practice is based on a partnership approach with shared responsibility for participants' health, safety, wellbeing, and development; and
  - educating participants of their individual rights by including personal safety education programs within Cosmos Divine Care Pty Ltd services.
- Cosmos Divine Care Pty Ltd understands and complies with obligations under the Reportable Conduct

Scheme administered by the Victorian Commission for Children and Young People.  
Cosmos Divine Care Pty Ltd understands and complies with obligations under the Victorian Disability Workers Commission Mandatory Notifications Scheme.

#### 4. PROCEDURE

**NOTE: All instances of abuse, neglect or exploitation must be considered incidents reportable to the NDIS Commission and investigated as per the *Incident Management Policy and Procedure***

##### Responsibilities

Cosmos Divine Care Pty Ltd will:

- ensure that all staff are aware of, trained in, compliant with, and implement this policy.
- ensure the cultural needs of participants from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds are safeguarded through training in cultural competency.
- ensure that staff are trained to recognise and prevent/minimise the occurrence or recurrence of abuse, neglect, and exploitation of participants within a service delivery context.
- support staff to create an appropriate service culture in accordance with this policy and vision and values of the organisation.
- ensure there are systems in place to identify and remedy gaps which contributed to a participant experiencing abuse, neglect, or exploitation.
- ensure staff are trained in early intervention approaches where potential or actual abuse, neglect and exploitation of participants is identified.:
- promote a culture of no retribution for any person who reports abuse, neglect, or exploitation of a person with a mental illness and/or disability.
- ensure that staff advise participants, their families, and advocates about:
  - support services, which are equipped to identify abuse, neglect, and exploitation and able to refer individuals to appropriate specialist services; and
  - their right to pursue grievances and complaints and access to the criminal justice system.

The Director will ensure:

that any concerned person, including but not limited to, the person receiving services, another participant, relative, friend or person from the community is able to make a report or an allegation of abuse, neglect and exploitation, without fear of retaliation or retribution.

- that all Cosmos Divine Care Pty Ltd staff supporting participants are respectful of their rights and needs; and
- the requirement – to report the abuse, neglect or exploitation of participants to the relevant authority in line with the requirements of the Incident Reporting and Investigation Guideline – is implemented.

Cosmos Divine Care Pty Ltd staff will:

- support the creation a culture of no retribution for reporting of suspected abuse, neglect, or exploitation.
- support other staff to create an appropriate service culture in accordance with this policy.
- provide services to participants in a manner consistent with this policy.
- report all alleged or suspected instances of abuse, neglect and exploitation in accordance with this policy, as well as the *Incident Reporting Policy and Procedure*.
- cooperate with the investigation of any complaint or grievance relating to the provision of Cosmos Divine Care Pty Ltd services; and
- provide appropriate support to the person making the report.

##### Identification of Abuse, Neglect and Exploitation

Indicators of abuse include:

- a participant alleges that abuse has occurred, by a staff member, volunteer, another participant, or other person
- a staff member or volunteer observes or is told about the alleged abuse
- a staff member or volunteer suspects that abuse has occurred (for example, a participant may have unexplained injuries, a participant may be distressed or anxious, or clothes may have been ripped)
- a participant's behaviour changes significantly (this might include self-destructive behaviour, sleep

disturbances, acting-out behaviour, emotional distress, or persistent and inappropriate sexual behaviour) a participant complains of physical symptoms, or a staff member observes symptoms (this might include bruising, abdominal pain, sexually transmitted disease or pregnancy).

Where a staff member considers that a participant's behavioural changes or symptoms may be a result of abuse, they should report their concerns immediately to the Director or their supervisor.

NOTE: Cosmos Divine Care Pty Ltd distinguishes between inappropriate and appropriate touching, and between sexual misconduct and appropriate conversations about sexual support and family planning needs. Where Cosmos Divine Care Pty Ltd staff may need to make physical contact and/or have conversations with participants about sexual support and family planning needs, staff will ensure the following:

Participants are supported to understand their rights (see *Participant Rights and Responsibilities Policy*), what constitutes inappropriate behaviour (see *Staff Code of Conduct*, and further detail in this policy [*Preventing and Responding to Abuse, Exploitation, and Neglect*]), and their options for making a complaint (see *Feedback, Compliments, and Complaints Policy*)

Staff obtain specific, informed, and ongoing consent from the participant and documents this on the participants file (see *Assessment, Planning, and Review Policy*, *Participant Consent Form*)

Staff explain to participant and their representative the purpose of any physical contact and/or conversations on sexual support/ family planning and how it relates to the participant's assessment and case plan (which is also documented on participant files) (see *Assessment, Planning, and Review Policy*).

Staff will ensure that they work within the limits of their skill/ knowledge, and within the scope of the purpose of their work with the participant (see *Staff Code of Conduct*, relevant *Position Description*)

Staff will consult with their supervisor for guidance on appropriate risk assessment and mitigation measures, which may include but are not limited to: having a support person of the participant's choosing with them during the required contact and/or discussions (see *Risk Management Policy*, and *Participant Risk Assessment form*).

None of the above will act as an impediment to participants and/or their representatives lodging a complaint. Due process and reporting as per Cosmos Divine Care Pty Ltd policies will be followed in the event that a complaint is received.

### ***Responding to abuse, neglect and exploitation***

Allegations of abuse should always be treated seriously. The participant's feelings about themselves and their willingness to raise concerns in the future may be influenced by initial reactions to their allegation. If abuse is disclosed, or a staff member becomes aware of abuse, a helpful response may include:

listening carefully to and reassuring the participant

reassuring the participant who disclosed abuse that they did the right thing by telling someone about their concerns

asking the participant what can be done to make them feel safe, and explaining the actions you will take next.

Where Cosmos Divine Care Pty Ltd staff become aware of an allegation of abuse they must, so far as is possible:

immediately ensure the safety of the alleged victim and

prevent any further contact between the alleged victim and the alleged perpetrator. This may include reallocating staff or volunteers to alternative duties.

Where the alleged victim requires immediate medical attention, a medical practitioner or ambulance should be called, or the alleged victim taken to the nearest hospital accident and emergency department.

Where a staff member is the alleged perpetrator of abuse and requires medical attention, any medical practitioner called should be independent of the service where the alleged abuse took place.

### ***Where a participant is the alleged perpetrator***

Staff must consult with Police about whether to inform the participant of the report to Police. The police may want to interview the participant and take a statement. Participants with a cognitive disability must have an independent third person present during the interview, and this will be arranged by police. Where the participant is under the age of eighteen years, an independent person must be present during the police interview.

Staff must contact the service most directly responsible for the participant's care who will ensure that the participant has legal representation and is assisted during the investigation and hearing. (See also the *Incident Management Policy and Procedure*).

The incident should be reported to the NDIS Commission. ***Where a staff member is the alleged perpetrator***

If a staff member is accused or suspected of harming the participant, they should be removed from contact with all participants pending an investigation.

After reporting to the Police, the Director must be immediately notified of the report.

Depending on the nature of the allegation, the Director's response regarding the alleged perpetrator should comply with Cosmos Divine Care Pty Ltd's Human Resources Policy and Procedure. Responses include redirecting the staff member to alternate duties that do not involve direct participant care or standing the staff member down.

The incident should be reported to the NDIS Commission where a NDIS participant is the alleged victim.

Where the alleged victim is under 18 years of age, the incident must be reported to the Victorian Commission on Children and Young People, under their Reportable Conduct Scheme. Further guidance on notifying the Commission of alleged reportable conduct can be found in Cosmos Divine Care Pty Ltd's Incident Management Policy and Procedure.

From 1 July 2020, if the allegations involve notifiable conduct by a disability worker (whether registered or unregistered), the incident must be reported to the Victorian Disability Workers Commission. Please see the Incident Management Policy for further guidance on how to report.

#### ***Where a staff member is the alleged victim***

Allegations or assaults where a Cosmos Divine Care Pty Ltd staff member is the alleged victim should be dealt with in accordance with Cosmos Divine Care Pty Ltd's Incident Management Policy and Procedure.

The incident should be reported to the NDIS Commission where a NDIS participant is the alleged perpetrator.

#### **Notification of next of kin or guardian – all participants under 18 years and receiving disability services**

Cosmos Divine Care Pty Ltd must ensure that the next of kin or guardian is contacted.

The Director (or delegate) must explain the following to the next of kin or guardian:

- the nature of the allegation
- the standard procedure for reporting allegations to Victoria Police
- that it is a matter for the participant to decide whether or not to participate in the police investigation (Victoria Police may also provide this information)
- any action taken by staff since reporting the allegation.

The Director will ask the guardian or next of kin if they wish to be present at the interview – subject to Victoria Police advice and legal requirements.

#### **Participants over 18 years and receiving disability services.**

If over 18 years of age, the participant may decide whether or not to inform the next of kin of the allegations.

Where a participant with a cognitive impairment or mental illness decides *not* to advise the next of kin, it should be clearly documented how the participant demonstrated that they made an informed decision.

If the participant chooses to notify next of kin, Cosmos Divine Care Pty Ltd will assist the participant to make contact, if possible. If the participant is unable to make an informed decision

regarding contact and the participant does not have a guardian, the service provider should contact the next of kin as appropriate.

#### **Participants with a legal guardian**

Cosmos Divine Care Pty Ltd will ensure that the legal guardian is contacted.

Cosmos Divine Care Pty Ltd will explain the nature of the allegation, the standard procedure for reporting allegations to Victoria Police, that the participant may choose whether or not to participate in the police investigation and any action taken by staff since reporting the allegation (Victoria Police may also provide this information).

The guardian should be asked if they wish to be present while the participant's statement is being taken – subject to

Victoria Police advice and legal requirements.

### **Participants on a Care by Secretary order**

Cosmos Divine Care Pty Ltd will contact the participant's allocated case worker and explain the nature of the allegation, the standard procedure for reporting allegations to Victoria Police, that the participant may choose whether or not to participate in the police investigation and any action taken by staff since reporting the allegation (Victoria Police may also provide this information).

The case worker should be asked if they wish to be present while the participant makes their statement – subject to Victoria Police advice and legal requirements.

### **Participants on a family reunification order**

Cosmos Divine Care Pty Ltd will ensure that the next of kin or guardian is contacted (this is mandatory if the participant is under the age of 18).

Cosmos Divine Care Pty Ltd will explain to them the nature of the allegation, the standard procedure for reporting allegations to Victoria Police, that it is a matter for the participant to decide whether or not to participate in the police investigation and any action taken by staff since reporting the allegation (Victoria Police may also provide this information). The next of kin or guardian should be asked if they wish to participate in the interview – subject to Victoria Police advice and legal requirements.

### **Participants receiving child protection services who do not wish their next of Kin or guardian to be contacted.**

If the participant is a person under the age of 18 who does not wish their next of kin or guardian to be notified, this should be discussed with the departmental child protection director. A decision in relation to notification will need to consider factors including the participant's age and capacity, where they are living and their best interests. If necessary, legal advice should be sought, and if a decision is taken not to notify the next of kin or guardian, this must be clearly documented and placed on the participant's file.

### **Police Involvement: suspected criminal acts**

Where an immediate police response is required, call 000.

If a suspected criminal act has occurred, report the incident to Victoria Police.

The participant must consent to calling the Victoria Police, unless:

- the participant is under 18 years of age.
- the participant has a cognitive impairment.
- there is evidence aside from the participant's statements of a crime having been committed.
- the participant suffered serious harm.
- the participant's decision was made under duress.
- the participant or other service users are still at risk of violence or abuse.

Assist the participant to make an informed decision to participate in the Victoria Police investigation, by providing the following information to the participant:

- The matter will be or already has been reported to Victoria Police.
- The participant will be supported by the service provider throughout the investigation process.
- Victoria Police may investigate the incident.
- Police officers may want to interview the participant and take a statement. The participant may choose whether or not to participate in the police investigation.
- Victoria Police will decide whether or not to proceed with charging the alleged offender (police officers may be better placed to provide this information to the participant).

Where an incident has not been reported to Victoria Police, the incident investigation process required under this guide should still be followed (See *Incident Management Policy and Procedure*).

### ***Assisting Police Investigations***

#### **(The following are subject to specific directions from Police)**

While some discussion may be required to establish safety and a basic understanding of what has occurred, do not question the alleged perpetrator or victim.

Staff should preserve any physical or documentary evidence that may be critical to an investigation by Victoria Police or the service provider. This may require discussions with Victoria Police.

Where an alleged sexual abuse has just occurred, it may be appropriate to:



encourage the victim not to shower or change (if the victim feels they must shower or change, ask them to put the clothing they were wearing at the time of the incident in bags, which should be sealed, labelled and secured).

encourage the victim not to eat or drink until after Victoria Police have been contacted and provide further instruction.

where possible, lock the door to the room or restrict access to the area where the incident occurred so any physical evidence inside that area remains undisturbed.

If multiple participants witnessed the incident, participants should be separated where possible so as to minimise the risk that their evidence may be compromised before they are interviewed.

Victoria Police should be assisted in conducting their investigation. The investigation may involve police officers taking photographs of any physical injuries.

The police officer may need the carer/worker's assistance to explain this procedure to the participant. Cosmos Divine Care Pty Ltd staff should not assist the Victoria Police with participant interviews (see 'Independent Third Person', below)

### **Supporting the participant through the justice process**

Cosmos Divine Care Pty Ltd will assist the participant to access legal representation if required. If the participant has a designated case manager, Cosmos Divine Care Pty Ltd will contact the case manager to ensure that the participant is assisted during the investigation and hearing if required.

Service providers should support participants through the justice process, including police investigation, prosecution, and crimes compensation processes as appropriate. This may include:

Ensuring the participant has access to appropriate communication aides and tools to facilitate disclosures and the provision of evidence.

Ensuring the participant has access to an interpreter should they be from culturally or linguistically diverse backgrounds.

Ensuring the participant has access to a key support person of their choosing.

Alerting police to the need for an Independent Third Person or Independent Person and the participant's particular communication support needs, and the need for timely interviews to facilitate the recall of information.

Facilitating arrangements with police for interviews and examination of evidence.

Facilitating arrangements with specialist support services.

Working proactively with the participant to consider whether they will provide a witness statement, including making sure they understand they have time to make their decision if they are initially reluctant and the right to seek independent legal advice (in some instances Victoria Police may be better placed to provide this information).

### **Additional Participant Supports**

#### ***Parent, guardian or Independent Person***

If the participant is under the age of 18 years, a parent, plenary guardian or Independent Person must be present if they are going to give a statement.

#### ***Independent Third Person***

Police are responsible for arranging the Independent Third Person.

It is the responsibility of Victoria Police to contact the Independent Third Person

The role of the Independent Third Person is to:

assist in interviewing participants with a cognitive impairment or mental illness or who use an alternative form of communication, such as symbols, signs or facilitated communication. facilitate communication, ensure that the participant understands his or her rights, and to support the participant.

Cosmos Divine Care Pty Ltd staff should advise the Victoria Police if the participant may require an Independent Third Person.

Cosmos Divine Care Pty Ltd staff **should not** act as the Independent Third Person.

#### ***Victim Support Services***

Specialist victim support services including crisis care, counselling, advocacy, legal information, and advice, should be considered to aid the alleged victim.

## **Centre Against Sexual Assault (CASA)**

CASA should always be contacted in cases of alleged sexual abuse, **with participant consent**.

Participant consent to contact CASA should be obtained, provided they have the capacity to consent and are at least 18 years old.

Consent should be obtained from the participant's guardian or next of kin, where the participant does not have the capacity to consent or is under the age of 18 – **unless the alleged perpetrator is the participant's guardian**.

If the participant (or guardian on his or her behalf) does not consent to contacting CASA, and the participant has the capacity to make this decision, Cosmos Divine Care Pty Ltd will put in place other appropriate supports for the participant.

### ***Criminal injuries compensation and victim support***

Application for compensation from the Victims of Crime Assistance Tribunal may be pursued by the participant or their legal administrator after the incident has been reported to Victoria Police.

In relation to sexual abuse, a Centre Against Sexual Assault counsellor/advocate can support participants who wish to pursue compensation.

The alleged victim may also wish to contact:

Victims of Crime: <https://www.victimsofcrime.vic.gov.au/>

the Court Network on 1800 681 614 or at  
<http://www.courtnetwork.com.au/>.

### **A&TSI and CALD participants**

For participants who are from culturally and linguistically diverse communities or from Aboriginal and Torres Strait Islander communities, staff should consider referring the participant to specialist agencies or specialist staff for additional support.

### **Participants from Aboriginal and Torres Strait Islander communities**

Service providers should facilitate an integrated, holistic approach with other service providers, which may include accessing both mainstream and local Aboriginal and Torres Strait Islander support services. The participant may not want to access the Aboriginal services located in the local area where they reside. Where this is the case, staff should support the participant to access services outside of their local area. Appropriate services may include the Aboriginal and Torres Strait Islander Corporation Family Violence Prevention and Legal Service or the Victorian Aboriginal Health Service.

### **Use of an interpreter**

Where the participant uses a language other than English, an interpreter should be arranged as soon as practicable to interpret for the participant, police and other persons involved in the process. Contact the Victorian Interpreting and Translating Service (VITS) on (03) 9280 1955 (24 hours, seven days a week).

Some alleged victims may be reluctant to speak to an interpreter because they fear that what they say may be passed on to their local community. In this case, it is possible to request a telephone interpreter from another state, or to not disclose the alleged victim's name to the interpreter. When using an interpreter directly, consideration should be given to arranging an interpreter who is not associated with the participant or his or her immediate cultural community.

In the case of alleged sexual abuse, consideration should be given to the gender of the interpreter and any impact this may have on the alleged victim.

A sign language interpreter may be needed to assist in communication with a participant who is deaf. Interpreters can be obtained via the Victorian Interpreting and Translating Service (VITS).

For further information, refer to the Language Services policy and guide:  
<https://dhhs.vic.gov.au/publications/language-services-policy-and-guidelines>.

## **Culturally-specific Centre Against Sexual Assault services**

CASA should be contacted to arrange culturally-specific services for alleged victims from culturally and linguistically diverse communities.

### **Ongoing support**

Irrespective of gender, victims of sexual assault frequently experience negative outcomes including dissociation, posttraumatic stress disorder, depression and anxiety. Victims of physical assault also frequently experience shock, numbness, fear, depression and anxiety. In recognition of this, after an allegation of abuse, additional support and/or a review of supports provided to the participant may be required.

A quality of support review must also be undertaken by the Director for participants who are victims or alleged perpetrators of an assault. Agreed actions for the participant's immediate and ongoing needs must be recorded on the participant's care plan. This must include:

- steps being taken to assure the participant's safety and wellbeing in the future
- treatment or counselling the participant may access to address their safety and wellbeing
- modifications in the way services are provided (for example, same gender care or placement)
- how best to support the participant through any action the participant takes to seek justice or redress including making a report to Police
- providing direct support to participants to discuss the incident
- any ongoing risk management strategy required where this is deemed appropriate.

### **Debriefing for staff and participants**

Service providers are ultimately responsible for the welfare and support of their staff, including the appropriate provision of debriefing services.

#### ***Staff***

Cosmos Divine Care Pty Ltd will ensure:

- that staff who are witnesses or otherwise impacted by the event have access to additional management support or counselling where required.
- that people who are distressed following an abnormal event are facilitated in their recovery and helped return to their pre-incident level of functioning as soon as possible, for example by:
  - allocating a safe place for retreat,
  - giving staff the option of being immediately and temporarily relieved of their duties,
  - providing communication with families and
  - offering to organise transport home.

#### ***Participants***

Cosmos Divine Care Pty Ltd will ensure:

- that other participant, particularly witnesses to the alleged event, are supported.
- that the impact of the event on other participants and how they can be best supported is considered.
- that participant, and particularly witnesses, receive support or counselling, or other modifications to services, as appropriate, including:
  - allocating a safe place and
  - communicating with families.

In relation to a sexual abuse, CASA can provide assistance with debriefing and secondary consultation.

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

### 33. DECISION MAKING AND CHOICE POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.33.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

#### 1. PURPOSE AND SCOPE

This policy describes the process for ensuring participants are involved and participate as fully as possible in the decisions about the support they receive.

This policy and procedure apply to the Director, staff, students, contractors and volunteers and all potential and existing participants, their family members, and other supporters.

#### 2. RISK

Choice and control are fundamental values underpinning the NDIS and reflect the participant's right to autonomy. In practice, many things may interfere with the decision-making process and reduce the level of autonomy exercised. The obstacles are too numerous and specific to analyse effectively. The organisation should foster a general sensitivity to the values of choice and control and continually re-evaluate and improve assessment processes.

#### 3. POLICY

Cosmos Divine Care Pty Ltd is committed to ensuring all participants are involved in making decisions and choices about all aspects of the support services they receive from the organisation.

Participants should be the person making informed decisions and choices with regard to themselves and the services they receive.

All people have the right to maintain their personal, gender, sexual, cultural, religious, and spiritual identities, and the right to dignity of risk.

#### 4. PROCEDURE

The Director (or delegate) will advise participants/parents/guardians when making appointments for an Intake Interview and subsequent reviews that they are entitled to have an independent support person at the meeting to assist them in the decision-making process.

The Director (or delegate) will support participants/parents/carers to access any information they reasonably require enabling them to participate in decisions affecting participants' lives. This includes supporting their access to technology, aids, equipment, and services that increase and enhance their decision-making and independence.

The Director (or delegate) will be responsive to the changing needs, goals, aspirations and choices of participants and will communicate in appropriate formats to facilitate their informed decision-making and choice.

Where Cosmos Divine Care Pty Ltd is unable to meet the needs and goals of a participant or is not resourced to effectively meet the person's needs, the Director (or delegate) will refer the person to other relevant service providers or community-based organisations to facilitate their support needs.

The Director (or delegate) will act upon the outcomes of a participant/parent/guardian's input into decision-making.

Information about participants' rights, services and processes that impact them will be provided in a variety of formats where practicable to assist understanding, in order to support decision-making and choice.

#### ***Dignity of Risk***

Where a participant has the capacity for decision making, all options, risks and possible consequences must be discussed with them, and all relevant stakeholders involved in the decision-making process.

If a decision doesn't place anyone at risk of harm, staff are to comply with the decision.

Staff will support participants' access to information on which to base their decisions when they want to try new things or continue with options that may not have gone well in the past, including the benefits and risks, consequences and responsibilities to them and others.

All staff will be trained in responding to the needs of participants, participant decision making, dignity of risk and assisting participants to make informed choices in the least restrictive way, through formal induction and training processes as well as regular team meetings.

**Provision of Information**

Advice, notice or information will be offered in the language, mode of communication and terms that the participant is most likely to understand. Where possible, explanation should be given both verbally and in writing.

<b>POLICY AMENDMENT RECORD</b>		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

## 34. DOMESTIC AND FAMILY VIOLENCE POLICY

<b>Policy Code</b>	<b>CDC.34.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy describes the process for the safety and security of people affected by family violence.

This policy and procedure is primarily intended for use where family violence is suspected but not confirmed. Staff are to use this policy and procedure if they are concerned that a participant may be the victim of family violence.

This policy and procedure should be read in conjunction with the *Preventing and Responding to Abuse, Neglect and Exploitation Policy*.

This policy applies to all staff, students, contractors, and volunteers.

### 2. DEFINITIONS

**Family** – according to the *Victorian Family Violence Protection Act 2008*, ‘family’ covers:

- a person who is, or has been, the relevant person’s spouse or domestic partner
- a person who has, or has had, an intimate personal relationship with the relevant person
- a person who is, or has been, a relative of the relevant person
- a child who normally or regularly resides with the relevant person or has previously resided with the relevant person on a normal or regular basis
- a child or a person who has, or has had, an intimate personal relationship with the relevant person
- any other person whom the relevant person regards or regarded as being like a family member (e.g. Carer).

**Family violence** – the *Victorian Family Violence Protection Act 2008* defines family violence as behaviour by a person towards a family member of that person that is:

- physically or sexually abusive
- emotionally or psychologically abusive
- economically abusive
- threatening
- coercive

in any other way controlling or dominating the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

It also includes behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of behaviour referred to in these ways.

### 3. POLICY

Cosmos Divine Care is committed to supporting people who are experiencing domestic and family violence to be safe and access the appropriate services.

### 4. PROCEDURE

#### Indicators of family violence in an adult

- A person who is a victim of family violence might:
  - appear nervous, ashamed, or evasive
  - describe their partner as controlling or prone to anger
  - seem uncomfortable or anxious in the presence of their partner
  - be accompanied by their partner, who does most of the talking
  - give an unconvincing explanation of injuries that they or their child has sustained
  - have recently separated or divorced
  - be reluctant to follow advice
  - suffer anxiety, panic attacks, stress and/or depression
  - have a stress-related illness

have a drug abuse problem including dependency on tranquillisers or alcohol  
have chronic headaches, asthma and/or vague aches and pains  
have abdominal pain and/or chronic diarrhoea  
report sexual dysfunction  
have joint and/or muscle pain  
have sleeping and/or eating disorders  
have attempted suicide and/or have a psychiatric illness  
have gynaecological problems and/or chronic pelvic pain, and/or have suffered miscarriages  
have physical signs of violence such as bruising on the chest and abdomen, multiple injuries, minor cuts, injuries during pregnancy and/or ruptured eardrums  
have delayed seeking medical attention, or  
present with patterns of repeated injury or signs of neglect.

### **Responding to a concern**

*Please refer to the flowchart labelled Figure 10 below (from Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3, DHHS)*

Assess whether the person is willing to talk about their situation.

If the person is willing to talk about their situation, ask direct questions that can help you ascertain whether there may be family violence occurring.

If the responses to the prompting questions indicate that family violence is not occurring, you must respect this. The person might be experiencing family violence, but either not yet ready to talk about it, or not comfortable talking to you about it. It may also be possible that they are not experiencing family violence. Staff should inform the person about the help that is available should they ever experience family violence.

### **Responding to family violence**

If the person is in immediate danger, and the person is willing to receive assistance, refer to the Police and/or the Specialist Family Violence Service for a full assessment.

If the person is not in immediate danger and the person is willing to receive assistance, refer to the Specialist Family Violence Service for a full assessment.

Where the person is in immediate danger and not willing to receive assistance, discuss the situation with your supervisor and consider a referral to the Police.

If the person is not in immediate danger and not willing to receive assistance, staff should inform the person about the help that is available, and monitor the situation closely.

If children are involved and are at risk of significant harm, staff are to inform their supervisor and refer to Child Protection. Where the child is not at risk of significant harm, but there are concerns for their wellbeing, staff will make a referral to Child FIRST (check your local contact [here](#)). Staff are to ensure the processes in the *Preventing and Responding to Abuse, Neglect and Exploitation Policy* are followed.

### **Safety procedures**

#### ***Strategies to deal with people who are displaying aggressive behaviour.***

Follow the Participant Risk Assessment and Participant Safety Planning processes to remain safe.

Do not enter a property where you can hear signs of aggression or where there are additional unknown people in the house.

Clear the space as much as possible

Remove others from the scene

Speak to the participant in a clear, non-provocative manner

Give the person enough personal space

Use voice and eye contact to attempt to maintain the balance

Use diversion if possible – a change of focus, distraction, or interrupt train of thought.

Inform other staff as soon as possible

Call emergency response teams if needed (including police, ambulance, mental health response teams).

Protecting yourself and others from a violent attack is essential.

DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*



## 35. CLINICAL WASTE MANAGEMENT POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.35.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy and procedure ensure the safety of participants, staff and the general public by ensuring that waste produced in the delivery of services is appropriately managed.

This policy applies to all staff, volunteers and contractors involved in delivering supports that generate clinical waste.

This policy and procedure draw on *Clinical and Related Waste – Operation Guidance* (EPA, Vic: 2009), the *National Guidelines for Waste Management in the Health Industry* (National Health and Medical Research Council) and the *Industry Code of Practice for the Management of Clinical and Related Wastes 6<sup>th</sup> Edition* (Biohazard Waste Industry Australia and New Zealand, 2010).

### 2. DEFINITIONS

**Clinical waste** – (medical waste) waste generated in a clinical setting and that has the potential to cause sharps injury, infection or disease.

**Cytotoxic waste** – Cytotoxic waste is material that is, or may be, contaminated with a cytotoxic drug during the preparation, transport or administration of chemotherapy. Cytotoxic drugs are toxic compounds known to have carcinogenic, mutagenic and/or teratogenic (causing foetal and/or neonatal abnormalities) potential. Direct contact with cytotoxic may cause irritation to the skin, eyes and mucous membranes, and ulceration and necrosis of tissue. The actual pathway through which exposure occurs was still unknown, however dermal exposure has been suggested to be the main route of exposure. A clear relationship has been found between dermal exposure levels and direct sources of exposure for all tasks.

**General Waste** – waste that does not have the potential to cause sharps injury, infection or hazard. Such waste may be disposed of in the same way as domestic waste. This stream includes incontinence pads, sanitary waste, disposable nappies, saline, dextrin, oxygen masks, drained IV bags and tubing, gloves (not blood stained), napkins and sterile wraps.

**Pharmaceutical Waste** – pharmaceuticals or other chemical substances including expired or discarded pharmaceuticals, filters or other materials contaminated by pharmaceutical products. (see *Related Waste*)

**Related Waste** – Related waste includes:

Pharmaceutical waste: unused, unwanted or out-of-date medicines; sharps, packages or containers contaminated with pharmaceutical products – excluding those with only trace quantities (empty pill bottles) and saline, sugar and nutrient solutions and drips.  
Cytotoxic drugs.

**PPE** – Personal Protective Equipment

**Sharps** – Any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes hypodermic needles, intravenous sets ('spikes'), Pasteur pipettes, broken glass, and scalpel blades. Various hard plastic items, such as intact amniotic membrane perforators and broken plastic pipettes, also contribute to sharps.

### 3. POLICY

Clinical and related wastes can present risks in handling, storing, transporting and/or disposing for the following reasons:

the potential risk to personnel involved in the disposal of some of these wastes, and to the public, if it is not managed correctly; and  
the potential for pollution of the environment or visual offence if wastes are not disposed of properly.

Cosmos Divine Care Pty Ltd will minimise harm to the health and wellbeing of its staff, its participants and the general

public by complying with regulations concerning waste management. Specifically, Cosmos Divine Care Pty Ltd seeks to ensure:

the safety of its service delivery staff by providing them with the information, processes, and equipment needed for personal protection and the safe handling of hazardous materials.

the safety of participants, their families and carers, by building capacity to effectively manage clinical waste generated in their homes.

the safety of the general public by minimising the opportunity for the spread of disease and accidental injury arising from the handling and disposal of clinical waste.

the potential for environmental pollution is minimised by the correct disposal of hazardous chemicals.

the effectiveness of Cosmos Divine Care Pty Ltd's clinical management by reviewing and continually improving waste handling and safety processes.

#### **4. PROCEDURE**

##### **Responsibilities**

##### **Compliance Requirement**

Where services generate clinical waste, Cosmos Divine Care Pty Ltd is responsible to: work with service-delivery personnel to assess the risks associated with clinical wastes generated; ensure appropriate waste segregation, packaging, labelling and storage. ensure appropriate training for all staff involved in the generation and handling of wastes. ensure that appropriate clinical waste disposal methods are available to service-delivery personnel. develop an emergency plan to respond to clinical waste or hazardous substances issues and incidents (and, if implemented, to review and revise the plan as needed). supply staff with; appropriate Personal Protective Equipment; appropriate waste disposal materials and spills kits. information (where available) about participant risks regarding transmissible infections and hazardous substances in clinical waste. information about identifying, handling, transporting and disposing of all clinical waste streams generated in service delivery. information about emergency procedures, incident management, and use of spill kits appropriate to the risks and hazards presented by the clinical waste streams generated in service delivery. use licensed contractors for collection and transport of the waste, as appropriate verify that the relevant disposal facility is licensed to treat the waste. regularly audit the processes and procedures in place to deal with the waste to ensure that they remain effective.

##### ***Staff responsibilities***

Where services generate clinical waste, staff are responsible to understand the hazards presented by clinical waste; handle and dispose of clinical waste appropriately; appropriately store and use the PPE supplied. notify their supervisor where the clinical waste generated exceeds (or is likely to exceed) the equipment supplied; and report all incidents appropriately.

##### **Segregation and Labelling**

Specific waste streams must be managed in line with Victorian legislation, licensing, waste management contract and waste minimisation practices.

Waste should be segregated at the point of generation.

Waste streams are divided into the following categories for appropriate handling:

Clinical waste, including animal waste.

discarded sharps human tissue waste

laboratory and associated waste directly resulting from the processing of specimens.

Related waste, including chemical waste.

waste constituted by, or contaminated with, cytotoxic drugs human body parts.

pharmaceutical waste radioactive waste

General Waste

Where waste streams overlap, the most hazardous component should determine labelling and disposal: e.g., sharps that are contaminated with cytotoxic materials must be labelled and disposed of as cytotoxic waste (by high temperature incineration). If a waste stream is contaminated with human tissue waste or pharmaceuticals, all waste will require incineration.

Cosmos Divine Care Pty Ltd will ensure that all staff generating waste understand how to segregate materials through:

monitoring and training.

providing suitable containers, labels, and bags.

ensuring all waste can be easily, safely, and correctly segregated at the point of generation.

##### ***Labelling***

Clinical and related wastes must be properly segregated, packaged, labelled, handled and transported to minimise risk to waste handlers and the community, such as needle stick injuries and transmission of infectious diseases.

All sharps and other waste containers should meet the specific Australian Standards requirements. Clinical and related waste must be segregated and identified by following colour coding and markings:

Container labels must be displayed on at least two sides

### **General waste**

General waste is any waste that does not present a risk of infection or hazard.

General waste includes aprons, gowns and gloves, sanitary waste, napkins, and sterile wraps; oxygen masks, drained dialysis wastes, drained saline or dextrin IV bags, nasogastric feeding tubing; intravenous drip equipment that has not been contaminated with pharmaceuticals, hazardous chemical additives, such as cytotoxic or radioactive drugs – and from which sharps have been removed.

Incontinence pads and disposable nappies – Unless there is visible blood, incontinence pads and disposable nappies are not considered clinical wastes. Urine and faeces from patients undergoing therapy may contain drugs and their metabolic by-products. Disposal of these wastes to sewer is unavoidable and is not prohibited or restricted.

General waste should be handled in a manner consistent with domestic waste and disposed of at point of waste generation using domestic waste disposal facilities or flushed down domestic toilets into sewer lines.

Standard precautions should be taken as appropriate: gloves and other personal protective equipment as required; double bagging sanitary waste, incontinence pads and disposable nappies; flushing fluids with the toilet seat down to contain aerosols.

NOTE: Waste from patients known to have, or suspected of having a communicable disease is considered clinical waste. It is not possible to determine the extent and duration for which this waste remains infectious. It will depend on the infection, the state or type of the infection, the state or type of the disease and in some cases, the effect or specific treatment. Designating waste to this category should be based on consideration of the known modes of transmission of the microorganisms involved.

### **Clinical Waste**

Clinical waste means waste that has the potential to cause disease, including, for example, the following: animal waste discarded sharps human tissue waste laboratory waste.

#### ***Disposal of clinical waste***

All medical waste, other than sharps, must be placed in clearly labelled heavy-duty yellow plastic bags. Bags intended for domestic use are unsuitable for this waste.

Any bulk fluids should be emptied into domestic sewerage systems.

Clinical waste must be incinerated in a registered facility; collected for disposal by a person licensed for the collection and transport of medical waste.

#### ***Laundry***

To minimise the risk of disease transmission via exposure to contaminated linen, used linen or linen soiled with blood or other body substances should be handled, processed and disposed of in a manner that prevents exposure to skin and mucous membranes, contamination of clothing and transfer of microorganisms to other persons and the environment: used, soiled or wet linen should be bagged at the point of generation; linen that is heavily soiled with blood, other body substances or other fluids (including wet with water) should be bagged in clear leak-proof bags; linen bags should not be filled completely as this will increase the risk of rupture in transit and injury to bag handlers. used or soiled linen are not to be rinsed or sorted in patient care areas; domestic washing machines are only to be used to launder patients' personal items and only one patient's personal items can be washed per cycle.

### **Clinical Waste: Sharps**

All sharps pose a potential hazard and can cause injury through cuts or puncture wounds. Discarded sharps may be contaminated with blood, body fluid, microbiological materials, and toxic, cytotoxic or radioactive substances. There is disease potential if the sharp was used in the treatment of a patient with an infectious disease.

### **Safe handling of sharps**

It is important that all staff are aware of the inherent risk of injury associated with the use of sharps such as needles, scalpels and lancets. When handling sharps the following principles apply: the person using the sharp is responsible for its safe disposal.

dispose of the sharp immediately following its use and at the point of care; dispose of all sharps in designated puncture resistant containers that conform to relevant Australian Standards (AS/NZS 4261:1994 reusable; AS 4031:1992 non-reusable); dispose of sharps disposal containers when they are  $\frac{3}{4}$  full or reach the specified fill line, seal appropriately and place in the clinical waste stream. never pass sharps by hand between health care workers. if carrying a sharp is unavoidable, then it must be carried in a container such as a kidney dish, so as to minimise the likelihood of a sharp's injury. never recap used needles unless an approved recapping device is used; never bend, break or otherwise manipulate by hand a needle from a syringe.

### **Sharps containers**

Sharps containers must comply with AS4031/1992 or AS/NZS 4261:1994 and must: be designed and constructed to reduce the possibility of injury to handlers during collection and transport of sharps for disposal. be resistant to impact, penetration, and leakage; be stable, have integrity of the handles/other carrying features and closure device and have a capacity indicator (fill line) marked on the outside wall of the container; be strategically placed so as to minimise the distance sharps are carried to the disposal point. in non-clinical community settings, such as within a patient's home, be placed out of the reach of children (1.4m above the floor); be transported within a compartment in the car separated from the driver's compartment; and be transported to a hospital, community health centre or multi-purpose service for final disposal.

Reusable sharps containers must be readily emptied and cleaned before reuse.

Reusable sharps containers must not be used to store cytotoxic waste.

### **Related Waste: Cytotoxic**

Cytotoxic waste is material that is, or may be, contaminated with a cytotoxic drug during the preparation, transport or administration of chemotherapy. Cytotoxic residue is present in patients' bodily fluids. Cytotoxic waste includes: cytotoxic pharmaceuticals past their recommended shelf life, unused or remaining drugs in all forms, contaminated stock, and cytotoxic drugs returned from a patient contaminated waste from preparation processes sharps and syringes, ampoules and vials intravenous infusion sets and containers empty cytotoxic drug bottles cotton wool from bottles containing cytotoxic drug\_used HEPA or chemical filters and other disposable contaminated equipment contaminated personal protective equipment (for example – gloves, disposable gowns, shoe covers, respirators)\_swabs, cloths, mats and other materials used to clean cytotoxic contaminated equipment or to contain spills\_contaminated body substance receptacles (for example – disposable vomit bags) dressings, bandages, nappies, incontinence aids and ostomy bags\_heavily soiled and contaminated bedding that is determined to be disposed contaminated specimens from the laboratory.\_gloves, gowns, dosing cups and all equipment used in the preparation and administration of chemotherapy or anti-neoplastic drugs;\_napkins and other cleaning materials used to collect bodily fluid spills and wipe surfaces such as bed rails, toilet seats, grab rails which chemotherapy patients touch.

Cosmos Divine Care Pty Ltd will:\_advise staff where a participant is undergoing cytotoxic drug treatment provide appropriate spill kits;

provide information on the contents of a spill kit; provide written instructions on how to manage a spill in a home situation; provide precautionary information to carers who are pregnant or breastfeeding; provide the opportunity for staff members to opt-out of working with participants undergoing cytotoxic drug treatment on the basis of: pregnancy, planned pregnancy or breast feeding; illness and infectious disease; abnormal pathology results.

Staff caring for participants undergoing treatment with cytotoxic drugs will: avoid skin contact with the patient's body substances;

prevent generating aerosols when handling the patient's body waste dispose of waste, such as urine, faeces, vomitus, the contents of ostomy bags, incontinence aids and disposable nappies contain waste generated from drug administration in a dedicated container; keep waste containers secure and appropriately labelled; clean-up spills immediately using provided spill kits; transport cytotoxic waste in sealed containers in the boot (not cabin) of a vehicle.

### **Disposal of cytotoxic waste**

*Hard waste:* Cytotoxic waste generated in the home may include dressings, nappies, incontinence aids, ostomy bags, catheters, catheter bags and the like. Health care workers should bag these items (purple bag) and remove the bags following their visit. The waste should be disposed in a cytotoxic waste bin and taken back to the health care facility, in the boot of a vehicle, for disposal in a cytotoxic waste bin.

If waste consists of a mixture of cytotoxic and other waste it must be incinerated at the temperature recommended for cytotoxic waste.

In the absence of a health care worker, a patient or carer should dispose of the waste into a sealed plastic bag, then into the household rubbish.

*Soft waste:* Cytotoxic contaminated body waste – i.e., urine, faeces, vomitus, the contents of ostomy bags and the like – should be disposed of into a household toilet by using a full flush and with the lid down.

## **Laundry**

All linen should be handled with care, placed with minimal handling into leak-proof bags for transport to laundry facilities.

Grossly contaminated linen should be discarded as cytotoxic waste.

Recommended PPE:

gloves (double) coveralls / gowns  
respiratory protective equipment

Staff should, and should inform participants and their carers to: bag laundry at the location of use; wear two pairs of disposable gloves while sorting linen for laundering; unbag, sort and wash contaminated items separately; wash soiled linen at the maximum cycle and in hot or cold water, then line dry; put the gloves into a plastic bag, then into the household garbage.

Once laundered, contaminated linen can be reused.

## **Related Waste: Pharmaceutical**

Pharmaceutical waste may arise from:

pharmaceuticals that have passed their recommended shelf life; pharmaceuticals discarded due to off-specification batches or contaminated packaging.

pharmaceuticals returned by patients or discarded by the public; pharmaceuticals that are no longer required by the establishment; and

waste generated during the manufacture and administration of pharmaceuticals.

Non-hazardous materials such as normal saline or dextrin need not be considered as pharmaceutical wastes.

Excess stock of pharmaceuticals, either current or expired, may be returned to a relevant authority or collection centre for appropriate disposal or distribution. The disposal method depends on the chemical composition of the material. This must be checked with the manufacturer. The components must be interpreted/classified according to the known toxicity of the pharmaceutical involved, and the degree of contamination. If in doubt, consult the pharmacist.

## **Storage**

Clinical and related waste must be stored in a manner that is not offensive and that minimises the threat to health, safety or the environment.

Any waste mixed with clinical waste must be treated as clinical waste.

Where it is necessary to store clinical waste, Cosmos Divine Care Pty Ltd will provide an enclosed structure such as a shed, garage, cage, fenced area or separate loading bay to store waste.

Cosmos Divine Care Pty Ltd will ensure that provided storage areas: are cleaned regularly and to be kept free from odour and vermin are located away from food and clean storage areas, are inaccessible to the public, have rigid, impervious flooring; have a lockable door or, if not practicable, locks on all bins in the area; have, where practicable, loading and unloading space within the storage area; have clean up facilities, spills kits, appropriate drainage and bunding (i.e. retaining walls within the storage area to contain any material that has escaped).

## **Safe Work Procedures**

### ***Risk Assessment***

Cosmos Divine Care Pty Ltd will assess and document the risks to staff associated with participants in their care prior to commencing service delivery, by consulting data sheets for participant medications; considering procedures required and likelihood of staff exposure; considering the environment in which participant care will take place; using the Hazardous Substance Risk Assessment; and consulting with the relevant staff.

The *Hazardous Substance Risk Assessment* will be attached to the participant's file.

### ***Personal Protective Equipment (PPE)***

Cosmos Divine Care Pty Ltd will supply staff with PPE: suitable for the nature and degree of the identified hazard. recommended in applicable Safety Data Sheets (SDS).

Cosmos Divine Care Pty Ltd will ensure staff understand: the standard precautions (see the Infection Control Policy and Procedure); the hazards identified and the means of minimising risk; the proper selection, fitting (donning/doffing, or putting on/removing), storage and maintenance of PPE; the proper use of spill kits provided.

Cosmos Divine Care Pty Ltd will ensure – where possible – that all contractors, such as waste collectors, comply with all WHS and other legislative requirements, e.g., wearing appropriate PPE.

## **Spill Kits**

Clinical Waste Spill kit could contain broom mop and mop bucket. a large (10 litre) reusable plastic container or bucket with fitted lid, containing; 2 plastic general waste garbage bags for the disposal of any general waste; 2 Clinical waste bags for the disposal of Clinical waste; a pan and scraper; 5 granular disinfectant sachets containing 10,000 ppm available chlorine or equivalent; disposable rubber gloves suitable for cleaning detergent disposable cloths and sponges disposable overalls heavy duty gloves suitable for handling Clinical waste eye protection a plastic apron a mask (for protection against inhalation of powder from disinfectants, or aerosols generated from the spills). Waste spill sign incident report form.

Cytotoxic spill kits could contain mop and mop bucket large (10 litre) reusable plastic container or bucket with fitted lid, containing; 2 cytotoxic waste bags for the disposal of cytotoxic waste 2 pairs of disposable hooded overalls shoe covers long heavy-duty gloves latex gloves a mask (for protection against inhalation of powder from disinfectants, or aerosols generated from the spills). splash goggles absorbent towelling / absorbent spill mat 5 granular disinfectant sachets containing 10,000 ppm available chlorine or equivalent; a pan and scraper. waste spill sign incident report reform.

## **Spills**

### ***Blood or body substance spills***

Spot Cleaning Put on disposable gloves Wipe up spot immediately with a damp cloth, alcohol, or paper towel may be used. Discard contaminated materials in Clinical waste bag. Wash hands thoroughly other spills. Collect appropriate spill kit from designated location Wear disposable gloves, eyewear, mask and apron. Remove the bulk of the blood and body substances with absorbent material Use pan and scraper to scoop up absorbent materials and unabsorbed blood or body substances. Discard clinical materials in clinical waste bag for disposal Wash hands thoroughly. Mop the area with a detergent solution. Wipe the site with disposable towels soaked in a solution of 1% (10,000 ppm) available chlorine. Clean and disinfect pan, scraper, mop and bucket. Re-usable eyewear and apron should be cleaned and disinfected after use Replace any used items and return the spill kit to the designated location.

If a spill occurs on a carpeted area, mop up as much of the spill as possible using disposable towels then clean with a detergent. Arrange for the carpet to be shampooed as soon as possible.

### ***Cytotoxic Spills***

Do not use alcohol-based agents to clean cytotoxic spills as some drugs can bind to alcohol and increase the area of contamination. Use sodium hypochlorite (liquid bleach) or Milton tablets or solution where possible.

Recommended PPE: coveralls / gown/ gloves protective eyewear shoe covers respiratory protective equipment head covering.

Spills of cytotoxic materials should be immediately contained and cleaned using the following procedure: Collect cytotoxic spill kit from designated location Put out a sign to notify of potential hazard. Don a particulate (P2) respirator, then appropriate personal protective equipment Double glove with latex inner and heavy-duty outer gloves For liquid spills, wait a few seconds for aerosols to settle, then cover the spill using available absorbent material, taking care not to generate any splashes (aerosols).

Scrape up any broken glass and absorbent materials and place in cytotoxic waste bag. Mop the area with warm water. Detergent may be applied as a final step, washing from area of least contamination. Dry the affected area with absorbent towels or other suitable materials Remove shoe covers, outer gloves, disposable overalls, mask and goggles and place in waste bag/container Discard the contaminated cleaning waste into the cytotoxic plastic waste bag Seal waste bag and place in cytotoxic waste bin or have it collected in the usual manner. Wash hands and any exposed skin Complete an incident report. Replace any used items and return the spill kit to the designated location.

## **Incidents**

### ***Immediate response***

Penetrating injury/needlestick injury: Induce bleeding by gently squeezing. Wash promptly and thoroughly with soap and water

Mucosal Splash: Rinse copiously with water. If eyes are affected rinse while open with tap water or saline. If blood gets

in the mouth, spit out and rinse with water and spit out again. Repeat several times.

### **Cytotoxin Contamination**

#### *Clothing and personal protective equipment*

Immediately remove outer gloves, gown and any contaminated clothing Place disposable personal protective equipment in the cytotoxic waste bin Contaminated clothing should be bagged separately, machine washed separately and line dried Remove and dispose of inner gloves.

#### *Skin exposure*

Remove contaminated clothing as above. Wash the affected skin with soap and clean thoroughly with copious amounts of water

Report to supervisor immediately. Seek immediate medical advice and further medical attention as necessary.

#### *Penetrating injuries, skin and other body contact*

Wash the affected skin with soap and clean thoroughly with copious amounts of tepid water and do not scrub or create friction in the area of concern. Do not administer anaesthetic drops or ointments Report to supervisor immediately. Seek immediate medical advice and further medical attention as necessary Document incidents.

#### *Mucosal exposure*

Immediately flush the affected area (for example – eye) with an isotonic saline solution for at least 15 minutes – continuous irrigation may be facilitated with an intravenous infusion set connected to an intravenous normal saline.

Report to supervisor immediately. Seek immediate medical advice and further medical attention as necessary Document incidents.

### **Initial Evaluation**

Staff should attend an Accident/Emergency facility to assess their exposure to risk and appropriate treatment.

For initial and/or subsequent blood screening staff may choose to attend: Accident/Emergency Department / A Sexual Health Clinic/ General Practitioner.

### **Internal Reporting**

Staff should report all incidents internally to their supervisor. Report incident to Supervisor. Complete incident form. Complete WHSQ notification form (if required – see below). Return form/s to your supervisor immediately.

### **Notifying Incidents**

All incidents should be reported as per the *Incident Management Policy and Procedure*.

### **Incident recording, investigation and reviews**

All incidents will be recorded, investigated, and reviewed as per the *Incident Management Policy and Procedure*.

### **Review**

The Director (or delegate) will review processes for handling and disposal of clinical waste as per the *Internal Review and External Audit Schedule* or as circumstances change.

All reviews will be conducted in reference to an assessment of current risks and hazards; an audit of current practices and compliance; consultation with relevant staff; current legislation and regulations; relevant incident reports and complaints.

<b>POLICY AMENDMENT RECORD</b>			
DATE	BRIEF DESCRIPTION OF AMENDMENT	OF	AUTHORISED


*End of policy document. Uncontrolled when printed.*



## 36. CHILD SAFE POLICY

Policy Code	CDC.36.001
Person Responsible	Director – Cosmos Divine Care
Status (Draft/Released)	Released
Date Last Updated	27 <sup>th</sup> April 2023

### 1. PURPOSE AND SCOPE

This policy describes our commitment to child safety.

This policy and procedure should be read in conjunction with the *Preventing and Responding to Abuse, Neglect and Exploitation Policy*.

This policy applies to all Directors, staff, students, contractors, and volunteers.

### 2. POLICY

Our organisation is committed to child safety.

We want children to be safe, happy and empowered. We support and respect all children, as well as our staff and volunteers.

We are committed to the safety, participation and empowerment of all children.

We have zero tolerance of child abuse, and all allegations and safety concerns will be treated very seriously and consistently with our robust policies and procedures.

We have legal and moral obligations to contact authorities when we are worried about a child's safety, which we follow rigorously.

Our organisation is committed to preventing child abuse and identifying risks early, and removing and reducing these risks.

Our organisation has robust human resources and recruitment practices for all staff and volunteers.

Our organisation is committed to regularly training and educating our staff and volunteers on child abuse risks.

We support and respect all children, as well as our staff and volunteers. We are committed to the cultural safety of Aboriginal children, the cultural safety of children from a culturally and/or linguistically diverse backgrounds, and to providing a safe environment for children with a disability.

We have specific policies, procedures and training in place that support our leadership team, staff and volunteers to achieve these commitments.

Our organisation understands and complies with obligations under the Reportable Conduct Scheme administered by the Victorian Commission for Children and Young People.

If you believe a child is at immediate risk of abuse phone 000.

#### Our children

This policy is intended to empower children who are vital and active participants in our organisation. We involve them when making decisions, especially about matters that directly affect them. We listen to their views and respect what they have to say.

We promote diversity and tolerance in our organisation, and people from all walks of life and cultural backgrounds are welcome. In particular we:

promote the cultural safety, participation and empowerment of Aboriginal children

promote the cultural safety, participation and empowerment of children from culturally and/or linguistically diverse backgrounds

ensure that children with a disability are safe and can participate equally.

#### Our staff and volunteers

This policy guides our staff and volunteers on how to behave with children in our organisation.

All of our staff and volunteers must agree to abide by our code of conduct which specifies the standards of conduct required when working with children. All staff and volunteers, as well as children and their families, are given the opportunity to contribute to the development of the code of conduct.

## Training and supervision

Training and education is important to ensure that everyone in our organisation understands that child safety is everyone's responsibility.

Our organisational culture aims for all staff and volunteers (in addition to parents/carers and children) to feel confident and comfortable in discussing any allegations of child abuse or child safety concerns. We train our staff and volunteers to identify, assess, and minimise risks of child abuse and to detect potential signs of child abuse.

We also support our staff and volunteers through ongoing supervision to: develop their skills to protect children from abuse; and promote the cultural safety of Aboriginal children, the cultural safety of children from linguistically and/or diverse backgrounds, and the safety of children with a disability.

New employees and volunteers will be supervised regularly to ensure they understand our organisation's commitment to child safety and that everyone has a role to play in protecting children from abuse, as well as checking that their behaviour towards children is safe and appropriate (please refer to this organisation's code of conduct to understand appropriate behaviour further). Any inappropriate behaviour will be reported through appropriate channels, including the Department of Health and Human Services and Victoria Police, depending on the severity and urgency of the matter.

## Recruitment

We take all reasonable steps to employ skilled people to work with children. We develop selection criteria and advertisements which clearly demonstrate our commitment to child safety and an awareness of our social and legislative responsibilities. Our organisation understands that when recruiting staff and volunteers we have ethical as well as legislative obligations.

We actively encourage applications from Aboriginal peoples, people from culturally and/or linguistically diverse backgrounds and people with a disability.

All people engaged in child-related work, including volunteers, are required to hold a Working with Children Check and to provide evidence of this Check. Please see the [Working with Children Check](http://www.workingwithchildren.vic.gov.au) website <[www.workingwithchildren.vic.gov.au](http://www.workingwithchildren.vic.gov.au)> for further information

We carry out reference checks and police record checks to ensure that we are recruiting the right people. Police record checks are used only for the purposes of recruitment and are discarded after the recruitment process is complete. We do retain our own records (but not the actual criminal record) if an applicant's criminal history affected our decision making process.

If during the recruitment process a person's records indicate a criminal history then the person will be given the opportunity to provide further information and context.

## Fair procedures for personnel

The safety and wellbeing of children is our primary concern. We are also fair and just to personnel. The decisions we make when recruiting, assessing incidents, and undertaking disciplinary action will always be thorough, transparent, and based on evidence.

We record all allegations of abuse and safety concerns using our incident reporting form, including investigation updates. All records are securely stored.

If an allegation of abuse or a safety concern is raised, we provide updates to children and families on progress and any actions we as an organisation take.

## Privacy

All personal information considered or recorded will respect the privacy of the individuals involved, whether they be staff, volunteers, parents or children, unless there is a risk to someone's safety. We have safeguards and practices in place to ensure any personal information is protected. Everyone is entitled to know how this information is recorded, what will be done with it, and who will have access to it.

## Legislative responsibilities

Our organisation takes our legal responsibilities seriously, including:

**Failure to disclose:** Reporting child sexual abuse is a community-wide responsibility. All adults in Victoria who have a reasonable belief that an adult has committed a sexual offence against a child under 16 have an obligation to report that information to the police.

**Failure to protect:** People of authority in our organisation will commit an offence if they know of a substantial risk of child sexual abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so.

Any personnel who are **mandatory reporters** must comply with their duties.

Our obligations under the **Reportable Conduct Scheme**, whereby Cosmos Divine Care Pty Ltd must report any and all alleged reportable conduct by Cosmos Divine Care Pty Ltd employees, volunteers, or other in scope parties, to the Victorian Commission on Children and Young People, within the requisite timeframes. Failure to notify or update the Commission on reportable conduct is an offence under Victorian legislation. Further information on how to comply with the Reportable Conduct Scheme can be found in the Incident Management Policy and Procedure.

### **Risk management**

In Victoria, organisations are required to protect children when a risk is identified (see information about failure to protect above). In addition to general occupational health and safety risks, we proactively manage risks of abuse to our children.

We have risk management strategies in place to identify, assess, and take steps to minimise child abuse risks, which include risks posed by physical environments (for example, any doors that can lock), and online environments (for example, no staff or volunteer is to have contact with a child in organisations on social media).

### **Regular review**

This policy will be reviewed every two years and following significant incidents if they occur. We will ensure that families and children have the opportunity to contribute. Where possible we do our best to work with local Aboriginal communities, culturally and/or linguistically diverse communities and people with a disability.

### **Allegations, concerns and complaints**

A person will not commit this offence if they have a reasonable excuse for not disclosing the information, including a fear for their safety or where the information has already been disclosed.

Further information about the failure to disclose offence is available on the [Department of Justice and Regulation website](http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+disclose+offence)

<[www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+disclose+offence](http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+disclose+offence)>. Further information about the failure to protect offence is available on the [Department of Justice and Regulation website](http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+protect+offence)

<[www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+protect+offence](http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+protect+offence)>. Mandatory reporters (doctors, nurses, midwives, teachers (including early childhood teachers), principals and police) must report to child protection if they believe on reasonable grounds that a child is in need of protection from physical injury or sexual abuse.

See the Department of Health and Human Services website for information about [how to make a report to child protection](http://providers.dhhs.vic.gov.au/making-report-child-protection) < <http://providers.dhhs.vic.gov.au/making-report-child-protection>>.

Our organisation takes all allegations seriously and has practices in place to investigate thoroughly and quickly. Our staff and volunteers are trained to deal appropriately with allegations.

We work to ensure all children, families, staff and volunteers know what to do and who to tell if they observe abuse or are a victim, and if they notice inappropriate behaviour.

We all have a responsibility to report an allegation of abuse if we have a reasonable belief that an incident took place (see information about failure to disclose above).

If an adult has a **reasonable belief** that an incident has occurred then they must report the incident.

Factors contributing to reasonable belief may be:

a child states they or someone they know has been abused (noting that sometimes the child may in fact be referring to themselves)

behaviour consistent with that of an abuse victim is observed

someone else has raised a suspicion of abuse but is unwilling to report it

observing suspicious behaviour.

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

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### 37. DAILY PERSONAL ACTIVITIES: PARTICIPANTS WHO LIVE ALONE POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.37.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

#### 1. PURPOSE AND SCOPE

This policy and procedure seek to ensure the safety and well-being of NDIS participants receiving daily personal activities supports. This policy and procedure apply to the Director and all staff delivering daily personal activities supports. This policy and procedure apply only to NDIS participants who live alone and receive support with daily personal activities.

#### 2. RISK

The NDIS Commission has identified risks associated with the delivery of daily personal activities supports, particularly where NDIS participants live alone and:

- receive supports in their home;
- receive supports delivered by a sole support worker for an extended period of time (unaccompanied and unsupervised during support delivery);
- do not regularly receive face-to-face supports from other NDIS providers;
- have limited regular contact with relatives, friends or a support network;
- depend on equipment or another person to assist with their physical mobility;
- depend on another person to assist with communication;
- depend on equipment to facilitate communication or the use of communication devices.

Living alone and receiving support from a lone support worker heightens many significant risks, including neglect and abuse.

Where lone-worker supports are unavoidable or preferred by the participant, an appropriate risk management strategy will aim to regularly monitor the effectiveness of supports and will include ALL of the following:

- formulating this policy in compliance with NDIS requirements,
- conducting participant risk assessments that recognise and include these identified risks,
- rostering staff with regard to these identified risks (and in line with participant preferences) where possible),
- monitoring, supervising and training staff to ensure they can:
  - understand and implement duty of care requirements,
  - understand and respond to risk assessments and risk treatment plans,
  - identify and respond appropriately to changes in circumstances,
  - report significant changes and incidents effectively.

#### 3. POLICY

We recognise that participants who live alone face heightened risks when receiving daily personal activities supports.

We recognise that this risk increases where participants:

- have limited or no contact with other providers, relatives, friends and other supporters,
- depend on assistance from other people or equipment for their physical mobility and/or communication.

To ensure the safety and well-being of participants who live alone, we will take the following steps in consultation with participants.

Wherever possible, support with daily personal activities will not be provided by sole support workers to NDIS participants who live alone.

The participant risk assessment will include risks associated with NDIS participants receiving support

with daily personal activities. The risk assessment will consider all risks identified by the NDIS Commission relating to participants receiving daily personal activities supports.

A risk treatment plan for each relevant participant will be formulated:

The plan will reflect the NDIS Commission's requirements, this policy and, wherever possible, the participant's personal preferences.

The plan will be included in the participant's service agreement.

The plan will be implemented in line with the service agreement.

Implementation of the plan will be monitored.

## **4. PROCEDURE**

### **RISK MANAGEMENT**

#### **Risk Assessments**

For participants who live alone and require assistance with daily personal activities, intake assessments will consider the level of risk implied by the following:

How frequently the participant has face-to-face contact with:

other service providers.

relatives, friends, and other supporters.

Whether or not the participant depends on other people to assist with physical mobility or communication.

Whether or not the participant depends on equipment to assist with physical mobility or communication.

The assessment will consider the increased risk presented where more than one of the above risk categories apply.

#### **Risk Treatments**

Where assessments identify heightened risk to a participant, a plan to manage the identified risks will be developed, documented, implemented, monitored and reviewed.

At a minimum, the plan will include:

Process for selecting staff with suitable qualifications and worker screenings;

Processes for selecting support workers that include participants' input and preferences where possible;

Documented staff supervision processes (see STAFFING AND SUPERVISION, below);

Regular communication with participants including (as far as practicable) face-to-face communication with participants in their home;

Processes for engaging with other organisations providing support to the participant in their home or in accessing community-based activities (subject to the participant's consent to share information).

Processes to determine the frequency (appropriate to the participant's level of risk) with which communications, reports, reviews, feedback, and information sharing with other providers (and any other risk treatments) should be conducted.

The risk treatment plan will be included in the participant's service agreement.

A copy of the service agreement will be supplied to the participant.

A copy of the service agreement will be attached to the participant's file.

Where changes occur that could significantly impact provision of personal support:

the risk assessment will be promptly updated

a copy of the updated assessment will be provided to the participant

a copy of the updated assessment will be attached to the participant's file.

The risk treatment plan will be reviewed at intervals appropriate to the participant's identified risk.

### **STAFFING AND SUPERVISION**

Wherever possible, daily personal activities support will not be assigned to sole support workers. Where this is not possible, or at the direction of participants, sole support workers will be assigned only if:

a risk assessment has been conducted and an appropriate risk treatment plan formulated.

a written service agreement has been entered into with the participant (or has been prepared, a copy provided to the participant, and all reasonable efforts have been made to enter into the agreement with the participant);

there is a documented plan, appropriate to the participant's level of risk, to supervise and monitor sole support workers.

At a minimum, a documented plan for supervising the participant's support worker will include the following risk treatments. The frequency with which the following risk treatments are applied must be specified and appropriate to the participant's level of risk:

**Regular feedback:** Processes must be in place to regularly gather participant feedback to ensure that they are satisfied with the type, quality and frequency of personal support being provided.

**Regular communication:** Regular communication with participants, face-to-face (in-person) wherever possible, must be established to ensure that they are satisfied with the level of service received.

**Regular implementation review:** A person (other than the support worker) must visit the participant's home to ensure that the participant is satisfied that the standard of service delivery in line with the type, quality and frequency detailed in the service agreement.

**Regular supervision:** The support worker must receive regular supervision. Supervision includes a documented program that builds the support worker's capacity to identify the participant's risks and needs, respond appropriately and report as required.

**Regular monitoring by the supervisor:** The support worker's supervisor must regularly visit the participant's home to supervise the support worker in person.

**Regular reports:** Support workers must report regularly concerning the level of care and skill with which they are providing personal support to the participant.

**Management reviews:** The Director and senior management will review the support worker's reports to ensure appropriate standards of care are maintained.

**Timely responses:** The Director and senior management will take timely action to address any concerns identified in the support worker's reports.

**Record keeping:** Records of all participants to whom personal support is provided by a sole support worker will be kept, reviewed regularly, and updated as appropriate.

## **SERVICE AGREEMENTS**

Supports to the participant will be provided as per the service agreement. Service agreements may refer to supports other than daily personal activities support, as appropriate.

Service agreements will take into account the participant's risk factors. Service agreements will specify:

the participant's and provider's rights and obligations under the agreement.

the support worker's selection process, including the participant's role in the selection.

the procedure for reviewing support implementation by checking directly (in-person) with the participant that the agreement is being implemented to their satisfaction, including:

that a person (other than the support worker) will review implementation, the frequency with which these reviews will be conducted.

the plan to ensure that the support worker's performance is consistent with the agreement and the participant's safety and well-being by:

supervising the support worker (specifying frequency of supervision) and

monitoring the support worker's performance in-person in the participant's home, as far as practicable (specifying frequency of visits);

the means by which the provider will communicate with the participant, including (as far as practicable) face-to-face communication with the participant in the participant's home at a frequency appropriate to the participant's identified risk level;

the process for working with, and/or sharing information with, other organisations that provide services and supports to the participant.

DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*

#### 40. NDIS CONFLICT OF INTEREST POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.40.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>27<sup>th</sup> April 2023</b>

##### 1. PURPOSE AND SCOPE

This policy outlines the process Cosmos Divine Care Pty Ltd must take in managing any perceived or actual conflicts of interest in relation to the contracting and delivery of supports to participants of the National Disability Insurance Scheme (NDIS).

Cosmos Divine Care Pty Ltd is committed to ensuring that any potential conflicts of interest are identified and managed in a manner that ensures participants retain choice and self-determination in relation to the use of their funding and the integrity of the organisation is protected.

Under the NDIA Terms of Business, registered providers must not constrain, influence or direct decision making by a person with a disability and/or their family so as to limit that person's access to information, opportunities and choice and control.

This policy and procedure apply to all the Cosmos Divine Care Pty Ltd NDIS services.

##### 2. DEFINITIONS

**Conflict of Interest:** A conflict of interest may occur in the situation where Cosmos Divine Care Pty Ltd as a registered provider enters into a Service Agreement with a participant to deliver Plan Management, or Coordination of Supports and other funded supports included in a participant's plan.

##### 3. POLICY

Conflict can occur between the organisation's interest and the participant's interest. For example, a conflict of interest exists when an organisation is in a position to benefit by both managing a participant's plan *and* providing Support Coordination and other types of supports to a participant, when it may not be in the participant's best interests to receive both from the same provider.

A conflict of interest can occur when Cosmos Divine Care Pty Ltd, through their Plan Management or Support Coordination (where provided), refers the participant to another service offered by Cosmos Divine Care Pty Ltd when there are alternative organisations that provide the same type of service, and which may better meet the needs of the participant. In some locations there may be limited service options available, but the participant has a right to know what options are available to them.

In these circumstances, it is incumbent on Cosmos Divine Care to ensure participants are provided with transparent information and advice about the full range of options available to them, so they can exercise informed choice. There may also be occasions when a participant exercises their choice to receive both types of supports from the same organisation because they prefer to deal with a single provider or have an on-going trusting relationship with that provider. Once the participant makes an informed choice and the NDIA has been consulted where necessary, the conflict of interest will have been appropriately dealt with.

##### 4. PROCEDURE

###### *Managing Conflicts of Interest*

When a potential conflict of interest has been identified, and before a service quote or Service Agreement is developed, Cosmos Divine Care Pty Ltd must:

Advise the participant of the potential for a conflict of interest and explain how this can occur

Advise the participant of alternative options for receiving Plan Management, Coordination of Supports or other supports from different providers

All advice and information provided to a participant about support options (including those not directly delivered by Cosmos Divine Care Pty Ltd) will be transparent and promote choice and control

Ensure the participant understands the potential conflict of interest by asking them to explain in their own



words their understanding of what it means (this ensures informed consent)

Obtain the participant's consent to proceed with the service quote or Service Agreement by drawing to their attention the consent clause contained in the Service Agreement with Cosmos Divine Care Pty Ltd and the participant

It may be appropriate for the Director to contact the NDIA for advice before proceeding.

Cosmos Divine Care Pty Ltd will manage conflicts of interest as they arise in line with NDIS Operational Guidelines or pricing arrangements and guidelines.

Further:

- Staff providing Plan Management or Support Coordination will not have any role in the coordination of delivery of direct services for the participants they are supporting.
- Where Cosmos Divine Care Pty Ltd operates as a financial intermediary, systems will be in place to ensure funds that are allocated to participants remain independent of funds used for other organisational purposes and will only be used for the purposes intended. Clear guidelines will be in place regarding the allocation of NDIS funds, the independence of funds and the process of managing a participant's funds as stipulated in the participant's plan.
- Cosmos Divine Care Pty Ltd staff or volunteers will not accept any offer of money, gifts, services, or benefits that would cause them to act in a manner contrary to the interests of the participant.
- Cosmos Divine Care Pty Ltd or its staff or volunteers will have no financial or other personal interest that could directly or indirectly influence or compromise the choice of provider or provision of supports to a participant. This includes the obtaining or offering of any form of commission.

### **Recording a Conflict of Interest**

All identified conflicts of interest are to be reported to the Director who will record them in the Conflicts of Interest Register.

The Conflicts of Interest Register will document:

- The participants name;
- The participants NDIS number;
- The nature of the conflict of interest; and
- A summary of how the conflict was managed, including any advice from the NDIA.

The Register will be routinely reviewed.

<b>POLICY AMENDMENT RECORD</b>		
<b>DATE</b>	<b>BRIEF DESCRIPTION OF AMENDMENT</b>	<b>AUTHORISED</b>

*End of policy document. Uncontrolled when printed.*

## 41. NDIS CANCELLATION POLICY AND PROCEDURE

<b>Policy Code</b>	<b>CDC.41.001</b>
<b>Person Responsible</b>	<b>Director – Cosmos Divine Care</b>
<b>Status (Draft/Released)</b>	<b>Released</b>
<b>Date Last Updated</b>	<b>03<sup>rd</sup> April 2023</b>

### 1. PURPOSE AND SCOPE

This policy provides a framework for Cosmos Divine Care Pty Ltd's processes and obligations, should a participant's parent/guardian request a cancellation of services.

This policy and procedure apply to the Director, staff, students, contractors and volunteers and all potential and existing participants, their family members, and other supporters.

### 2. DEFINITIONS

**Cancellation** – Refers to an individual notifying Cosmos Divine Care Pty Ltd, in advance, that scheduled hours of service are not required or unable to be received. There are two categories of cancellation:

Short notice – where less than a minimum of 24 hours' notice is provided.

Reasonable Notice – where 24 hours or greater notice is provided.

**No Show** – Refers to an individual not attending or being unavailable without notice for a booked/scheduled service, or where the individual is not at the agreed location at the agreed time for the service.

### 3. POLICY

Cosmos Divine Care Pty Ltd is committed to transparent processes by which services can be cancelled. This policy complies with NDIA and NDIS Policy on the management of cancellation of services by a participant.

### 4. PROCEDURE

Our fees for cancelling or missing appointments will be charged in line with the current rules set by the NDIS Price Guide.

Individual NDIS Service Agreements, booking request and/or other confirmation documentation provided to participants/parents/guardians will outline requirements for service cancellation notification.

Where the participant attends for only part of the scheduled service, without notice, payment for the entirety of the booked service may be charged.

Where the participant fails without notice to attend for the planned service, Cosmos Divine Care Pty Ltd will make every effort to contact the participant and/or Carer/guardian to confirm the planned attendance.

Where notice is given with less than 24 hours (short notice), Cosmos Divine Care Pty Ltd will try where possible to offer and book the scheduled service to an alternative participant.

Where the service cannot be offered to an alternative participant, the hours of service may be forfeited by the original participant and Cosmos Divine Care Pty Ltd will be paid as per the scheduled fee as if the service had occurred.

For instances where Cosmos Divine Care Pty Ltd initiates the cancellation of a service due to operational reasons, the service will be rescheduled at no penalty to either party.

Should either party wish to end the Service Agreement they must give one month's notice. If either party seriously breaches this Service Agreement the requirement of notice will be waived.

All new Service Agreements between participants and Cosmos Divine Care Pty Ltd will include details of advice periods for cancellations and possible forfeit of the booked service.

#### **Notice Period before Scheduled Service Action Fee**

Where Reasonable Notice is provided, there will be no penalty and Cosmos Divine Care Pty Ltd will reschedule the service with the participant.

Where the participant provides Short Notice, the participant forfeits the service if it cannot be offered and booked to another participant and Cosmos Divine Care Pty Ltd is paid as if the Service occurred. As per scheduled service fee.

Where the participant provides No Notice (No Show) the participant forfeits the service and Cosmos Divine Care Pty Ltd is paid as if the Service occurred. As per scheduled service fee.

<b>POLICY AMENDMENT RECORD</b>		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

*End of policy document. Uncontrolled when printed.*