

Interactions with Participants Policy incorporating NDIS Practice Standards and Quality Indicators

Document Name	Document Version Number	Review Date
Interactions with Participants Policy	1.0.1	05/03/2026
Date Adopted	Policy	Status
12 th September 2019	13	Active

Purpose

To ensure the premises used for the National Disability Insurance Scheme as a Registered Provider of NDIS, for the National Disability Insurance Scheme - including Agency, Plan Managed and Self-Managed are always safe, appropriate and well maintained and meet the regulatory requirements of the NDIS Quality and Safeguards Commission. The policy is to guide the Managers/Providers when making decisions participants conditions within the service. The provider will ensure a focus on the relationships and interactions with participants are responsive, respectful and promote the Participants sense of security and belonging.

Scope

Includes: National Disability Insurance Scheme as a Registered Provider of NDIS, including Agency, Plan Managed and Self-Managed - on this premises and any premises used to conduct care. This includes Outside Service Providers, volunteers, participants and other visitors.

Volunteers and other visitors, requirements will include; a national provider registration system, NDIS Practice Standards, an NDIS Code of Conduct, a national worker screening system, a new complaints management and resolution system, new incident management requirements, including reportable incidents, new behaviour support requirements; to reduce and eliminate restrictive practices.

Owner

Manager/Provider trading as Kat's Care Services.

Responsibility

Manager/Provider

Definitions

Child: person under 18 years of age.

Direct Supervision: when a person is always present and is observing the conduct of the person under supervision and providing direction as required.

Outside Service Provider: services brought in from outside to assist in the care/needs of the provider and participants.

Manager/Provider: fully licensed NDIS provider in accordance with service policy and procedure.

Outside Service Provider: a self-employed provider engaged by the parent/guardian/participant/service, in addition to the service provided by the service.

Parent/Guardian: person legally responsible for child/participant.

Participant: person whom develops a plan with the NDIS to help access the supports needed.

Prohibited Person: a person convicted of a serious sex offence.

Volunteer: a person who works for an organisation for no money, in accordance with service policy and procedure.

Policy Content

The Service will:

1. Develop plans to ensure respectful and equitable relationships are developed and maintained with each participant.
2. Ensure that interactions with each participant are warm and responsive and build trusting relationships.
3. That participants can engage with Providers/volunteers including outside providers, in meaningful, open interactions, that support the acquisition of skills for life and learning.
4. Ensure that each participant is supported to feel secure, confident and included.
5. Ensure that each participant is supported to build and maintain sensitive and responsive relationships with other participants including adults.

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6. Ensure that each participant is supported to work with, learn from and help others through collaborative learning opportunities.
7. Ensure that each participant is supported to manage their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.
8. Ensure that the dignity, rights and cultural values of every participant, are always maintained.
9. Ensure that supports are person centred and that each participant accesses supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control.

Section 1: Rights and Responsibilities: *NDIS Practice Standards that set out the rights of participants and the responsibilities of providers that deliver supports and services to them.*

Person – Centred Supports

Outcome: Each participant accesses supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making. To achieve this outcome, the following indicators should be demonstrated:

1. Each participant's legal and human rights are understood and incorporated into everyday practice.
2. Communication with each participant about the provision of supports is responsive to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand.
3. Each participant is supported to engage with their family, friends and chosen community as directed by the participant.

Individual Values and Beliefs

Outcome: Each participant accesses supports that respect their culture, diversity, values and beliefs. To achieve this outcome, the following indicators should be demonstrated:

1. At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to.
2. Each participant's right to practice their culture, values and beliefs while accessing supports is supported.

Privacy and Dignity

Outcome: Each participant accesses supports that respect and protect their dignity and right to privacy. To achieve this outcome, the following indicators should be demonstrated:

1. Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant.
2. Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.
3. Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format.

Independence and Informed Choice

Outcome: Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided. To achieve this outcome, the following indicators should be demonstrated:

1. Active decision-making and individual choice are supported for each participant including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand.
2. Each participant's right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration.
3. Each participant's autonomy is respected, including their right to intimacy and sexual expression.
4. Each participant has sufficient time to consider and review their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review and exit.
5. Each participant's right to access an advocate (including an independent advocate) of their choosing is supported, as is their right to have the advocate present

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Violence, Abuse, Neglect, Exploitation and Discrimination

Outcome: *Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination. To achieve this outcome, the following indicators should be demonstrated:*

1. Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination.
2. Each participant is provided with information about the use of an advocate (*including an independent advocate*) and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation or discrimination have been made.
3. Allegations and incidents of violence, abuse, neglect, exploitation or discrimination, are acted upon, each participant affected is supported and assisted, records are made of any details and outcomes of reviews and investigations (*where applicable*) and action is taken to prevent similar incidents occurring again.

Section 2: Provider Governance and Operational Management: *These NDIS Standards set out the governance and operational management responsibilities for NDIS Providers.*

Governance and Operational Management

Outcome: *Governance and Operational Management-the participant is to be aware that their support is overseen by robust governance and operational management systems relevant (proportionate) to the size, and scale of the provider and the scope and complexity of supports delivered. To achieve this outcome, the following indicators should be demonstrated:*

1. Opportunities are provided by the governing body for people with a disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights.
2. A defined structure is implemented by the governing body to meet a governing body's financial, legislative, regulatory and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering supports to participants.
3. The skills and knowledge required for the governing body to govern effectively are identified, and relevant training is undertaken by members of the governing body to address any gaps.
4. The governing body ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS Quality and Safeguards Commission (*for example Agency requirements and guidance*), participants' and workers' needs and the wider organisational environment.
5. The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices.
6. The provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports.
7. There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.
8. Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies.

Risk Management

Outcome: *Risks to participants, volunteers, outside service providers, visitors and the provider are identified and managed. To achieve this outcome, the following indicators should be demonstrated:*

1. Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with provision of supports are identified, analysed, prioritised and treated.
2. A documented system that effectively manages identified risks is in place and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports provided.
3. Support delivery is linked to a risk management system which includes:
 - Incident Management
 - Complaints Management
 - Work Health and Safety
 - Human Resource Management
 - Financial Management
 - Information Management

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Governance and Operational Management
Emergency and Disaster Management

4. Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks.
5. Supports and services are provided in a way that is consistent with the risk management system.
6. Appropriate insurance is in place, including professional indemnity, public liability, and accident insurance.

Quality Management

Outcome: Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery. To achieve this outcome, the following indicators should be demonstrated:

1. A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery.
2. The provider's quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered.
3. The provider's quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers.

Information Management

Outcome: Management of each participants information ensures that it is identifiable, accurately recorded, current and confidential. Each participants information is easily accessible to the participant and appropriately utilised by relevant workers. To achieve this outcome, the following indicators should be demonstrated:

1. Each participant's consent is obtained to collect, use and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law.
2. Each participant is informed of how their information is stored and used, and when and how each participant can access or correct their information and withdraw or amend their prior consent.
3. An information management system is maintained that is relevant and proportionate to the size and scale of the organisation and records each participant's information in an accurate and timely manner.
4. Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction and disposal processes relevant and proportionate to the scope and complexity of supports delivered.

Feedback and Complaints Management

Outcome: Each participant has knowledge of and access to the providers complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well managed. To achieve this outcome, the following indicators should be demonstrated:

1. A complaints management and resolution system that is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows principles of procedural fairness and natural justice and complies with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.
2. Each participant is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a supportive environment for any person who provides feedback and/or makes complaints.
3. Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures, seeking of participant views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the provider's organisation.

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4. All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.

Incident Management

Outcome: Each participant is safeguarded by the providers incident management system, ensuring that incidents are acknowledged, responded to, well managed and learnt from. To achieve this outcome, the following indicators should be demonstrated:

1. An incident management system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system complies with the requirements under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.
2. Each participant is provided with information on incident management, including how incidents involving the participant have been managed.
3. Demonstrated continuous improvement in incident management by regular review of incident management policies and procedures, review of the causes, handling, and outcomes of incidents, seeking of participant and worker views, and incorporation of feedback throughout the provider's organisation.
4. All workers are aware of, trained in, and comply with the required procedures in relation to incident management.

Human Resource Management

Outcome: Each participant support needs are met by workers who are competent in their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support. To achieve this outcome, the following indicators should be demonstrated:

1. The skills and knowledge required of each position within a provider are identified and documented together with the responsibilities, scope and limitations of each position.
2. Records of worker pre-employment checks, qualifications and experience are maintained.
3. An orientation and induction process are in place that is completed by workers including completion of the mandatory NDIS Worker Orientation program.
4. A system to identify, plan, facilitate, record, and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.
5. Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.
6. The performance of workers is managed, developed, and documented, including through providing feedback and development opportunities.
7. Workers with capabilities that are relevant to assisting in the response to an emergency or disaster (such as contingency planning or infection prevention or control) are identified.
8. Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster.
9. Infection prevention and control training, include refresher training, is undertaken by all workers involved in providing supports to participants.
10. For each worker the following details are recorded and kept up to date:
 - their contact details.
 - details of secondary employment if any.

Continuity of Supports

Outcome: Each participant has access to timely and appropriate support without interruption. To achieve this outcome, the following indicators should be demonstrated:

1. Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.
2. In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role.
3. Supports are planned with each participant to meet their specific needs and preferences. These needs

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- and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expressed preferences.
4. Arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered by the provider.
 5. Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are:
 - explained and agreed with them; and
 - delivered in a way that is appropriate to their needs, preferences, and goals.

Emergency and Disaster Management

Outcome: Emergency and disaster management includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster. To achieve this outcome, the following indicators should be demonstrated:

1. Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster.
2. The measures include planning for each of the following:
 - a) preparing for, and responding to, the emergency or disaster;
 - b) making changes to the participants supports;
 - c) adapting, and responding, to changes to participants supports and to other interruptions.
 - d) communicating changes to participant supports to workers and to participants and their support networks.
3. The governing body develops emergency and disaster management plans (the plans), consults with participants and their support networks about the plans and puts the plans in place.
4. The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.
5. Mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster.
6. The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.
7. The governing body regularly reviews the plans and consults with participants and their support networks about the reviews of the plans.
8. The governing body communicates the plans to workers, participants, and their support networks.
9. Each worker is trained in the implementation of the plans.

Section 3: Provision of Supports:

Responsibilities of NDIS Provider when providing supports to participants.

Access to Supports

Outcomes: Each participant accesses the most appropriate supports that meet their needs, goals and preferences. To achieve this outcome, the following indicators should be demonstrated:

1. The supports available, and any access / entry criteria (including any associated costs) are clearly defined and documented. This information is communicated to each participant using the language, mode of communication and terms that the participant is most likely to understand.
2. Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and each participant's health, privacy, dignity, quality of life and independence is supported.
3. Each participant is supported to understand under what circumstances supports can be withdrawn. Access to supports required by the participant will not be withdrawn or denied solely because of a dignity of risk choice that has been made by the participant.

Support Planning

Outcomes: Each participant is actively involved in the development of their support plans, and that they reflect the participants needs, requirements, preferences, strength and goals, and are regular. To achieve this outcome, the following indicators should be demonstrated:

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1. With each participant's consent, work is undertaken with the participant and their support network to enable effective assessment and to develop a support plan. Appropriate information and access is sought from a range of resources to ensure the participant's needs, support requirements, preferences, strengths and goals are included in the assessment and the support plan.
2. In collaboration with each participant:
 - risk assessments is completed and documented for each participant's support plan, and
 - appropriate strategies are planned and implemented to treat known risks to them.
3. Risk Assessments include the following:
 - consideration of the degree to which participants rely on the providers services to meet their daily living needs;
 - the extent to which the health and safety of the participants would be affected if those services were disrupted.
4. Periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required.
5. Each support plan is reviewed annually or earlier in collaboration with each participant, according to their changing needs or circumstances. Progress in meeting desired outcomes and goals is assessed at a frequency relevant and proportionate to risks, the participant's functionality and the participant's wishes.
6. Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.
7. Each participants support plan is:
 - provided to them in the language, mode of communication and terms they are most likely to understand; and
 - readily accessible by them and by workers providing supports to them.
8. Each participant's support plan is communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies.
9. Each participant's support plan includes arrangements, where required, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services.
10. Each participant's support plan:
 - anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety health and wellbeing; and
 - is understood by each worker supporting them.

Service Agreements with Participants

Outcomes: *Ensure that each participant has a clear understanding of the supports they have chosen, and how they will be provided. To achieve this outcome, the following indicators should be demonstrated:*

1. Collaboration occurs with each participant to develop a service agreement which establishes expectations, explains the supports to be delivered, and specifies any conditions attached to the delivery of supports, including why these conditions are attached.
2. Each participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand.
3. Where the service agreement is created in writing, each participant receives a copy of their agreement signed by the participant and the provider. Where this is not practicable, or the participant chooses not to have an agreement, a record is made of the circumstances under which the participant did not receive a copy of their agreement.
4. Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements are in place with each participant and each specialist disability accommodation provider. At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:
 - a) How a Participant's concerns about the dwelling will be communicated and addressed.
 - b) How potential conflicts involving participant(s) will be managed.
 - c) How changes to participant circumstances and/or support needs will be agreed and communicated.
 - d) In shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation considered; and
 - e) How behaviours of concern which may put tenancies at risk will be managed, if this is a

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relevant issue for the participant.

5. Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster.

Responsive support provision

Outcomes: *Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals. To achieve this outcome, the following indicators should be demonstrated:*

1. Supports are provided based on the least intrusive options, in accordance with contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes.
2. For each participant (with their consent or direction and as agreed in their service agreement) links are developed and maintained by the provider through collaboration with other providers, including health care and allied health providers, to share their information, manage risks to them and meet their needs.
3. Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports.
4. Where a participant has specific needs, which require monitoring and/or daily support, workers are appropriately trained and understand the participant's needs and preferences.

Transitions to or from the provider

Outcomes: *Each participant experiences a planned and coordinated transition to or from the provider. To achieve this outcome, the following indicators should be demonstrated:*

1. A planned transition to or from the provider is facilitated in collaboration with each participant when possible, and this is documented, communicated, and effectively managed.
2. Risks associated with each transition to or from the provider are identified, documented and responded to, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health risk requiring hospitalisation.
3. Processes for transitioning to or from the provider (including temporary transitions referred to in subsection (2) are developed, applied, reviewed and communicated.

Section 4: Provision of Supports: *These NDIS Practise Standards set out the environment in which supports are to be provided to participants.*

Safe Environment

Outcomes: *Each participant accesses supports in a safe environment that is appropriate to their needs. To achieve this outcome, the following indicators should be demonstrated:*

1. Each participant can easily identify workers who provide supports to them.
2. Work is undertaken with each participant, and others, in settings where supports are provided (including their home), to ensure a safe support delivery environment for them.
3. Where relevant, work is undertaken with other providers (including health care and allied health providers and providers of other services) to identify and manage risks to participants and to correctly interpret their needs and preferences.
4. For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and the manner in which they express emerging health concerns.
5. To avoid delays in treatments for participants:
 - a) protocols are in place for each participant about how to respond to medical emergencies for them; and
 - b) each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).
6. Systems for escalation are established for each participant in urgent health situations.
7. Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants.
8. Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than their homes), particularly of frequently touched surfaces.
9. Each worker is trained, and has refresher training, in infection prevention and control standard

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- precautions including hand hygiene practices, respiratory hygiene and cough etiquette.
10. Each worker who provides supports directly to participants is trained and has refresher training in the use of PPE.
 11. PPE is available to each worker, and each participant, who requires it.

Participants Money and Property

Outcomes: *Participants money and property is secure, and each participant uses their own money and property as they determine. To achieve this outcome, the following indicators should be demonstrated:*

1. Where the provider has access to a participant's money or other property, processes to ensure that it is managed, protected and accounted for are developed, applied, reviewed and communicated. Participants' money or other property is only used with the consent of the participant and for the purposes intended by the participant.
2. If required, each participant is supported to access and spend their own money as the participant determines.
3. Participants are not given financial advice or information other than that which would reasonably be required under the participant's plan.

Management of Medication

Outcomes: *Each participant requiring medication is confident their provider administers, stores, records and monitors the effects of their medication and works to protect errors or incidents. To achieve this outcome, the following indicators should be demonstrated:*

1. Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication.
2. All workers responsible for administering medication understand the effects and side effects of the medication and the steps to take in the event of an incident involving medication.
3. All medications are stored safely and securely, can be easily identified, and differentiated, and are only accessed by appropriately trained workers.

Mealtime Management

Outcome: *Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences, and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable. To achieve this outcome, the following indicators should be demonstrated:*

1. Providers identify each participant requiring mealtime management.
2. Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:
 - a) undertaking comprehensive assessments of their nutrition and swallowing; and
 - b) assessing their seating and positioning requirements for eating and drinking; and
 - c) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
 - d) reviewing assessments and plans annually or in accordance with the professional advice of the participants practitioner, or more frequently if needs change or difficulty is observed.
3. With their consent, each participant requiring mealtime management is involved in the assessment and development of mealtime management plans.
4. Each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
5. Each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would be reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.
6. Mealtime management plans for participants are available where mealtime management is provided to them and are easily provided to them and are easily accessible to workers providing mealtime management to them.
7. Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:

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- a) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
 - b) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – proactively manage those risks.
8. Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans.
 9. Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.

Management of Waste

Outcomes: *Each participant, worker including volunteers, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports. To achieve this outcome, the following indicators should be demonstrated:*

1. Policies, procedures, and practices are in place for the safe and appropriate storage, handling and disposal of waste and infectious or hazardous substances (including used PPE), and each policy, procedure and practice comply with current legislation and local health district requirements.
2. All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated, and reviewed.
3. An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required.
4. Each worker involved in the management of waste, or infectious or hazardous substances, is trained in the safe and appropriate handling of the waste or substances, including the use of PPE or any other clothing required when handling waste or substances.

High Intensity Daily Personal Activities Module: *These NDIS Practise Standards set out the responsibilities of NDIS providers when providing supports and services to participants – see below.*

Complex Bowel Care

Outcome: *Each Participant requiring complex bowel care receives appropriate support relevant (proportionate) to their individual needs. To achieve this outcome, the following indicators should be demonstrated:*

1. Each participant is involved in the assessment and development of the plan for their complex bowel care management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
2. Appropriate policies and procedures are in place, including a training plan for the Provider (where applicable) and Outside Service Providers, that relate to the support provided to each participant receiving complex bowel care.
3. All workers working with a participant requiring complex bowel care have received training, relating specifically to each participant's needs, type of complex bowel care and high intensity support skills descriptor for providing complex bowel care, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex bowel care.
 - a) A bowel Care Plan will be developed and overseen by the Health Practitioner for the Participant and provided to the Provider. Minimum plan requirements include information on stool appearance for the participant; how to identify symptoms that require action, timing of intervention (how long before action is taken) and the action required.
 - b) The provider will support care of the participant with Complex Bowel Care and assist day to day management/monitoring in a support worker role, under the guidance of an Allied Health Professional assigned to the participant.
 - c) The Provider will support the Outside Service Providers and other involved in providing supports to follow personal hygiene and infection control procedures, recognising the intense personal nature of this type of support and ensure consent for the approach where applicable.

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- d) The provider will record and record bowel habits, administer laxatives and identify when to seek medical help.
- e) The participant will engage Outside Service Providers – Nursing Services to administer enemas or suppositories according to their procedure and identify when to seek medical advice.
- f) The participant will acknowledge that high intensity support work includes the administration of non-routine medication as required, this will need to be written up as per Medication Policies and Procedures for all medications to be administered whether regular and/or PRN.
- g) **All advanced nursing** - will be completed by Outside Service Providers, such as Endorsed Enrolled Nurse and/or Registered Nurse as per Doctors direction and will be employed and paid for by the Participant or their family/guardian on their behalf.
- h) **All advanced nursing - will be completed by Outside Service Providers, such as Endorsed Enrolled Nurse and/or Registered Nurse** as per Doctors direction and will understand basic anatomy of the digestive system, importance of regular bowel care including:
 - i) Stool characteristics indicating healthy bowel functioning and related signs and symptoms.
 - j) Basic understanding of related conditions including autonomic dysreflexia; symptoms/indications of need for intervention and when to refer to a health practitioner ie: overflow, impaction, perforation, infection, understanding of intervention options and techniques including administration of enemas and suppositories, digital stimulation, massage and comply with industry related guidelines and procedures, nutrition and hydration requirements as per Australian Health Practitioner Agency (APHRA) training and guidelines.
- k) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently – same to be provided to the Provider and kept in the participants portfolio.
- l) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

Enteral (Naso-Gastric Tube – Jejunum or Duodenum) Feeding and Management

Outcome: *Each participant requiring enteral feeding and management receives appropriate nutrition, fluids and medication, relevant and proportionate to their individual needs. To achieve this outcome, the following indicators should be demonstrated:*

1. Each participant is involved in the assessment and development of the plan for their enteral feeding and management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing via a Care Plan (or similar) – **same is to be provided to the Provider and kept in the participant's portfolio.**
2. Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant who has enteral feeding needs.
3. All workers working with a participant who requires enteral feeding have completed training, relating specifically to each participant's needs, type and method of enteral feeding and regime, and high intensity support skills descriptor for enteral feeding, as described in the NDIS Quality and Safeguards Commission Practise Standards - delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for enteral feeding.
 - a) A mealtime preparation and delivery plan that has been developed is overseen by a health practitioner (and may include more than one health practitioner ie: dietician, speech therapist, occupational therapist).
 - b) **If a plan is not provided the participant, parent/guardian needs to authorise the Provider to seek same via the above Health Practitioners or provide written documentation as soon as possible.**
 - c) **The Provider is not responsible for participants, their parents/guardians or health practitioners refusing access to Care Plans – and must understand this puts the participant at risk – same to be notified to the NDIS Commission.**
 - d) Supporting a person who is reliant on Percutaneous (PEG) feeding can be part of a general support worker role- Provider (Cert IV Nursing). However, a person reliant on a Nasogastric (NG) feeding has complex health issues and will require a suitably trained Endorsed Enrolled Nurse (EEN) or Registered Nurse (RN) with suitable insurances and paid for by the participant/parent or guardian via Agency, Plan-Managed or Self-Managed invoicing.

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- e) A need for high intensity support is also indicated when other factors are present ie: dislodging feeding tube; high risk of choking; aspiration – this can include people with severe epilepsy, severe dysphagia; people who are unable to care for themselves; people with complex communication.
- f) The length of mealtime assistance can provide an indication of the intensity of support required. This activity overlaps with mealtime assistance.
- g) Note at times this training is via family, with a Care Plan in place to guide/demonstrate requirements.
- h) Any conflicts to the recommendation of family/guardian or Medical Practitioner are directed to the General Practitioner and Specialists and/or NDIS Commission if concerns relate to the primary care not being addressed or compromised.
- i) Providers and Outside Service Providers involved in providing supports to follow personal hygiene and infection control procedures; confirm need and consent for enteral feeding, introduce food via tube according to plan provided, monitor rate and flow of feeding and take appropriate action to adjust if required.
- j) Providers and Outside Service Providers will keep the stoma area clean and monitor and report infection, check the tube is correctly positioned, monitor equipment operation, follow procedures to respond to malfunction (PDF) ie: blockages, follow procedures to document a request to review mealtime plan where required (direct same to Specialist via email and cc family/guardian), liaise with health practitioners to explain/demonstrate requirements (hospital staff), recognise and respond to symptoms that could require health intervention ie: reflux, unexpected weight gain/loss, dehydration, allergic reaction, poor chest health.
- k) Replacement of Nasogastric (NG) tubes is high risk and should be done by a health practitioner and positioning checked via x-ray at hospital.
- l) In some cases, support workers, support workers (Provider) may respond when a PEG tube becomes dislodged, this can only be done when the balloon device is in position and stable (Mic-key button), after the initial tube is replaced by a balloon device, and there is active oversight by a practitioner, and consent via practitioner, parent or guardian.
- m) Parents/Guardians are to provide backup Mic-key Low-Profile Gastrostomy Feeding Tube for extended stays – sealed in original box – same to be returned if not required.
- n) Providers and Outside Service Providers supporting enteral feeding have knowledge of basic anatomy of the digestive system, equipment components, function, cleaning and maintenance procedures; stoma care requirements and procedures; awareness of risks associated with departing from plan and ability to explain these risks to others.
- o) Provider will ensure that Outside Service Providers providing high intensity support has knowledge of the impact of associated health conditions and complications that interact with enteral feeding ie: related to cardiac or respiratory disorders; very complex physical disability; severe epilepsy; symptoms that indicate the need for intervention ie: poor chest health, dehydration, reflux, factors that may require immediate adjustment ie: rate, flow and quantity of food.
- p) When working with people who have very complex physical disability, workers also need training in positioning and turning to maintain airway safety and avoid choking risk and in pressure care.
- q) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently – same to be provided to the Provider and kept in the participants portfolio.
- r) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

Severe Dysphagia Management

Outcome: Each participant requiring severe dysphagia management receives appropriate support that is relevant and proportionate to their individual needs and preferences. To achieve this outcome, the following indicators should be demonstrated:

1. Providers identify each participant requiring severe dysphagia management.
2. With their consent, their individual severe dysphagia management needs are assessed by appropriately qualified health practitioners, including by practitioners conducting regular and timely reviews if needs change or difficulty is observed.
3. Each participant requiring severe dysphagia management is involved in the assessment and development of their severe dysphagia management plan. The plan identifies:
 - a) Their individual needs and preferences (such as for food, fluids, preparation techniques and feeding

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- equipment); and
- b) How risks, incidents and emergencies will be managed to ensure their wellbeing and safety, including by setting out any required actions and plans for escalation.
4. Appropriate policies and procedures are in place in relation to the support provided to each participant requiring severe dysphagia management, including training plans for workers supporting them.
 5. Each worker responsible for providing severe dysphagia management to participants has received training, relating specifically to each participants needs, managing and severe dysphagia related incident and the high intensity support skills descriptor for severe dysphagia management, delivered by an appropriately qualified health practitioner with expertise in severe dysphagia management.
 - a) A mealtime preparation and delivery plan that has been developed is overseen by a health practitioner (and may include more than one health practitioner ie: dietician, speech therapist, occupational therapist).
 - b) If a plan is not provided the participant, parent/guardian needs to authorise the Provider to seek same via the above Health Practitioners or provide written documentation as soon as possible.**
 - c) The Provider is not responsible for participants, their parents/guardians or health practitioners refusing access to Care Plans – and must understand this puts the participant at risk – same to be notified to the NDIS Commission.**
 - d) All advanced nursing will be completed by Outside Service Providers such as Endorsed Enrolled Nurse or Registered Nurse employed and paid for by the Participant or their family/guardian on their behalf and agreed on by the participant.
 - e) When working with people who have very complex physical disability, workers also need training in positioning and turning to maintain airway safety and avoid choking risk and in pressure care.
 - f) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently – same to be provided to the Provider and kept in the participants portfolio.
 - g) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

Tracheostomy Management

Outcome: Each participant with a tracheostomy receives appropriate suctioning and management of their tracheostomy relevant and proportionate to their individual needs. To achieve this outcome, the following indicators should be demonstrated:

1. Each participant is involved in the assessment and development of the plan for their tracheostomy suctioning and management. With their consent, the participants health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure the participants wellbeing.
2. Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant with a tracheostomy.
3. All workers have completed training, relating specifically to each participants needs, managing any tracheostomy related incident and high intensity support skills descriptor for providing tracheostomy care (without ventilation) and support a person dependant on ventilation, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for tracheostomy suctioning and management.
 - a) If a plan is not provided the participant, parent/guardian needs to authorise the Provider to seek same via the above Health Practitioners or provide written documentation as soon as possible.**
 - b) The Provider is not responsible for participants, their parents/guardians or health practitioners refusing access to Care Plans – and must understand this puts the participant at risk – same to be notified to the NDIS Commission.**
 - c) All advanced nursing will be completed by Outside Service Providers such as Endorsed Enrolled Nurse or Registered Nurse employed and paid for by the Participant or their family/guardian on their behalf and agreed on by the participant.
 - d) When working with people who have very complex physical disability, workers also need training in positioning and turning to maintain airway safety and avoid choking risk and in pressure care.
 - e) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently – same to be provided to the Provider and kept in the participants portfolio.
 - f) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

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

Outcome: Each participant with a catheter receives appropriate catheter management relevant and proportionate to their individual needs. To achieve this outcome, the following indicators should be demonstrated:

1. Each participant is involved in the assessment and development of the plan for management of their catheter. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
2. Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant with a catheter.
3. All workers have completed training, relating specifically to each participant's needs, type of catheter and high intensity support skills descriptor for catheter changing and management, delivered by an appropriately qualified health practitioner or a person NDIS Quality and Safeguards Commission that meets the high intensity support skills descriptor for urinary catheter changing and management.
 - a) The provider will support care of the participant with a catheter and assist day to day management/monitoring in a support worker role, under the guidance of an Allied Health Professional assigned to the participant.
 - b) Replacing and disposing of bags and monitoring of health of people using indwelling and suprapubic catheters can be part of a general support worker role.
 - c) Insertion of a catheter is done by a Health Practitioner such as: trained Endorsed Enrolled Nurse (EEN) or Registered Nurse (RN) or General Practitioner/Health Practitioner.
 - d) The Provider is trained in gaining urine specimen via condom catheter if medically required, all other catheter replacing is only to be done by trained and qualified Outside Service Providers.
 - e) Catheter Care Plan should be supplied to the Provider before coming into care and completed and overseen by a health practitioner.
 - f) Provider will support Outside Service Providers to follow infection control procedures; replace and dispose of catheter bags; maintain charts/records monitor catheter position; monitor skin condition around catheter; recognise and respond/report blockages; dislodged catheters; signs of deteriorating health or infection.
 - g) High Intensity Role: for intermittent catheters, insert catheter, drain bladder and remove and dispose of bag – only to be completed by EEN or RN unless FULL training provided to Provider at Participants expense and approval by Health Professionals, Insurance, Parent/Guardian.
 - h) The Provider and Outside Service Providers will have basic understanding of the urinary system for males and females; hydration; types of catheters; procedures and challenges inserting catheters in males and females (intermittent catheters only); common complications associated with using different types of catheters; indications of complications that require intervention and understanding when to involve a health practitioner.
 - i) All advanced nursing such as catheter changes - will be completed by Outside Service Providers such as Endorsed Enrolled Nurse or Registered Nurse employed and paid for by the Participant or their family/guardian on their behalf and agreed on by the participant.
 - j) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently – same to be provided to the Provider and kept in the participants portfolio.
 - k) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

Ventilator Management

Outcome: Each participant requiring ventilator management receives appropriate support relevant and proportionate to their individual needs and the specific ventilator used. To achieve this outcome, the following indicators should be demonstrated:

1. Each participant is involved in the assessment and development of the plan for management of their ventilator management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
2. Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant who is ventilator dependant.

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3. All workers have completed training, relating specifically to each participant's ventilation needs, managing a related incident and the high intensity support skills descriptor for ventilator management, delivered by an appropriately qualified health practitioner or person who meets the high intensity support skills descriptor for ventilation management.
 - a) **If a plan is not provided the participant, parent/guardian needs to authorise the Provider to seek same via the above Health Practitioners or provide written documentation as soon as possible.**
 - b) **The Provider is not responsible for participants, their parents/guardians or health practitioners refusing access to Care Plans – and must understand this puts the participant at risk – same to be notified to the NDIS Commission.**
 - c) All advanced nursing will be completed by Outside Service Providers such as Endorsed Enrolled Nurse or Registered Nurse employed and paid for by the Participant or their family/guardian on their behalf and agreed on by the participant.
 - d) When working with people who have very complex physical disability, workers also need training in positioning and turning to maintain airway safety and avoid choking risk and in pressure care.
 - e) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently – same to be provided to the Provider and kept in the participants portfolio.
 - f) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

Subcutaneous Injections

Outcome: Each participant requiring subcutaneous injections receives appropriate support relevant and proportionate to their individual needs and the specific subcutaneous injections and medications used. To achieve this outcome, the following indicators should be demonstrated:

1. Each participant is involved in the assessment and development of the plan for their subcutaneous injections which includes dosage measurement and calculation. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
2. There are documented written or phone orders by the health practitioner prescribing the medication that trained workers may administer by subcutaneous injection.
3. Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to participants requiring subcutaneous injections and related medications.
4. All workers have completed training, relating specifically to the participants injection and medication needs and high intensity support skills descriptor for subcutaneous injections, delivered by an appropriately qualified health practitioner or person who meets the high intensity support skills descriptor for subcutaneous injections. Workers must have a basic understanding of the participants related health condition.
 - a) **If a plan is not provided the participant, parent/guardian needs to authorise the Provider to seek same via the above Health Practitioners or provide written documentation as soon as possible.**
 - b) **The Provider is not responsible for participants, their parents/guardians or health practitioners refusing access to Care Plans – and must understand this puts the participant at risk – same to be notified to the NDIS Commission.**
 - c) All advanced nursing will be completed by Outside Service Providers such as Endorsed Enrolled Nurse or Registered Nurse employed and paid for by the Participant or their family/guardian on their behalf and agreed on by the participant.
 - d) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently – same to be provided to the Provider and kept in the participants portfolio.
 - e) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

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Complex Wound Management

Outcome: *Each participant requiring complex wound management receives appropriate support relevant and proportionate to their individual needs. To achieve this outcome, the following indicators should be demonstrated:*

1. Each participant is involved in the assessment and development of the plan for their complex wound management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
2. Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant requiring complex wound management.
3. All workers working with a participant requiring complex wound management have received training, relating specifically to the participant's needs that are affected by their wound management regime (for example, showering, toileting and mobility) and high intensity support skills descriptor for providing complex wound management, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex wound management.
 - a) The provider will support care of the participant with Complex Wound Management and assist day to day management/monitoring in a support worker role, under the guidance of an Allied Health Professional assigned to the participant. But all nursing such as wound care - will be completed by Outside Independent Services employed and paid for by the Participant or their family/guardian on their behalf.
 - b) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently – same to be provided to the Provider and kept in the participants portfolio.
 - c) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

Implementing Behaviour Support Plans Module: *These NDIS Practice Standards apply to NDIS providers who are registered to provide specialist behaviour support to NDIS participants. They also apply to providers using restrictive practices in the delivery of any NDIS supports and services.*

Behaviour Support in the NDIS

Outcome: *Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks. To achieve this outcome, the following indicators should be demonstrated:*

1. The National Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 are understood and applied.
2. All NDIS behaviour support practitioners have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of behaviour support plans.
3. Each NDIS behaviour support practitioner undertakes ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.
4. A specialist behaviour support clinic supervisor provides clinical supervision of each work practice of the NDIS behaviour support practitioner.
5. Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures and practices.

Restrictive Practices

Outcome: *Each participant is only subject to a restrictive practice that meets any state and territory authorisation (however described) requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy. To achieve this outcome, the following indicators should be demonstrated:*

1. Knowledge and understanding of regulated restrictive practices as described in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and knowledge and understanding of any relevant state or territory legislation and/or policy requirements and processes for obtaining authorisation (however described) for the use of any regulated restrictive practices included in a behaviour support plan.
2. Each Behaviour Support Practitioner undertakes professional development to maintain an understanding of practices considered restrictive and the risks associated with those practices.

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3. Each participant and, with the participants consent, their support network, providers implementing behaviour support plans, and other relevant stakeholders are engaged in discussions about the need for restrictive practices and they understand the risks associated with their use. Alternatives to the use of restrictive practices are promoted as part of these discussions.
4. Each participant and, with the participants consent, their support network, providers implementing behaviour support plans, and other relevant stakeholders are engaged in the development of behaviour support strategies that are proportionate to the risk of harm to the participants or others.
5. Restrictive practices are only in a participants behaviour support plan in accordance with relevant Commonwealth legislations and/or policy requirements for obtaining authorisation (however described) for the use of any restrictive practices.
6. Regulated restrictive practices in behaviour support plans comply with the conditions prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
7. Each participants behaviour support plan or interim behaviour support plan includes strategies that will lead to the reduction and elimination of any restrictive practices included in the plan.
8. Support is provided to other providers implementing a behaviour support plan, in delivering services, implementing strategies in the plan and evaluating the effectiveness of current approaches aimed at reducing and eliminating restrictive practices.
 - a) Work is undertaken with specialist behaviour support providers to evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices, including the implementation of strategies in the behaviour support plan.
 - b) Workers maintain the skills required to use restrictive practices and support the participant and other stakeholders to understand the risks associated with the use of restrictive practices.
 - c) That it is the participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers – hired independently same to be provided to the Provider and kept in the participants portfolio.
 - d) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

Functional Behaviour Assessments and Behaviour Support Plans

Supporting the Assessment and Development of Behaviour Support Plans

Outcome: Each participant's quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to their needs. To achieve this outcome, the following indicators should be demonstrated:

1. Work is undertaken with each participant and their support network to undertake a behaviour support assessment that identifies unmet participant needs, the function and/or purpose of behaviours, and identify strategies to address behaviours of concern.
2. Behaviour support plans take into account all appropriate sources of information such as the behaviour support assessment, and with the consent of the participant, the participant's support network, the providers implementing behaviour support plans, and assessments carried out by other collaborating providers and mainstream service providers.
3. Behaviour support plans are consistent with evidence-informed practice, including proactive strategies.
4. The interface between a reasonable and necessary supports under a participant's plan and any other supports or services under a general system of service delivery that the participant receives, are considered, and strategies and protocols are developed to integrate supports/services as practicable.
5. Behaviour support plans are developed in consultation with the providers implementing behaviour support plans, and the behaviour support plan is given to those providers for their consideration and acceptance.
6. All behaviour support plans containing a regulated restrictive practice are provided to the Commissioner in the time and manner prescribed in the National Disability Insurance Scheme.
7. Relevant workers have access to appropriate training to enhance their skills in, and knowledge of, positive behaviour supports and restrictive practices.
8. That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** – hired independently same to be provided to the Provider and kept in the participants portfolio.
9. At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

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Supporting the Implementation of the Behaviour Support Plan.

Outcome: *Each participant's behaviour support plan is implemented effectively to meet the participant's behaviour support needs. To achieve this outcome, the following indicators should be demonstrated:*

1. Assistance is given to ensure that the providers implementing behaviour support plans understand the relevant state or territory legislative and/or policy requirements for obtaining authorisation (however described) for the use of a restrictive practice included in a behaviour support plan, including any conditions around the use of restrictive practices.
2. Reasonable measures are taken to ensure the participant, and with the participant's consent, the participant's support network, and the providers implementing behaviour support plans, understand the rationale underpinning the behaviour support plan. Instructions and guidance are developed to support the participant, the providers implementing behaviour support plans and the participant's support network to effectively implement the behaviour support plan.
3. Providers implementing behaviour support plans are made aware of the reporting requirements prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
4. Person-focused training, coaching and mentoring is facilitated or delivered to each of the providers implementing behaviour support plans, and, with each participant's consent, their support network (where applicable). It covers the strategies required to implement a participant's behaviour support plan, including positive behaviour support strategies.
5. Development of behaviour support plans for each participant, in collaboration with the providers implementing the behaviour support plan.
6. Where the specialist behaviour support provider recommends that workers implementing a behaviour support plan receive training on the safe use of a restrictive practice included in a plan, oversight is retained to ensure the training addresses the strategies contained within each participant's behaviour support plan.
7. Ongoing support and advice is offered to providers implementing behaviour support plans, and, with the participant's consent, their support network (where applicable), to address barriers to implementation.
 - a) Policies and procedures that support the implementation of behaviour support plans are developed and maintained.
 - b) Work is actively undertaken with the specialist behaviour support providers to implement each participant's behaviour support plan and to align support delivery with evidence-informed practice and positive behaviour support.
 - c) Workers are supported to develop and maintain the skills required to consistently implement the strategies in each participant's behaviour support plan consistent with the positive behaviour support capability framework.
 - d) Specialist behaviour support providers are supported to train the workers of the providers implementing behaviour support plans in the use and monitoring of behaviour support strategies in the behaviour support plan, including positive behaviour support.
 - e) Workers receive training in the safe use of restrictive practices.
 - f) Collaboration is undertaken with other providers that work with the participant to implement strategies in the participant's behaviour support plan.
 - g) Performance management ensures that workers are implementing strategies in the participant's behaviour support plan appropriately.
 - h) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently – same to be provided to the Provider and kept in the participants portfolio.
 - i) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

Behaviour Support Plan Monitoring and Review.

Outcome: *Each participant has a current behaviour support plan that reflects their needs, improves their quality of life and supports their progress towards positive change. The plan progresses towards the reduction and elimination of restrictive practices, where these are in place for the participant. To achieve this outcome, the following indicators should be demonstrated:*

1. The progress and effectiveness of implemented strategies are evaluated through regular engagement with the participant, and by reviewing, recording and monitoring data collected by providers implementing behaviour support plans.
2. Modifications to the strategies contained in each participant's behaviour support plan are made based

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- on engagement with the participant and the results of the information and data analysis, and with the participant's consent, these changes are communicated and training is provided (where required) to their support network on the modified strategies.
3. Opportunities to reduce the use of restrictive practices based on documented positive change are pursued.
 4. The Commissioner is notified and work is undertaken with the Commissioner to address such situations:
 - a) where effective engagement with providers implementing behaviour support plans is not possible for any reason; or
 - b) if the supports and services are not being implemented in accordance with the behaviour support plan.
 5. Each participant's behaviour support plan is reviewed at least every twelve months. Consideration is given to whether the participant's needs, situation or progress create a need for more frequent reviews, including if the participant's behaviour changes, or if a new provider is required to implement the plan.
 6. The Commissioner is notified of changes in each participant's behaviour support plan in the manner and timeframe prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. Demonstrated compliance with monthly online reporting requirements in relation to the use of regulated restrictive practices, as prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
 - a) Data is monitored to identify actions for improving outcomes.
 - b) Data is used to provide feedback to workers, and with the participant's consent, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan to inform the reduction and elimination of restrictive practices.
 - c) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently – same to be provided to the Provider and kept in the participants portfolio.
 - d) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

Reportable Incidents involving the Use of a Restrictive Practice

Outcome: Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed. To achieve this outcome, the following indicators should be demonstrated:

1. Support is given to the providers implementing each participant's behaviour support plan in responding to a reportable incident involving the use of restrictive practices.
2. Each participant, and with the participant's consent, their support network, the providers implementing behaviour support plans and other stakeholders are included in the review of incidents.
 - a) The participant's immediate referral to, and assessment by a medical practitioner (where appropriate) is supported following an incident.
 - b) Collaboration is undertaken with mainstream service providers, such as police and/or other emergency services, mental health and emergency department, treating medical practitioners and other allied health clinicians, in responding to the unauthorised use of a restrictive practice.
 - c) The Commissioner is notified of all reportable incidents involving the use of an unauthorised restrictive practice in accordance with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.
 - d) Where an unauthorised restrictive practice has been used, the workers and management of providers implementing behaviour support plans engage in debriefing to identify areas for improvement and to inform further action. The outcomes of the debriefing are documented.
 - e) Based on the review of incidents, the supports to the participant are adjusted, and where appropriate, the engagement of a specialist behaviour support provider is facilitated to develop or review the participant's behaviour support plan or interim behaviour support plan, if required, in accordance with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
 - f) Authorisation processes (however described) are initiated as required by their jurisdiction.
 - g) The participant, and with the participant's consent, their support network and other stakeholders as appropriate, are included in the review of incidents.
 - h) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently –

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same to be provided to the Provider and kept in the participants portfolio.

- i) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

Interim Behaviour Support Plans

Outcome: Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan based on evidence-informed practice, which minimises risk to the participant and others. To achieve this outcome, the following indicators should be demonstrated:

1. When a participant develops an immediate need for behaviour support, the participant and the providers implementing behaviour support plans are involved in evaluating the risks posed to the participant and others by the participant's behaviour, and an interim behaviour support plan is developed that appropriately manages that risk.
2. Advice and guidance is given to the providers implementing behaviour support plans and, with the participant's consent, their support network on the effective implementation of the interim behaviour support plan.
 - a) Collaboration is undertaken with mainstream service providers (such as police and/or other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians) in contributing to an interim behaviour support plan developed by a specialist behaviour support provider.
 - b) Work is undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan.
 - c) Workers are supported and facilitated to receive training in the implementation of the interim behaviour support plan.
 - d) That it is the **participants or family/guardian's responsibility to check insurances including PUBLIC and PRODUCT LIABILITY for all Outside Service Providers** hired independently – same to be provided to the Provider and kept in the participants portfolio.
 - e) At no time is the Provider liable for services used by an Outside Service Provider as this is the participant/parent/guardian choice.

Interactions with Participants Policy incorporating NDIS Practice Standards and Quality Indicators

Policy Links

Assessment Approval Policy_KCS_POL1
Code of Conduct Policy_KCS_POL23
Dealing with Complaints Policy_KCS_POL2
Dealing with Infectious Diseases Policy_KCS_POL3
Dealing with Medical Conditions Policy_KCS_POL14
Delivery and Collection of Participants Policy_KCS_POL4
Emergency and Evacuation Policy_KCS_POL5
Engagement and Registration of Providers Policy_KCS_POL6
Engagement and Registration of Volunteers Policy_KCS_POL7
Excursion Policy_KCS_POL8
Governance and Management of the Service Policy, Incorporating Confidentiality of Records Policy_KCS_POL10
Health and Safety Policy_KCS_POL11
Incident, Injury, Trauma and Illness Policy_KCS_POL12
Keeping a register of Provider & Volunteers Policy_KCS_POL16
Monitoring and supervision of Volunteers Policy_KCS_POL17
Participant Safe Environment Policy_KCS_POL15
Payment of Fees Policy_KCS_POL18
Proper Assessment of Provider Family and Volunteers_KCS_POL9
Provision of Information Assistance and Training Policy_KCS_POL19
Refusal of Authorisation for a participant to Leave the Service Policy_KCS_POL20
Safe Sleep and Rest Policy_KCS_POL21
Social Media and Internet Use Policy_KCS_POL22

Procedure Links

Assessment Approval and Reassessment of Residences and Venues Procedure_KCS_PROC15
Code of Conduct Procedure Including Determining the Responsible Person_KCS_PROC24
Continence Aid Procedure_KCS_PROC6
Dealing with Complaints Procedure_KCS_PROC13
Dealing with Infectious Disease Procedure_KCS_PROC23
Dealing with Medical Conditions Procedure_KCS_PROC12
Delivery and Collection of Participant Procedure_KCS_PROC22
Emergency and Evacuation Procedure_KCS_PROC21
Enrolment and Orientation Procedure_KCS_PROC20
Enteral Feeding and Medication Administration Procedure_KCS_PROC25
Excursions Procedure_KCS_PROC19
Incident Injury Trauma and Illness Office Procedure_KCS_PROC18
Incident Injury Trauma and Illness Provider Procedure_KCS_PROC17
Interactions with Participants Procedure_KCS_PROC16
Keeping a Register of Volunteers and Services used Procedure_KCS_PROC8
Monitoring and Support of Volunteers Procedure_KCS_PROC7
Nutrition Food and Beverages and Dietary Requirements_KCS_PROC5
Participant Safe Environment Office Procedure_KCS_PROC14
Participant Safe Environment Provider Procedure_KCS_PROC11
Payment of Fees Participant Procedure_KCS_PROC3
Payment of Fees Procedure_KCS_PROC4
Safe Sleep and Rest Procedure_KCS_PROC2
Social Media and Internet Use Procedure_KCS_PROC1
Sun Safety Procedure_KCS_PROC10
Water Safety Procedure_KCS_PROC9

Interactions with Participants Policy incorporating NDIS Practice Standards and Quality Indicators

Links to Forms

Authority for participant to leave/arrive unaccompanied
Authority for Underaged Person to Collect
Benefit Risk Assessment Activity
Comprehensive Person – Centred Emergency Management Plan (C-PCEMP)
Delegation Of Authority Form
Emergency Evacuation Plan
Emergency Evacuation Rehearsal Record
Emergency Instructions and Contact Numbers
Family Registration Form
Fit and Proper Person Medical
Home Premises or Venue Safety Audit
Household Members Responsibilities and Agreement
Incident Injury Trauma and Illness Report.
Medication Record
NDIS FM Complaint Form DOCX
NDIS-commission-restrictive-practices-monthly-reporting-form
NSW Comprehensive Health Assessment Program (CHAP) Program
Provider to Family Information
Sign In/Out Sheet for Visitors
Sleep Record
TRAINING Sign in Sheet
Working with Children Checks including Verification Results

Relevant Legislation

2010 Public Health Act
Australian Government Department of Education Employment and Workplace Relations Child Care Services Handbook
Education and Care Services National
Education and Care Services National Law
Local Government Act 1993 *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018*
National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
National Disability Insurance Scheme Act 2013
NDIS Code of Conduct
NDIS Practice Standards
NDIS Reportable Incidents
Privacy & Personal Information Protection Act 1998

Interactions with Participants Policy incorporating NDIS Practice Standards and Quality Indicators

References

- Australian Children's Education and Care Quality Authority (2011). Guide to the Education and Care Services <https://www.acecqa.gov.au/>
- Australian Children's Education and Care Quality Authority (2011) National Quality Standards Australian <https://www.acecqa.gov.au/>
- Behaviour support requirements, to reduce and eliminate restrictive practices: <https://www.ndiscommission.gov.au/providers/behaviour-support>
- Child Story Mandatory Reporting: <https://reporter.childstory.nsw.gov.au/s/>
- Children's Education and Care Quality Authority (2011) Guide to the National Quality Framework <https://www.acecqa.gov.au/nqf/about/guide>
- Complaints management and resolution system: <https://www.ndiscommission.gov.au/providers/complaints-management>
- Education and Care Services National Regulation: <https://www.acecqa.gov.au/nqf/national-law-regulations/national-regulations>
- Guide to the National Quality Standard. <https://www.acecqa.gov.au/nqf/about/guide>
- National Disability Insurance Scheme Act 2013: <https://www.ndis.gov.au/about-us/governance/legislation>
- National worker screening system: <https://www.ndiscommission.gov.au/providers/worker-screening>
- NDIS Code of Conduct: <https://www.ndiscommission.gov.au/providers/ndis-code-conduct>
- NDIS Practice Standards: <https://www.ndiscommission.gov.au/rules-and-standards/ndis-practice-standards>
- NDIS Reportable Incidents: <https://www.ndiscommission.gov.au/portal-quick-reference-guides#paragraph-id-9104>
- NDIS Quality and Safeguards Commission: Effective Complaint handling Guidelines for NDIS Providers <https://www.ndiscommission.gov.au/document/1081>
- NDIS Pricing Arrangements and Price Limits <https://www.ndis.gov.au/providers/price-guides-and-information>.
- NDIS Quality and Safeguards Commission: Effective Complaint handling Guidelines for NDIS Providers <https://www.ndiscommission.gov.au/document/1081>
- NSW Child Protection Act 1998: <https://www.legislation.nsw.gov.au/acts/1998-157.pdf>
- NSW Commission for children and Young People Act 1998 <https://legislation.nsw.gov.au/view/html/inforce/current/act-1998-146>
- NSW Health Infectious Fact Sheets <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/default.aspx>
- NSW Public Interest Disclosures Act 1994: <https://www.legislation.nsw.gov.au/#/view/act/1994/92>
- NSW the Children and Young Persons Care and Protection Act: <https://www.legislation.nsw.gov.au/#/view/act/1998/157>
- Ombudsman Amendment (Child Protection and Community Services) Act 1998: <https://www.legislation.nsw.gov.au/acts/1998-148.pdf>
- Provider registration system: <https://www.ndiscommission.gov.au/providers/provider-registration>
- Public Health Act 2010 <https://www.legislation.nsw.gov.au/#/view/act/2010/127>
- Sids and Kids Australia <https://rednose.org.au/safe-sleep-and-safer-pregnancy/overview/>
- Staying Healthy in Childcare: Preventing Infectious Diseases in Childcare (5th Ed.) <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- UNICEF Convention on the Rights of the Child 1989 <https://www.unicef.org/crc/> OR <https://www.unicef.org.au/Upload/UNICEF/Media/Our%20work/childfriendlycrc.pdf>
- Working with Children Check (WWCC): <https://ocg.nsw.gov.au/working-children-check>