



POLICY AND PROCEDURE MANUAL

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Our History

Thrive365 is a disability support service that provides a range of support services to individuals who are part of the National Disability Insurance Scheme (NDIS) and their families. Some of these services include:

- Complex health care including complex bowel care, enteral feeding, complex wound care, subcutaneous injection, severe dysphagia management, urinary catheter management.
- Assist in daily personal activities such as cleaning, gardening, and personal care.
- Daily tasks/shared living.
- Development life skills.
- Community participation.

Thrive365 was launched in 2017 and subsequently registered with the National Disability Insurance Scheme (NDIS) as an NDIS provider with a long-term vision of providing exceptional 24-hour at-home care that is tailored to meet participants' needs and ensure they are empowered to be their best selves.

For us, supporting people living with a disability is not just about providing a transactional service; it's about building the capacity of our clients and their families to take charge of their lives and have the choice over how they live. We support them to be able to participate in their own lives using a person-centred approach, and provide them with the right service at exactly the right time.

At Thrive365 we're passionate about doing better. About trying new approaches, testing future possibilities and delivering a disability support service that feels different because it is different.

Our Mission, Vision and Values

Mission

To empower individuals with a disability to live their best lives through innovative services and supports.

Vision

A world where every person has the opportunity to thrive.

Values

➤ Partnership

We believe that working in partnership together results in better outcomes. To us, partnership means listening, learning and working together in collaboration. It means being in this together, for the long-term. It means being open, transparent and respectful of one another. Partnership lays

the foundation of every valuable relationship and it's our commitment to partnership that allows our other values to thrive.

➤ **Trust**

We know that any true partnership is based on trust. We will seek to build and maintain your trust by providing consistent, high quality support services that put your wellbeing ahead of all else.

➤ **Choice**

For us, choice means being able to take action to improve your life. It means creating opportunities to learn, grow and develop where before there were none. Its having the ability to choose at every step and this includes choosing the people who will support you. Choice puts the control back in your hands. Choice means getting the chance to be all you can be.

➤ **Continuous improvement**

We believe that something small repeated isn't small at all. And when you focus your repetition on positive action, you pave the way for remarkable change. This is what continuous improvement means to us. We are fearless and willing to try new things. We are persistent and tenacious. We have a can-do attitude. We will seek and implement your feedback, so we can deliver our best for you. We will constantly look for ways to do better so you can live better.

Our Services

Some of our services include:

- Complex health care including complex bowel care, enteral feeding, complex wound care, subcutaneous injection, severe dysphagia management, urinary catheter management.
- Assist in daily personal activities such as cleaning, gardening, and personal care.
- Daily tasks/shared living.
- Development life skills.
- Community participation.
- Group centre activities

About this Manual

This manual covers the corporate policies that are applicable to the whole of the Thrive365 Company. It contains policies that are applicable to the provision of Specialist Disability Accommodation (SDA) services within the National Disability Insurance Scheme (NDIS). Staff delivering services in those program areas must be familiar with, and operate according to, the

relevant Service Standards and special policy and procedural requirements that are applicable to their service and target group.

The policies comply with the requirements of:

Legislation

- National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Act 2017

Rules (as Applicable)

- National Disability Insurance Scheme (Code of Conduct) Rules 2018 [F2018L00629]
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 [F2018L00631]
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018 (Notifiable Instrument) [F2018N00041]
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 [F2018L00632]
- National Disability Insurance Scheme (Specialist Disability Accommodation Conditions) Rules 2018 [F2018L00627]
- National Disability Insurance Scheme Amendment (Specialist Disability Accommodation – Participating Jurisdictions) Rule 2018 [F2018L00626]
- National Disability Insurance Scheme NDIS (Quality and Safeguards Commission and Other Measures) Transitional Rules 2018[F2018L00630]
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 [F2018L00633]
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 [F2018L00634]
- National Disability Insurance Scheme (Provider Definition) Rule 2018 [F2018L00628]
- National Disability Insurance Scheme (Protection and Disclosure of Information - Commissioner) Rules 2018 [F2018L00635]

In particular, this manual contains a separate section that focuses on the requirements of the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 – Schedule 7 – Module 5: Specialist Disability Accommodation

The policies contained in this document may be amended from time to time at the discretion of Thrive365 or as required by relevant legislation. It will be reviewed at least every two years; however, newly created policies will be reviewed earlier than two years to ensure they are meeting up with the purpose of their creation.

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This manual is designed to ensure a common understanding and common organisational practices across all of Thrive365's work sites, and to assist the Director, CEO, staff, students, contractors, participants and families, and third parties to understand what is required of them in their roles at Thrive365.

This manual will be complimentary to all State & Commonwealth legislation and does not override any acts or other legal requirements.

A copy will always be accessible in the Chief Executive Officer's office and in each Managers office. Also, it will be accessible through our online client management system to all staff and/or through our website.

Unless otherwise stated, all staff employed by Thrive365, Directors, students and contractors and where relevant, service participants, their families and advocates who participate in Thrive365's services, are required to comply with the policies and procedures in this manual.

SECTION 1: ORGANIZATIONAL GOVERNANCE

Policy 1.1 Company structure and role of company Directors

Relevant Documents

- Corporations Act 2001 (Cth)
- Occupational Health and Safety Act 2004
- Privacy Act 1988 (Cth)
- NDIS (Quality Indicators) Guidelines 2018

Date of Director Endorsement: 24/10/2023

Last Review Date: 28/04/2025

Next Review Date: 28/04/2027

Policy statement

1. Thrive365 is a registered company under the Corporations Act 2001 and is required to meet the requirements outlined within the *Corporations Act 2001* in the way in which it operates. Thrive365 is a Pty Ltd company.
2. The Director of Thrive365 is responsible for ensuring that Thrive365 complies with the obligations of the Corporations Act 2001. These responsibilities include:
 - Having a current registered office – A company must have a current registered office in Australia and must inform ASIC of its location. Thrive365 Pty Ltd's current registered office is 86 Melbourne Hill Road Warrandyte.
 - Having a principal place of business – A company that operates a business from a location different from the registered office must inform ASIC. The current registered principal place of business is Shop 1, 26 Joyce Street Pendle Hill.
 - Disclosing personal details of Directors – A company must inform ASIC of the name, date of birth and current residential address of Directors. Timothy Ross Flowers is the registered director listed on the ASIC data base.
 - Keeping financial records – A company must keep up-to-date financial records that correctly record and explain transactions and financial position. Larger companies have additional obligations to lodge financial reports with ASIC. The company is a small proprietary company as it has revenue of less than \$50 million and has gross assets of less than \$25 million. No measurement, disclosure or financial audit requirements exist for small proprietary companies.

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In future it is likely that this company will be eligible for audit relief under ASIC Corporations (Audit Relief) Instrument 2016/784.

- Notifying ASIC of key changes – Annual returns are performed by the external accountants Keats Accounting with questionnaires completed in relation to key changes to statutory records.
- Paying relevant fees to ASIC – All ASIC fees have been paid by either Onsight Trust as owner or Thrive365 Pty Ltd.
- Checking annual statements – Annual returns are performed by the external accountants Keats Accounting with questionnaires completed in relation to key changes to statutory records.

3. The Director is responsible for determining the policies and procedures that outline how Thrive365 will function and meet its other legal requirements. A register of relevant legislation and policies is attached.

4. The Director will determine Thrive365's

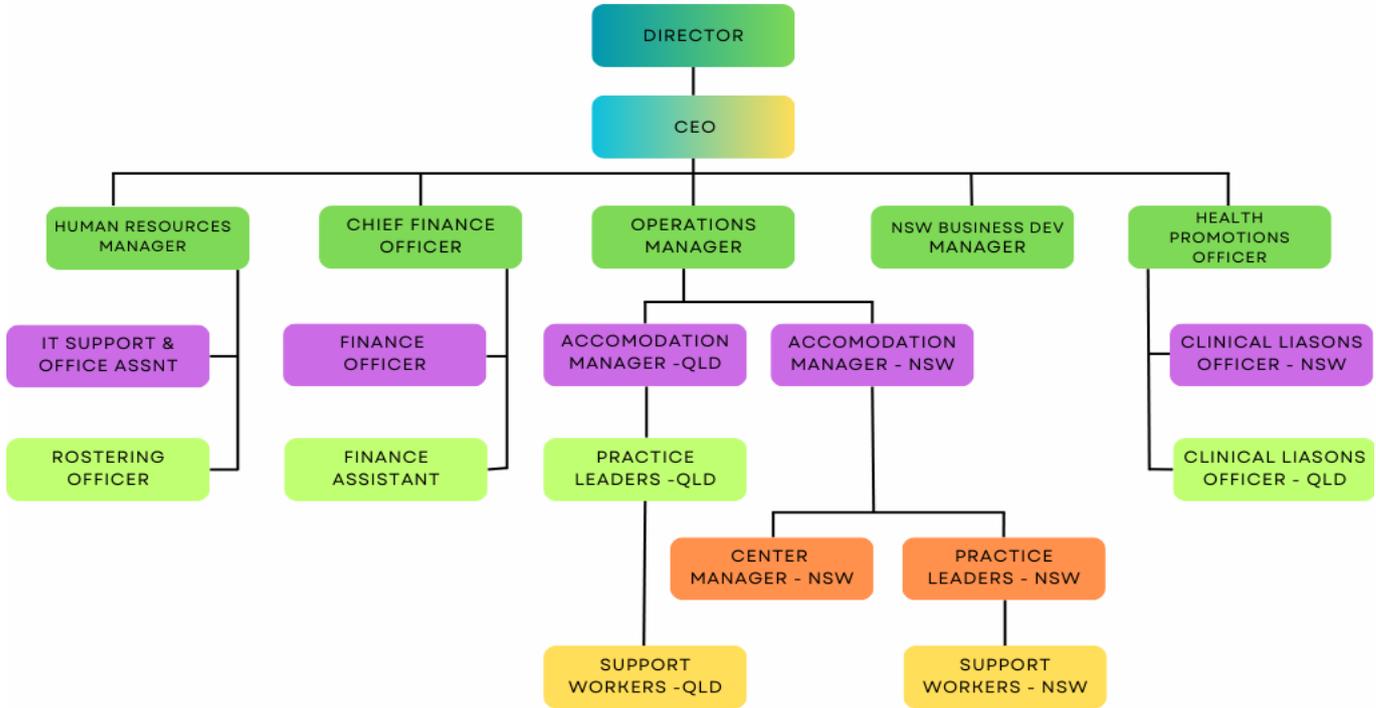
- Strategic and operational Plan – Performed annually but informally with management
- Range of services that Thrive365 delivers and the associated service contracts and reporting requirements– Performed annually but informally with management
- Budgeting, financial management arrangements and audit requirements; – Performed annually but informally with management; and
- Appropriate development and establishment of reference groups to seek further governance guidance and advice. – Tim Flowers is MAICD, CA, Director of EMPHN, Director of Victorian Chemical Company Pty Ltd, Director of all Onsight Ascent Group Entities (Thrive, Rubicon, Onsight, Insight First etc.). Tim is a registered company auditor (ASIC regulated) and consults regularly with DSS, NDIA and a range of large NDIS suppliers. He is also involved in the Department of Health and Aging's aged care reform from a policy and supplier perspective.

In setting Thrive365's **strategic directions** and ensuring **good governance**, the Director will:

- Ensure it has the information it needs to make good decisions that are in Thrive365's best interests;
 - Work to ensure a positive public perception of Thrive365;
 - Be required to set and develop an annual combined strategic and operational plan and monitor progress towards achievement;
 - Ensure that Thrive365 has policies and procedures that support good governance, quality service delivery and continuous organisational improvement;
 - Ensure organisational risks are identified and managed to minimise those risks (this includes Work Health and Safety act QLD (2011); and Work Health and Safety act NSW (2011);
 - Ensure Thrive365's financial viability through approving annual budgets, maintaining accurate financial records and exercising appropriate accountability for expenditure at board meetings and via an external audit process; and
 - Act honestly and ensure compliance with all legal and contractual obligations and reporting requirements.
 - Monitor the organisation's compliance and reporting requirements (including quality and safeguarding matters).
 - Identify and maintain a list of relevant skills required of the board as a whole and use this to ensure board members bring the skills required to meet the boards functions. This may include the requirement of board member training to address any identified gaps.
 - Ensure a system is in place to identify and manage any real or potential conflicts of interest. There is no potential or perceived conflict of interest here because Tim is the 100% beneficial owner of the entity.
5. The Director will have the authority to appoint a CEO.



ORGANIZATION CHART



Thrive365 organizational structure: see Appendix 3

Policy 1.2 The Chief Executive Officer's Roles and Responsibilities

Relevant Documents

- CEO position description

Date of Director Endorsement: 24/10/2023

Last Review Date: 24/04/2025

Next Review Date: 24/04/2027

Policy Statement

The CEO is the senior executive position in Thrive365 and is responsible for the day-to-day operational management of the organisation and for the implementation of an Operational Plan to achieve the outcomes established in the combined strategic and operational plan. The CEO provides leadership to the staff and provides advice and is accountable to the Director.

Procedures

Role statement

The Chief Executive Officer has the organisational “overview” role for all senior management responsibilities, professional, managerial, and administrative. The CEO can demonstrate they hold relevant qualifications and experience in order to achieve the following responsibilities:

- Providing leadership to all staff and creating an organisational environment that supports the delivery of quality services;
- Ensuring that Thrive365 operates according to sound policies and procedures, and in compliance with its funding contracts, legislative requirements, any applicable professional regulations and requirements;
- Supporting the achievement of the outcomes established in the combined strategic and operational plan, and ensuring that they are implemented across the organisation;
- Providing reports, data, information and advice to the Director to assist him in making sound, evidence based decisions;
- Develops an organisational risk management plan for the Director's endorsement, implementing the plan and ensuring that identified risks are monitored and managed;

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- Working with Thrive365's independent accountant and the Director to prepare the annual budget for consideration;
- Managing the process to recruit program managers and ensuring compliance with organisational policies in the recruitment of other staff;
- Providing direct supervision of the Chief finance officer (CFO) and program managers;
- Ensuring that arrangements are in place for the regular supervision of all other staff;
- Ensuring that applicable service standards are met and that all services provided are of good quality;
- Changes to legislation and regulatory compliance will be monitored by the CEO via websites, membership of peak organisations, Acts, internal audits, legislation advisements and funders contractual service standards. Changes will be immediately passed on to all program managers and to the company Director.
- Identifying opportunities to develop collaborative partnerships with organisations in the public, private and not for profit sectors which will benefit Thrive365 and its service participants;
- Undertaking activities that promote the profile and the capacity of Thrive365.
- Identifying and developing new initiatives for Director approval
- Participating in regular supervision by the Director; and
- Providing feedback and information to the Director at regular meetings.

Policy 1.3 The Director and Chief Executive Officer Relationship

Relevant Documents

- CEO position description
- Policies 1.1, 1.2, 1.4, 1.5 and 1.6

Date of Director Endorsement: 24/10/2023

Last Review Date: 24/04/2025

Next Review Date: 24/04/2027

Policy Statement

1. Thrive365 requires a strong collaborative working partnership between the Director and CEO in order to achieve its company outcomes. This is most effectively achieved through having well defined and agreed roles for the Director and the Chief Executive Officer, that support mutual understanding of expectations and responsibilities. Policies 1.1, 1.2, 1.4, 1.5 and 1.6 detail the roles of the Director and the CEO respectively. This policy outlines how the roles complement each other.
2. The CEO and the Director share responsibility for the leadership of Thrive365, but they fulfil this responsibility in different ways. At the simplest level, the Director's role is to govern, and the Chief Executive Officers role is to manage. The Director sets Thrive365's policies and strategic direction. He decides through consultation, community needs, funding contracts, applicable Service Standards and other obligations, the outcomes Thrive365 should achieve.

Procedures

- The roles and responsibilities of the Director and the Chief Executive Officer will be clearly documented.
- The role of the Chief Executive Officer is to ensure that the day-to-day operational management of the organisation is consistent with policies and supports the achievement of the strategic outcomes the Director has set.
- The Director has the ultimate authority in Thrive365 and carries accountability and legal responsibility for the organisation's actions in conjunction with the CEO. The Chief Executive Officers authority is more immediate and operational, involving day-to-day influence on Thrive365's staff and working relationships in the community.

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- The Director depends on the Chief Executive Officer for reliable, impartial, and evidence-based advice to assist him make decisions that are in the best interests of Thrive365.
- The Director and the Chief Executive Officer will understand, accept and respect the difference in their roles and will jointly agree and implement processes to ensure that they work together in an effective and complementary manner to achieve Thrive365's strategic outcomes.
- The Chief Executive Officer will work within the strategic directions and policies established by the Director.
- The Chief Executive Officer will ensure that the Director is provided with the information and data they need to do their job well.
- The Director will document the Chief Executive Officer's authorities in consultation with the CEO and ensure that there is no delegation of responsibility for areas which should be the direct responsibility of the Director.
- The Director will not undermine the Chief Executive Officer's agreed authorities.
- The Chief Executive Officer will act within the authority determined by the Director and be responsible and accountable to the Director for that authority.
- The Director will meet its obligations as the employer and supervisor of the Chief Executive Officer, and act in accordance with good employment and equal opportunity principles in making decisions affecting the professional development, appraisal, and remuneration of the CEO.
- The Chief Executive Officer must be accountable to the Director for their decisions and performance, for the performance of the staff and the organisation.
- The Chief Executive Officer will provide monthly reports to each Director's meeting on the progress in relation to the combined strategic and operational plan and other related matters.
- The Director formally delegates a daily spending limit of \$500,000 to the CEO where items are lawfully incurred in pursuit of Thrive365's strategic and operating objectives and in a way that is consistent with the approved budget.

Policy 1.4 Delegations Policy

Relevant documents

- Delegation Schedule

Date of Director Endorsement: 24/10/2023

Last Review Date: 24/10/2023

Next Review Date: 23/10/2025

Introduction

This policy sets out the circumstances under which the Board may delegate its responsibilities.

Delegations of authority are the mechanisms by which Thrive365 Pty Ltd enables officers of Thrive365 Pty Ltd to act on behalf of Thrive365 Pty Ltd.

Purpose

The purpose of the Delegations Policy is to establish a framework for delegating authority within Thrive365 Pty Ltd in a manner that facilitates efficiency and effectiveness and increases the accountability of staff and volunteers for their performance.

The policy applies to all members of the Board and the staff of Thrive365 Pty Ltd who have delegated authority to act and sign documents on behalf of Thrive365 Pty Ltd.

Delegations of authority within Thrive365 Pty Ltd are intended to achieve four objectives:

1. Ensure the efficiency and effectiveness of the organisation's administrative processes;
2. Ensure that the appropriate officers have been provided with the level of authority necessary to discharge their responsibilities;
3. Ensure that delegated authority is exercised by the most appropriate and best-informed individuals within the organisation; and
4. Ensure internal controls are effective.

Delegations are a key element in effective governance and management of Thrive365 Pty Ltd and provide formal authority to particular staff and volunteers to commit the organisation and/or incur liabilities for the organisation.

Policy statement

1. The Board of Thrive365 Pty Ltd is responsible for the management of the organisation.
2. Under the Corporations Act and Thrive365 Pty Ltd's constitution, the Board can delegate any of its functions except:
 - The power of delegation and
 - Any functions reserved to the Board under [the Act].
 - Any functions consistent with governance requirements under NDISQSC registered provider requirements, code of conduct and practice standards
3. The Board may delegate its functions to:
 - A member or members of the Board; and
 - A sub-committee of the Board; and
 - The Chief Executive Officer ('the CEO') and through the CEO to members of the staff of the organisation.
4. However, the Board may not delegate its power:
 - To adopt the organisation's strategic plan; or
 - To adopt the organisation's business plan; or
 - To adopt the organisation's annual budget.
5. The CEO:
 - Is charged with the duty of promoting the interests and furthering the development of Thrive365 Pty Ltd;
 - Is responsible for the administrative, financial, and other business of Thrive365 Pty Ltd; and
 - Exercises a general supervision over the staff of Thrive365 Pty Ltd.
6. The CEO may seek the approval of the Board to delegate any function or any power or duty conferred or imposed upon them, subject to this delegations policy, to any member of the staff of the organisation, or any person or persons, or any committee of persons.

7. Thrive365 Pty Ltd is committed to the highest standards of integrity, fairness and ethical conduct, including full compliance with all relevant legal requirements, and in turn requires that all its Board members, officers (including its Chief Executive Officer), managers, employees, volunteers and contractors acting on its behalf meet those same standards of integrity, fairness and ethical behaviour, including compliance with all legal requirements.

There is no circumstance under which it is acceptable for Thrive365 Pty Ltd or any of its employees or contractors to knowingly and deliberately not comply with the law or to act unethically in the course of performing or advancing Thrive365 Pty Ltd's business.

Authorisation



Tim Flowers

24 October 2023

Procedures

Responsibilities

- The Director must maintain records of any delegations to members of the Board and of the terms of reference of any sub-committees of the Board.
- The CEO must prepare delegation schedules within the framework of the Delegations Policy for approval by the Board.

Processes

- The overarching Delegations policy applies to Thrive365 Pty Ltd as a whole, and units within the organisation must align their delegations policies with the central policy.
- Delegations are to be exercised within the framework of the Act, regulations, rules, policies, and any external legislative requirements.
- Any delegation may be made subject to any conditions and limitations as the Board shall approve.

Delegations to members of the Board

- Delegations to members of the Board shall be made by resolution of the Board and recorded in the minutes of the Board. Given that Tim is a sole director this delegation is inactive at present.

Delegations to sub-committees of the Board

- Delegations to sub-committees of the Board shall be made by resolution of the Board and recorded in the terms of reference of the sub-committee.
- Given that Tim is a sole director this delegation is inactive at present

Delegations to the Chief Executive Officer

- Delegations to the Chief Executive Officer and through the CEO to members of the staff of Thrive365 Pty Ltd shall be made by resolution of the Board and recorded in the Delegation Schedules approved by the Board.
- Delegations are attached to the position occupied, not to the occupant of the position. The responsibilities of a position appear in a duty statement, role statement or statement of responsibility appropriate to the position.
- Delegations reflect Thrive365 Pty Ltd's organisational structure. Levels of authority are hierarchical through relevant lines of responsibility up to and including the CEO. This means that formal authorities held by any delegate are included in those held by that delegate's supervisor or line manager. A delegate who sub-delegates authority remains responsible and accountable for the decision or action.
- The CEO may at any time vary or terminate any delegation, subject to confirmation by the Board at its next meeting.
- A delegation cannot be exercised where the officer holding the delegation has a conflict of interest or where the delegation will result, either directly or indirectly, in any tangible benefit to the delegate. In such cases, a transfer of the function to another appropriate position must be arranged with the CEO.
- Permanent changes to delegations, either permissive or restrictive, require a written authority from the CEO. Any major variation to the standard delegations must be approved by the CEO.
- Sub-delegation on a temporary basis is appropriate in circumstances where the officer normally responsible is absent for a period of less than two weeks by reason of authorised leave or secondment to other duties. Sub-delegations require a written authority from the individual with the delegated power, or a person in a position to approve the delegated authority.

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- This policy applies only to formal delegations. All delegations of an informal nature where no commitment or liability is incurred on behalf of Thrive365 Pty Ltd, are carried out in the normal business of the organisation without the requirement for a written authority.
- Where an employee is acting in a higher position, that person will hold the delegation level appropriate to the higher position unless otherwise determined by the CEO.
- A financial delegation can be exercised only within the approved line-item budget.
- A staffing delegation cannot be exercised in regard to staff for whom the delegate does not hold line management responsibility.
- Separate Delegations Schedules shall be prepared for Financial Delegations and for Human Resources Delegations. The schedule will provide reports by function, by position profile and by administrative area.
- Special care must be taken to retain currency of the Delegations Schedules when delegated authorities are redistributed, a position is reclassified, or a business unit is restructured in ways that affect position profiles.
- The Board will, on advice from the CEO, approve the Delegations Schedule on an annual basis.
- The Delegations Schedule will be accessible to all staff.

Authorisation



Tim Flowers **24 October 2023**

Policy 1.5 Thrive365 Governing Body Skills Matrix

Reference Document

- Thrive365 governing Body Skills matrix

Introduction

The structure of the matrix (Appendix 4) summarises the management skills that best practice determines. The completed matrix sits with the Director and is reviewed annually or when there is a change in membership. This should be available within the governing body.

The purpose of the matrix is to determine the relative management skills available within the governing body. This needs to be related to the way that the governing body deals with management issues.

Thrive365's governing body consists of the Director and CEO with the Senior Leadership Team co-opted into various aspects of governance from time to time at the discretion of the CEO.

Senior Leadership Team Participates in governance activities

- CEO
- Finance
- Human Resources
- State Operation Managers
- Health/Clinical team and BDM as needed

How to use the matrix

The **key** governance competencies are in bold (e.g., the first is "provides strategic leadership"), and examples of the characteristics that demonstrate this competency are provided beneath it.

Second, for each person with a governance role or governance input use the ratings (which are explained below) to identify the level at which the person has the relevant competencies, referring to the key indicators and typical examples.

Third, on completion, analyse the results to ensure the skills, knowledge and attitudes are spread across the governance team in the most appropriate way.

A key point is that not all key staff need all these skills, but collectively the governing body will ideally have these skills between them (Appendix 4)

Policy 1.6 Strategic and Operational Planning

Relevant Documents

- Thrive365 combined strategic and operational plan
- NDIS (Quality Indicators) Guidelines 2018

Date of CEO Endorsement: 09/10/2023

Last Review Date: 09/10/2023

Next Review Date: 09/10/2025

Policy Statement

Thrive365's strategic directions and priorities will be documented in one year combined strategic and operational plan which will be reviewed by the Director.

Procedures

- The Director and CEO are jointly responsible for the development of the combined strategic and operational plan.
- This document will form the basis of the Director's expectations of the Chief Executive Officer each year and will be subject to regular monitoring at monthly Director meetings and at reviews of the performance of the CEO.
- The combined strategic and operational plan includes consideration of legislative requirements, organisational risk, and other requirements relating to operating under the NDIS, participant's needs and the wider organisational environment.
- The combined plan will be reviewed at least annually.
- The combined plan outlines how Thrive365 will seek feedback from service participants, staff and other stakeholders.
- The CEO and the Director will formally review and update the combined plan each financial year and otherwise, at times of significant and unanticipated change.

Policy 1.7 Organisational Quality and Continuous Improvement

Relevant Documents

- Program Service Standards
- Thrive365 Strategic and operational Plan
- NDIS (Quality Indicators) Guidelines 2018
- Thrive365 Continuous Improvement Plan
- Policy on Active supervision

Date of CEO Endorsement: 09/10/2023

Last Review Date: 08/04/2025

Next Review Date: 08/04/2027

Policy Statement

Thrive365 is committed to innovation and the promotion of a culture of continuous improvement in its governance, management practice and service delivery.

Procedures

The Chief Executive Officer in partnership with the Director and Executive Team will focus on continuous improvement activities across the calendar year. These activities are outlined in the Thrive365 Continuous Improvement Plan.

Continuous improvement activities include:

- Surveys of both staff and participant satisfaction
- Participant outcomes measurement framework
- Informal house meetings with residents
- Monthly project meetings with our key partners such as SDA partners
- Regular staff meetings
- Maintenance of an incident management system
- Maintenance of a feedback and complaints system
- Staff supervision and performance appraisals
- IT Reviews
- Monthly assessment of financial performance

- Regular participant and stakeholder meetings which facilitate feedback regarding service provision and identify improvement strategies.
- Monthly Work Health and Safety meetings
- Participation in external benchmarking activities e.g. with La Trobe University

Continuous learning

- Thrive365 promotes a continuous learning culture by providing staff with comprehensive in house and external training opportunities across the calendar year.
- Thrive365 employs formally trained staff who are able to provide competency-based assessment for staff across a number of practice domains.
- We support staff to attend external training, conferences, seminars and webinars.
- Thrive365 supports staff to undertake relevant further study by providing flexible working arrangements to accommodate study schedules and will in some instances, finance further study for staff.
- We hold regular staff meetings which include an educational focus in including case discussion and policy review.
- We maintain an active supervision framework for staff including ad hoc out of hours supervision to support good practice across all hours of the day.
- Thrive365 holds regular support and supervision sessions for staff to support them to maintain good practice standards.

Review of Policies and Procedures

Thrive365's Policy Officer in conjunction with the CEO, will hold regular review of policies and procedures and create new policies and procedures where required. Our policy reviews

- Represent current good practice standards
- Are based on current legislative requirements

Review of IT and systems

As part of its combined strategic and operations plan, Thrive365 will review it's current IT systems to ensure:-

- Data safety

- Efficiency

Are scalable to support the growth of the organisation.

IT reviews are conducted annually to coincide with Thrive365 insurance renewal.

Multiple Platforms for Feedback across all sectors of the Organisation

Thrive365 maintains multiple opportunities for feedback including formal and informal mechanisms as described in our continuous improvement plan.

We remain committed to continuous improvement by seeking feedback, reviewing and evolving practice and identifying new opportunities to enhance service delivery.

Policy 1.8 Risk Management

Relevant Documents

- NDIS (Quality Indicators) Guidelines 2018
- Participant risk assessment
- Site risk assessment
- Transport risk assessment
- Activity risk assessment
- Organisational risk management
- Business continuity plan

Date of CEO Endorsement: 09/11/2023

Last Review Date: 09/11/2023

Next Review Date: 08/11/2025

Policy Statement

1. Thrive365 has responsibility to identify, analyse, prioritise and manage all types of organisational risks including compliance, financial, safety and health, environmental, operational risks and risks associated with the provision of supports.
2. A risk is defined as any internal or external element that has potential to cause harm or damage. This may include:-
 - Harm to people associated with the organisation including accident, injury or other adverse outcomes.
 - Impact on the organisation which impedes its ability to achieve its aims.
 - Reduction in viability
 - Reputational damage.
3. Every employee has responsibility for identifying and managing risk. While primary responsibility for risk identification and mitigation sits with the CEO and Director, most effective risk management occurs when these tasks are delegated across the organisation and all staff are involved in and share a commitment to, proactively identifying and evaluating risks and taking appropriate mitigating action. Thrive365 therefore expects that the Director, CEO and staff will act responsibly to minimise the risks to themselves and others and will report hazards and other risks immediately as they are noticed.

4. Thrive365 maintains a number of risk assessment profiles that cover different risk areas including client specific risk, activity related risk, organisational risk and transported related risk.
 5. 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
 - Governance
 - Disaster management and business continuity plan
 - Thrive 365 Continuous improvement plan
-

Procedures

- Each area of risk will have its own risk assessment. This document identifies specific areas of risk, the assessment of each risk and Thrive365's strategies for managing them. The assessments will be held by the policy officer and reviewed and updated on a monthly basis with input from the CEO and other senior managers.
- The Director and the CEO will ensure that all necessary insurance policies are in place to ensure Thrive365 meets its legal obligations and is adequately insured from identified areas of risk.
- The CEO and Program Managers will foster a risk aware culture by holding monthly WHS meetings, raising areas of risk in staff meetings and regularly reviewing risk assessments.
- The CEO will provide the Director with information regarding risks, complaints and incidents as part of monthly reporting to the Director. The report will include actions taken to address identified risks and further recommendations if required.
- Changes to Legislation and regulatory compliance will be monitored by the Director, CEO and Policy Officer via websites, membership of peak organisations, monitoring of legislation, insurer requirements and requirements by third parties and funders. The Policy Officer will then make amendments to risk documents and existing policies and procedures or may develop new policies and procedures as required.
- Newly identified risks and risk mitigation strategies will be shared with the wider workgroup via staff meetings, email or online platforms such as "Teams".

Policy 1.9 Conflict of Interest

Relevant Documents

- Thrive365 position descriptions for CEO and Director
- Thrive365 organisational chart
- NDIS (Quality Indicators) Guidelines 2018
- Thrive365 Complaints policy

Date of CEO Endorsement: 09/10/2023

Last Review Date: 22/04/2025

Next Review Date: 22/04/2027

Scope

This policy covers all divisions of Thrive365 and all employees, volunteers and the Director. This document provides a framework for identifying and resolving situations where conflicts of interest exist or might be perceived to exist.

Conflicts of Interest Identification

A conflict of interest occurs when a person or agency has a personal interest which conflicts with their responsibility to act in the best interests of another individual or entity. This may include a participant, participant's family/guardian or Thrive365 employee.

A conflict of interest may be actual, potential or perceived and may be financial or non-financial.

Situations of particular concern may include where an employee or director is: -

- Likely to make a financial gain or avoid a loss, at the expense of a participant.
- Has a financial or other incentive to favour the interests of another participant or group of participants over the interests of another.
- Has a financial or other incentive to favour the interests of another staff member or group of staff over the interests of others.
- Has the possibility of creating an appearance of improper conduct that might impair confidence in, or the reputation of, Thrive365.

These situations present the risk that a person will make a decision based on, or affected by, these influences rather than in the best interests of a participant or staff member and must be managed accordingly.

Potential Conflicts of Interest

The following are examples of potential conflicts that may arise as a result of Thrive365 conducting its business: -

- Financial interests
- Personal and family relationships between employees/volunteers/participants
- Decisions regarding appointment, promotions or other decisions relating to employees.
- Acceptance of gifts or benefits such as money, vouchers, meals, or accommodation.

Conflicts of Interest Policy and Procedures Statement – Director and Operations

This policy addresses these issues by using the following statements, actions, and commitments:

1. Thrive365 maintains clear separation between the Director and operations. The role of the CEO is to buffer the Director from direct operations. Thrive365 maintains governance policies and position descriptions which clearly outline the roles and obligations of both positions within the organisation.
2. Thrive365 will act in the best interests of participants to ensure that they are informed, empowered and able to maximise choice and control. We do this through provision of accessible information to participants including supporting access to external advocacy services and NDIS Quality and Safeguards Commission.

Conflicts of Interest Policy and Procedures Statement – Service Provision

This policy addresses these issues by using the following statements, actions, and commitments:

1. Thrive365 has not registered as a housing provider and does not provide housing via lease or purchase. Thrive365 operates from SDA registered properties which are owned by a third party with residential tenancy leases held by participants. This means that Thrive365 occupies the space with the permission of the tenants. Tenants can choose to change service provider without needing to vacate their home.
2. Thrive365 actively encourages participants to use a wide range of providers including external community access providers. Thrive365 will work collaboratively with participants and their support co-ordinators to secure external third-party providers for all additional services to activities of daily living.

Conflicts of Interest Policy and Procedures Statement – Staffing

1. Thrive365 will employ staff from time to time who may be related to or have another relationship with other staff. We will manage this by ensuring that staff in relationship with each other are not employed at the same Thrive365 workplace.
2. Staff in a supervisory role will not have a supervisory role in relation to a staff member who is related to them or with whom they have a relationship.

Conflicts of Interest Policy and Procedures Statement – Gifts

1. Thrive365 staff will, under no circumstances accept any offer of money, gifts, services, commissions or benefits that would cause them to act in a manner which unfairly promoted the interests of participants. Thrive365 acknowledges that from time to time, families and participants may wish to express their appreciation to a staff member. This may be a gift of small financial value at Christmas or similar. Such token gifts fall outside of the scope of this policy.

Procedure for the Identification and Management of a Conflict of Interest

Any person affiliated with Thrive365 who becomes aware of a conflict of interest or potential conflict of interest must:-

1. Report the conflict of interest to their direct supervisor
2. Seek further advice from their direct supervisor if they are uncertain about whether a conflict of interest exists.

When a conflict or potential conflict of interest is raised, the direct supervisor will:-

1. Determine if the potential for a conflict of interest is remote and requires no further action other than to record the fact that the matter has been reviewed or
2. Determine that an actual conflict of interest exists which requires resolution.

Actions taken to resolve a conflict of interest may include:-

1. Acknowledging the identified conflict with the effected participant or group
2. Disqualifying the employee from the process to which the conflict relates or
3. Re-organising the duties of the employee or person so as to remove the conflict of interest or
4. Putting in place additional processes to avoid the conflict of interest happening again
5. Seeking the involvement of an external advocate, support co-ordinator or plan nominee for a participant

6. Participants receiving services from Thrive365 are encouraged to raise complaints using our grievance procedure or by providing feedback in line with our policy on Participants and carers' feedback and complaints policy.

Breaches of this policy

1. A breach of this policy is grounds for disciplinary action, up to and including termination of employment. Ignorance of these procedures will not generally be accepted as an excuse for non-compliance.
2. A breach of this policy may also represent a breach of the NDIS Business Rules and may require a formal report to be made to the NDIS Quality and Safeguards Commission.

SECTION 2: FINANCIAL MANAGEMENT AND CONTROL

Policy 2.1 Organisational Funding

Reference Documents

- Service Agreement

Date of CEO Endorsement: 09/10/2023

Last Review Date: 21/03/2025

Next Review Date: 21/03/2027

Policy Statement

1. Thrive365 will actively pursue funding opportunities from government and corporate sources in order to further its capacity to achieve its objectives.
2. The CEO has the responsibility to identify possible funding opportunities and submit same to the Director.

Procedures

- With the endorsement by the Director, the CEO will prepare funding submissions. As appropriate, and at the discretion and direction of the CEO, other staff may be involved in the preparation of funding submissions.
- Corporate sponsorship of programs or activities will be accepted from organisation's that are of good community standing and whose corporate activities do not present any conflicts of interest with Thrive365's values and strategic directions.
- Thrive365 is not a registered charity and therefore does not accept monetary donations from individuals, groups and corporate entities.
- Funding submissions require the Director's approval before being submitted.

Policy 2.2 Financial Management, Monitoring and Reporting

Reference Documents

- NDIS (Quality Indicators) Guidelines 2018
- NDIS Terms of Business – Business Records
- Chart of Accounts
- Annual Budget
- Funding Agreements
- Audit Reports

Date of CEO Endorsement: 09/10/2023

Last Review Date: 09/04/2025

Next Review Date: 09/04/2027

Policy Statement

Thrive365 will maintain financial management and accounting systems that:

1. Are transparent and accountable;
2. Allow budgeting and reporting on an accrual basis;
3. Meet applicable Australian accounting standards; and
4. Are consistent with the financial reporting requirements of each funding contract.

Procedures

- Thrive365 will maintain a Chart of Accounts that ensures a consistent reporting structure and that meets budget management needs.
- An annual itemised budget for the forthcoming financial year will be prepared by the chief financial officer in consultation with the CEO and program managers to be presented to the Director for consideration and ratification no later than the 1st of July of the current financial year.
- The budget will be developed based on analysis of the current and previous year's income and expenditure, taking into consideration any known changes to funding, and will include provision for funds that are required to be set aside for future use, including but not necessarily limited to funds for:
 - Staff accruals

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- Assets replacements and repairs
- Major contractual obligations such as commercial leases
- A separate bank account will be maintained to provide cash interest and to deposit:
 - Surplus funds; and
 - Long service leave, sick leave and accumulated annual leave entitlements.
 - Assets replacement funds
 - Training funds
- The Account must maintain a balance that does not fall below the amount that could be called on by each employee at that time.
- The CEO will ensure that all debts are settled in a timely manner and will not allow ordinary operating expenses to become undischarged debts beyond a period of time determined by the Director.
- Chief financial officer will set annual budgets for any individual program, according to the available funding, and submit these budgets to the CEO for approval.
- Program managers will manage the approved annual budgets for the program areas for which they are responsible and provide monthly and quarterly reports on expenditure against those budgets to the CEO for inclusion in the Director Packs.
- All monies received into programs must be recorded.
- Where funding is received that includes a GST component, that component will immediately be recorded and allocated to a specific account code for the purpose of making a quarterly GST payment to the Australian Taxation Office.
- The Chief financial officer will provide end of month financial report for submission to the Director.
- The monthly Financial Report will include:
 - Profit & Loss year to date;
 - Balance sheet for the year to date;
 - General Ledger for the year to date;
 - Budget for the year to date;
 - Receivables including aged receivables and commentary on debt recovery efforts.
- Annual financial statements and reports will be prepared by Thrive365's external accounting firm (Keats accounting firm, Melbourne). These will be provided to the Director and CEO.

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- The Director is responsible for ensuring that Thrive365 meets all of its obligations in relation to the Australian Tax Office.
- Thrive365 will maintain archives of its financial documents consistent with its legislative requirements.

Policy 2.3 Financial Analysis Arrangements

Reference Documents

- NDIS (Quality Indicators) Guidelines 2018
- NDIS Terms of Business – Business Records
- Chart of Accounts
- Annual Budget
- Funding Agreements

Date of Director Endorsement:

Last Review Date: 09/04/2025

Next Review Date: 09/04/2027

Policy Statement

1. The company is a small proprietary company as it has revenue of less than \$50 million and has gross assets of less than \$25 million. No measurement, disclosure or financial audit requirements exist for small proprietary companies.
2. In future it is likely that this company will be eligible for audit relief under ASIC Corporations (Audit Relief) Instrument 2016/784.
3. The Director and CEO perform formal analysis of monthly financial reports, and this analysis forms the basis of rostering, client mix, product mix and utilisation decisions in the business in real time.

Procedures

- The independent accountant and the CEO, the Chief financial officer and program managers will jointly ensure that all necessary documents and records required by the Director for month end analysis are made available in a timely manner and are accurate and complete when presented. This will include, but not necessarily be limited to:
 - Financial statements;
 - House profit and loss statements;
 - Income reconciliations;
 - Accrued income reconciliations;
 - Balance sheet reconciliations (where requested);

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- Analysis of debtors follow up analysis;
- Copies of all funding agreements and service contracts
- Copies of all bank statements with accompanying reconciliation reports;
- All insurance renewal contracts;
- Payroll (including all entitlements/accruals – wages book and time sheets, LSL, severance pay, salary packaging);
- The assets register;
- Accounts payable (EFT records, cheque butts, invoices and requisition vouchers);
- Accounts receivable (receipt books, invoices, deposit book);
- Petty cash records;
- BAS statements;
- Vehicle records; and
- Organisational policy and procedures manuals.

Policy 2.4 Bank Accounts and Banking Arrangements

Reference Documents

- Bank Account Register

Date of CEO Endorsement: 09/10/2023

Last Review Date: 09/04/2025

Next Review Date: 09/04/2027

Policy Statement

1. Thrive365 maintains bank accounts for general service funds and surplus purposes.
2. A separate account is maintained for the purpose of staff accruals, asset replacement and GST.
3. Where possible (other than petty cash), cash over \$1,000 belonging to Thrive365 is to be banked on date of receipt. In the event that cash over \$1,000 is required to remain on the premises overnight, please refer to Cash on Premises Policy.

Procedures

- The Chief finance officer will maintain a Register of Bank Accounts that will include for each account:
 - Branch location, account type, account number and BSB
 - The name of the account manager or other bank contact person
 - The date on which the account was opened and closed
 - Interest rates and fees
 - Rollover dates/renewal dates for term deposits and investment accounts
 - Debit card holders and expiry dates for debit cards
- All banking arrangements must comply with the Cash on Premises policy
- The separate account is managed by the CEO and Chief finance officer and reconciled in line with the Director meeting calendar and provided in monthly reports to the Director.

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- The separate surplus funds Account can only be accessed by the Director and the CEO via electronic bank token.

Policy 2.5 Signatories, Expenditure Authorities and Arrangements

Reference Documents

- Bank Account Register
- Delegation schedule

Date of Director Endorsement: 24/10/2023

Last Review Date: 09/04/2025

Next Review Date: 09/04/2027

Policy Statement

1. Thrive365 will have a minimum of two and maximum of four signatories to its bank accounts.
2. Expenditure authorities will balance the need for organisational efficiency and the need for adequate financial controls.

Procedures

- Signatories to Thrive365's operational bank accounts will be the Director and CEO
- Cash Management Account funds require the signature of the Director.
- EFT will be prepared by the finance team and initiated within ComBIZ within delegated authorities. Approval will be performed by either the CEO or the Director via NetLock and code generators. Log in information and approvals are not to be shared within employees.
- Signatories will be reviewed and as necessary updated.
- All changes of signatories will be approved by the Director and noted in Board meeting minutes.
- Approval for expenditure including the replacements of assets is as per the delegation schedule in Policy 1.4.
- Receipts for all expenditure must be provided to Thrive365 finance department before the end of each month.

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- Signatories should not authorise payments which involve a conflict of interest, e.g. the authorisation of payment that is a reimbursement for their own expenses.
- For expenditures, the following process suffices:
 - finance team receives all the invoices for the expenses. The invoices are then sent to the manager of the relevant department for approval before processing.
 - The approval is received by email through the authorised person to approve the expenditure.
 - Finance Team prepares the suppliers batch with all the details and notes of approvals by the managers before sending to CFO for reviewing and finalising.
 - The final supplier's batch is sent to CEO for approval.
 - Finance Team will then create the bank file for authorisation and releasing the payments by CEO.
 - Finance Team has no authority to approve bank transactions electronically.

Policy 2.6 Petty Cash

Reference Documents

- Petty Cash reconciliation sheet

Date of CEO Endorsement: 09/10/2023

Last Review Date: 09/04/2025

Next Review Date: 09/04/2027

Policy Statement

All expenditure for services, reimbursements and small purchases for amounts of up to and including \$1,000 to Thrive staff expended on behalf of Thrive is managed under the supervision of the Chief finance officer.

Procedures

- The Petty cash float of \$1,000 will be maintained and managed by the Finance Team.
- The Cash float will be kept in a safe or a lockable cabinet. Receipts must accompany claims for expenditure.
- When an employee approaches for petty cash, finance team collects the necessary information before the cash is disbursed and signature of the employee receiving the cash.
- A receipt must be obtained each time petty cash is used.
- Receipts are to be reconciled on monthly basis by the Finance Team.
- Cash is to equal difference between receipts and \$1,000 float.
- GST is to be noted on receipts.
- When the float is below \$300, a request is sent to CEO for cash withdrawal by the Finance team.
- The petty cash is to be topped up via cash withdrawal from the bank. The CEO is the only staff member authorized to perform this cash withdrawal.

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- The CEO then advises the Director via email that a cash withdrawal from the bank has been performed.
- Any discrepancy in the balance of the petty cash following reconciliation will be reported to the CEO.

Policy 2.7 Re-Imbursements

Reference Documents

- Expense re-imburement through Employment Hero
- Policy 2.5 on Signatories, Expenditure Authorities and Arrangements

Date of CEO Endorsement: 09/10/2023

Last Review Date: 09/04/2025

Next Review Date: 09/04/2027

Policy Statement

1. Employees who incur expenses whilst travelling or working on Thrive365 business shall receive re-imburement based on their relevant employment award or for any other expenses not covered by the Award.
2. Employee will submit the reimbursement request through Employment Hero swag app to their relevant manager/supervisor.
3. The manager will review and approve the expenses in Employment Hero to be processed in the following payday by the finance team.
4. Staff with authorization authority cannot authorize their own re-imburement.

Policy 2:8 Management of Non-NDIS Participant funds

Reference Documents

- Thrive365 Service Agreements
- Thrive365 Centre Pay Deduction Form
- Approval from Trustee for Non-NDIS Fee
- Approval from Financial Guardian for NDIS Service Fee

Date of CEO Endorsements: 19/04/2025

Next Review Date: 19/04/2027

Policy Statement

This policy and procedure outlines when and how Thrive365365 will collect and manage non-NDIS funds on behalf of a participant.

Thrive365365 actively encourages participants to manage their own funds or will work with stakeholders to ensure that the participant is financially safeguarded through appropriate appointment of a financial trustee.

Thrive365 does not provide participants with financial advise.

Procedures

NON – NDIS Fees in Service Agreement

1. Thrive365365 develops a service agreement with the participant which outlines NDIS and Non-NDIS expenses.
 - Non-NDIS expenses include utilities contribution, groceries, hygiene and transport contribution.
 - These payment amounts are set for the duration of the service agreement.
 - Participants can nominate to pay Thrive365 directly via Centre pay deduction form, Trustee or direct debit by the Plan nominee.
 - Participants can also nominate to pay for transport per kms by the travel log and to be invoiced monthly in arrears.
 - Payments made by participants are accounted for in our financial management system (Xero).

2. Thrive365 will receive participant spending money in limited circumstances.

For participants under financial management with the Trustee and Guardian:-

- The Trustee will deposit a weekly spending amount into Thrive365's bank account.
- This is recorded in Thrive365's balance sheet
- When the participant wishes to spend this money, the practice leader sends an email to Finance in writing requesting to withdraw certain funds for the participant along with expected amount and intended list of items required by the participant.
- The practice leader then comes to Head office to collect cash from Finance and sign the register maintained with date and signatures.
- Once the purchase is made, practice leader provides the copy of invoices / receipts. The receipts are verified and recorded by Finance and the account is reconciled on monthly basis.

Participants may sometimes require additional items that are unplanned eg new clothes, bed linen etc. In these circumstances Thrive365 will:-

- Receive written authorisation from the financial trustee for the expenditure including the amount.
- Thrive365 will then purchase the items and forward the receipts back to the Trustee
- The Trustee will then reimburse Thrive365 for the expenditure.

3. Some participants may prefer to use a tap and go card instead of cash. In this case:-

- The spending money received in Thrive365's bank account as Participant's spending allowance is recorded as a liability in Thrive365's balance sheet.
- These participants have regular expenses, like weekly outing/ weekly lunch. As per the Practice leader's advice. Finance transfers the fixed amount to their Australia post debit card via supplier's batch.
- The invoice is reviewed by CFO and approved by CEO.
- The Participant uses the Australia post card as per their need.
- No Receipts are provided to the Finance Team.

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- Finance reconciles the monthly balance sheet liability account for the money received and disbursed for the participants.
- A statement of expenditure is available via Australia Post to be provided back to the Financial Trustee and participant

SECTION 3: ADMINISTRATION AND ASSET MANAGEMENT

Policy 3:1 Security of Premises

Reference Documents

- Key register
- Insurance policy

Date of CEO Endorsement: 19/10/2023

Last Review Date: 19/10/2023

Next Review Date: 18/10/2025

Policy Statement

1. Thrive365 is committed to minimising risks to staff, participants, equipment and participant information by maintaining sound security regimes at all service sites.
 2. Full details of security arrangements will be provided to staff at each service site on a “need to know” basis.
 3. All staff share the responsibility for office security, and for ensuring security of the workplace at the end of each day.
-

Procedures

- All keys to Thrive365 are referenced by the key register. Master keys are maintained by the SDA provider or owner of the building.
- Keys must not be marked as, or in any other way be identifiable as Thrive365 keys.
- All keys to Thrive365 premises which are provided to staff will be detailed in the key register which is maintained by the HR manager.
- Keys issued to a particular staff member are not to be passed on to any other staff without the authorisation of the Program Manager or CEO and the necessary changes having been noted in the Key Register.
- Keys that have been issued to a member of staff who is leaving Thrive365 must be returned to the program manager on the last day of employment.

- Keys for items such as secure filing cabinets are stored in a lockable box and are available to authorised staff when they need to access files from the secure cabinet. Access to these keys is through the HR manager.
- At the end of each day, all computers must be turned off, files must be returned to filing cabinets or locked drawers. Staff are not to remove any documents or electronic copies of documents (via drives etc) without first receiving approval from the CEO.
- Whoever leaves Thrive365 workplace last each day is responsible for checking to ensure the premises are secure before locking up for the night.
- For Thrive365 residential properties, spare keys will be maintained by the program manager in an external wall mounted key safe.

Sleepover site security

- Staff rostered on to sleepover will check the security of all doors and windows prior to finishing their active shift.
- For houses with key lockable doors, sleepover staff will retain the keys with them at all times. For example, having the keys beside their bed while on sleepover shift and on a lanyard around their neck while performing active shift.

General residential site security

- Staff should lock the front doors and close all gates on dusk or when the bulk of clients' movements has ceased. This includes locking security doors.
- Should staff receive a caller to the house, staff are to use the video intercom if it is supplied and to ascertain the identification of the caller or alternatively ensure the security door is locked before opening the main door to ascertain identity.
- If at any time staff are concerned for their safety and that of the resident, staff are on the first instance to secure the building and then call 000.

Policy 3.2 Use of Web-based and communication devices or gadgets

Reference Documents

- Delegation policy
- Position descriptions

Date of Director Endorsement: 23/06/2022

Last Review Date: 24/04/2025

Next Review Date: 24/04/2027

Policy Statement

1. Employees have a responsibility to ensure appropriate and safe use of Thrive365 communication and/or web-based devices, gadgets and services.
2. Thrive365 prohibits the use of personal communication and web-based devices, gadgets, materials, or equipment while on shift attending to Thrive365 business.

Procedures

- Thrive365 considers web-based and communication devices to include computers, laptops, tablets, phones and any other device or gadget used for any form of communication online or offline.
- Thrive365 staff are responsible for the safe keeping and care of any Thrive365 web-based or communication device, gadget, material or equipment they use in the discharge of their duties.
- Staff will be responsible for the replacement of any of such devices, gadgets, materials or equipment in event of a loss, theft, or damage if proven to have occurred due to carelessness of the staff.
- Thrive365 devices and web-based services such as the email and internet services are provided by Thrive365. These are for business- and work-related purposes only and must not be used for private purposes.
- Viewing or downloading images or documents of an inappropriate or offensive nature will result in disciplinary action or dismissal. **Thrive365 have a ZERO tolerance policy in relation to pornography.**

Use and maintenance of Thrive365 devices, platforms, and carriages

- Computer based games and game applications must not be downloaded or stored on Thrive365 computers, laptops, tablets, phones or other devices.
- Only Thrive365 staff must access Thrive365 devices to prevent breach of client privacy information.
- Staff must not use access codes provided to other staff unless the CEO grants permission.
- An independent IT specialist will be allowed access for random monitoring and reporting only by express permission by the CEO.
- Accounts from internet service providers are to be retained as part of the normal accounting processes.
- Line managers are responsible for ensuring that any IT assets utilized in their business unit have up to date and fit for purpose protective software installed and operating against viruses, malwares, spywares and others for example McAfee antivirus.

Termination of employment

- Staff exiting the employment of Thrive365 will have access to all Thrive365's online platforms terminated. This includes temporary suspension to all Thrive365 platforms for staff subject to performance management. The HR manager will review the contents of the outlook accounts of any outgoing staff and inform the CEO of any matters that may require further investigation or action. This may include correspondence constituting harassment, breach of privacy, defamation, or other breaches of the code of conduct.
- Computer passwords and access codes will be changed regularly by Thrive365 staff accessing online devices and platform.
- Levels of access to all systems utilized by Thrive365 will be determined by job description and delegation and is subject to review by the CEO.

Staff use of personal devices

- Support workers are not to utilize personal phones or other communication gadgets for any purpose whilst at work except during their 10mins allocated break period. Exception is only on permission by the CEO.
- Thrive365 encourages support workers not to attend work with personal phones or other communication gadgets; however, if such gadgets are brought to work, they must be safely stored in designated lockable cabinets.

- Each support worker should store their communication or web-based gadgets in designated lockable cabinets and secure them by locking and storing the keys till they complete their shift.
- All stored personal communication and web-based gadgets are stored at the owners' risk. Thrive365 will not be held liable for any loss if a staff misplaces the key to their stored gadgets or an individual gains access to the gadgets through the staff key or another route.
- Thrive365 official contact number is available to all staff to submit to their family members in event of an emergency or a need to reach out to the staff member during working hours; while the house contact number is available for them during call hours.

Participants' privacy

The collection, use and dissemination of any information or images related to participants is subject to the privacy act and Thrive365's privacy policy.

- Thrive365 staff are not to use their personal devices to take photographs, images, receive or exchange information regarding participants. This is in direct breach of participant privacy.
- Staff must not utilize their personal devices to access the client management platform, CTARS to prevent any breach to the privacy act.
- Thrive365 will make use of information exchange platforms such as Microsoft Teams as required. The operations' managers are responsible for regular review of the nature of use and content exchanged on these platforms and provide ongoing guidance to ensure Thrive365 meets its policy and legislation requirements. Any potential breaches will be reported to the CEO.
- A breach of this policy will result to disciplinary action and can lead to termination.

Policy 3.3 Retention and Disposal of Files and Electronic Records

Reference Documents

- Privacy Act 1998 (Cth)
- Accounting Standards

Date of CEO Endorsement: 16/10/2023

Last Review Date: 16/10/2023

Next Review Date: 15/10/2025

Policy Statement

1. All material, in paper copy, electronic or any other format that is created by employees of Thrive365 during their employment, or that is accessed by employees on Thrive365's equipment is the property of Thrive365.
2. All documents and electronic records that contain private and confidential information about Participants, staff or Thrive365 as an organisation, will be retained in locked cabinets with access only by the CEO (organisational records and records relating to the CEO) and the relevant Program Manager or supporting staff (Participant and staff records).
3. No information or any form of media relating to Thrive365 work may be taken from the premises without the prior permission of the CEO.
4. All Thrive365 records will be retained according to the current legal and practice requirements. Records include all documentation retained in hard copy and electronically in relation to Thrive365's organisational arrangements, Participant services, individual Participants and all staff records.
5. Archived documents will only be accessible to staff with the delegated authority to access the record, or to others as required by law.

Procedures

- Tax Records: Tax records include, but may not be limited to, documents concerning payroll, expenses, proof of deductions, business costs, accounting procedures, and other

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documents concerning Thrive365 revenues. Tax records will be retained for seven years from the date of filing the applicable return.

- Employment Records/Personnel Records: All records associated with the employment and service of individual staff will be retained indefinitely.
- Participant Files and other Participant Records will be retained indefinitely.
- Director's Materials: Meeting minutes will be retained in perpetuity. A clean copy of all Director materials will be kept for no less than ten years by the organisation.
- Press Releases/Public Filings: Thrive365 will permanently retain copies of all press releases and publicly filed documents.
- Legal Files: Legal counsel will be consulted to determine the retention period of documents, but legal documents should generally be maintained for a period of ten years.
- Marketing and Sales Documents: Thrive365 will retain final copies of marketing and sales documents for three years.
- Contracts: Copies of all contracts entered into by Thrive365, including Funding Agreements, leases, contracts of sale, and other legal documents will be retained for 10 years.
- Electronic Mail: E-mails, including documents that are sent to or from Thrive365 as attachments that need to be saved according to the requirements of this Policy, should be saved in our online client management system.
- The following retention timeframes are to be applied:
 - **Administrative Correspondence (10 years):** This includes, though is not limited to, confidential management information, employee related information, legal information and project-related correspondence.
 - **Fiscal Correspondence (7 years):** Fiscal Correspondence includes all information related to revenue and expense for the organisation.
 - **General Correspondence (10 years):** General Correspondence includes information that relates to customer interaction and the operational decisions of the organisation.
 - **Ephemeral Correspondence (Retain until read, then destroy):** Ephemeral Correspondence includes personal email, emails dealing with the work of the day, and emails containing information outdated by events. Staff may destroy this after reading.
- Back up is to be to the online platform and hard drive.

Indigenous Records: these must be kept for all indigenous Participants who have a birth date prior to 1981.

Policy 3.4 Insurances

Reference Documents

- NDIS Terms of Business – Business Insurance
- Insurances pack from Gow Gates
- Renewal pack from “I Care” (NSW) work cover
- Renewal pack Q Cover (QLD) work cover

Date of CEO Endorsement: 16/10/2023

Last Review Date: 16/10/2023

Next Review Date: 15/10/2025

Policy Statement

1. Thrive365 will comply with all insurance requirements stipulated by funders.
2. Thrive365 may also be required to carry additional insurances as stipulated in certain Third-party agreements such as commercial leases, collaboration agreements with SDA providers, and service agreements with other parties.
3. The Director may authorise additional insurances in other areas from time to time.

Procedures

- It is the responsibility of the CEO to ensure that all persons and equipment associated with the work of Thrive365 are covered by relevant insurances.
- Thrive365 has its insurance coverage reviewed annually by our insurance broker (Gow Gates). Gow Gates provides Thrive365 with advice on all policies the organization is required to carry in the next 12 months. Thrive365 will then provide Gow Gates with a comprehensive documents pack to enable Gow Gates to write all necessary policies. will maintain up to date comprehensive insurance policies in the following areas.
- The Chief finance officer will prepare and provide a summary of Thrive365 financial documents for the previous financial year for Gow Gates to assist with insurance renewal.
- The Chief finance officer will perform a wage reconciliation of the previous financial year and wage forecast for the next financial year to assist in the renewal of Thrive365's workers compensation policies.

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- The Program Manager will ensure that students on placement in their Program areas are covered by necessary insurances through their training institution before the placement commences.

Policy 3.5 Asset Acquisition, Maintenance and Disposal

Reference Documents

- Assets Register
- Policy on Delegation
- Delegation Schedule

Date of CEO Endorsement: 17/11/2023

Last Review Date: 17/11/2023

Next Review Date: 16/11/2025

Policy Statement

1. Thrive365 will exercise diligence in the purchase or other acquisition of assets so that acquisitions represent value for money and are safe and fit for purpose. Availability will also be a consideration. Where these purchase criteria are met by more than one quotation, and the item is available locally, Thrive365 has a preference to “buy local”.
2. Assets with a purchase value of more than \$500 will be recorded in an Assets Register.
3. Assets must be maintained in a safe condition.
4. Staff and service users are required to use Thrive365’s assets in a safe, lawful and responsible manner, and in accordance with the manufacturer’s instructions.
5. All asset acquisition, maintenance and disposal arrangements will be made in accordance with the requirements of the body which has funded the purchase.

Procedures

- Chief finance officer and Thrive365’s external accountant will coordinate and manage the depreciation of assets each financial year and liaise with the Director regarding any associated taxation matters.

Asset Register

- The CEO will maintain an up-to-date Assets Register of all Thrive365’s assets valued at purchase at more than \$500.

The Register will include:

- quantity and description of the item(s) purchased;

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- the serial number of the item, and the Thrive365 asset number; - the date of acquisition;
- the purchase price and source of purchase;
- the source of funding for the asset;
- warrantee/guarantee dates;
- maintenance and repairs schedules; and
- disposal arrangements and price.

Acquisition

- Assets below \$500 require 2 quotations where possible. The decision on which quote better meets the purchase criteria, will be made by the Operations manager, who can then procure the asset. Both quotes will be retained with the purchase papers.
- Where the acquisition has not been allowed for in the budget, and is an amount anticipated to be over \$500 and less than \$5000, the Operations manager will obtain two written quotations and present these to the CEO who will decide which quote better meets the purchase criteria and authorise the purchase. Both will be retained with the purchase papers.
- Two written quotes will be obtained before an asset with an anticipated value of more than \$5000 is purchased. Where there are local suppliers for the asset, at least one of the two quotes will be from a local supplier. The quotes will be presented to the Director who will decide which quote is the best value for money for Thrive365 and authorise the purchase. This might not be the lowest quote. Both quotes will be retained with the purchase papers.
- On acquisition, all assets exceeding \$500 will be clearly marked as the property of Thrive365 and entered onto the assets register.

Maintenance

- Assets will be checked for safety and continuing fitness for purpose according to a maintenance schedule, at intervals no greater than one year apart.
- Program Managers are responsible for the maintenance of assets in their Program Areas, according to the maintenance schedule.
- Unless the work to be undertaken is of a specialist nature requiring expertise not locally available, Thrive365's maintenance work will be contracted to local suppliers.

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- Where costs are to be incurred for maintenance to be carried out, the Program Manager will obtain two quotes if possible for the necessary work to be undertaken.
- Where quotations are anticipated to be less than \$500, the Program Manager will determine the quotation that represents best value for money, document their decision and contact the successful supplier to arrange for the work to be carried out.
- Where quotations are over \$500, the Program Manager will recommend to the CEO which quotation they believe to represent the best value for money. The CEO will review the quotes and select the successful supplier. The Program Manager will then arrange for the work to be carried out.
- Payments are made on invoice at completion of job.

Disposal

- Before disposal of an asset with an estimated residual value of more than \$1000, an estimate of the value of the asset will be obtained from a reputable supplier.
- Disposal of assets with a value of more than \$1000 and less than \$1500 will be authorised by the CEO. Disposal of assets with a value of \$1500 or more shall be authorised by the Director, and those assets will be publicly advertised for sale. The most reasonable offer shall be accepted seven days after advertising.
- Where a functioning asset that is surplus to the organisation's requirements has been fully depreciated but has some residual value and is in safe working order, it may be disposed of as a trade-in or by offering the item for sale or tender.
- Surplus and obsolete assets that are deemed to be in safe working order can be offered for sale to service users, staff, members and friends of Thrive365, based on the valuation price and considering the condition of the item and original purchase price. Such arrangements must be approved in writing by the CEO.
- Assets with an assessed value of up to \$1500 may be traded in on the price of a new item or item of better condition at any time with the written approval of the CEO.
- Should an item be deemed to have no value or to be unsafe, it will be rendered unusable and safely disposed of and written off in the accounts by the auditor.
- A reconciliation of the assets on hand and the assets listed in the Assets Register will be completed by June 30th of each financial year.

Policy 3.6 Motor Vehicles

Reference Documents

- Vehicle Information Kit
- Policy 3.7 Use of Private Vehicles for Work

Date of CEO Endorsement: 17/11/2023

Last Review Date: 17/04/2025

Next Review Date: 17/04/2027

Policy Statement

1. Thrive365 will ensure that its vehicles are used efficiently and responsibly. The CEO is responsible for ensuring that vehicles, drivers and passengers are appropriately insured.
2. Managers in the operations' team and maintenance manager are responsible for ensuring that all vehicles are regularly serviced according to the manufacturer's service schedule, are maintained in a safe, roadworthy condition, and are registered with the relevant statutory body.
3. Employees must agree and sign the vehicle use service agreement before they can utilize any vehicle for Thrive365 business or on behalf of Thrive365.
4. Employee's transporting Participants must in the first instance utilise vehicles that are owned by Thrive365. If an Thrive365 vehicle is unavailable, employees can transport Participants in their own vehicles only when authorized by the relevant Operations manager. Employees are to ensure their private vehicle, when used for work related tasks, is roadworthy, appropriately registered and comprehensively insured and in good working order. Staff will be reimbursed the appropriate ATO mileage rate when using their own vehicles for Thrive365 purposes - please refer to Policy 3.7.
5. Thrive365 staff and Participants are the only permitted occupants of any Thrive365 vehicle. Friends and family members are not permitted, under any circumstance, to travel in a Thrive365 vehicle. The exception to this may be with the CEO's agreement.
6. Thrive365's vehicles will be garaged only at Thrive365 properties where there is shelter and secure parking.
7. If any of Thrive365 vehicles are sent for servicing or repairs, the Chief finance officer must ensure the servicing company or agency are responsible for any further damage, missing parts, malfunctioning of the vehicle while in their custody.
8. Staff must always comply with the Road Traffic Code. Payment of traffic and parking infringements and any other penalties incurred by staff that breach the Road Traffic Code

whilst driving any Thrive365 vehicle or their own vehicle used for Thrive365 purposes, are the responsibility of the staff member.

9. Any traffic infringement incurred by a staff member will be assessed by the Operations manager and HR. If the nature of the infringement infers that the individual was engaging in driver conduct that poses risk to participants, their access to Thrive365's vehicles and driving on shift in general will be suspended pending further investigation.
10. Thrive365 has a zero-tolerance level for alcohol and other drugs (blood alcohol and measures of other drug levels must be zero at all times) in all workplaces, including while driving an Thrive365 vehicle. Breaches of this requirement constitute a serious breach of employee responsibility.
11. In the event of a road traffic accident involving an Thrive365 vehicle, the highest priority is to ensure the immediate safety of passengers and staff, Minimising risk to the general public, while having due regard to the needs of those directly involved in the accident and complying with legal obligations are also important considerations.
12. At no time are staff to use a work vehicle for private purposes unless it has been agreed to by the CEO.

Procedures

- Staff must present documentary evidence of their licence to drive a motor vehicle when they are appointed to a position at Thrive365.
- All matters related to the use of Thrive365 vehicles will be covered in the orientation program for new staff. Matters related to safety are addressed in the Work, Health and Safety Guidelines.
- Staff who are prescribed medication which cautions against driving must immediately advise their Program Manager, or in the case of Program Managers, Operations manager, and will be relieved from driving duties until they are medically cleared as fit to drive.
- Staff who lose their driving licence for any reason, must advise their Program Manager, or in the case of Program Managers, Operations manager, within 24 hours of the licence being revoked.
- Staff who utilise their own vehicles for Thrive365 purposes must abide by Policy 3.7 Use of private vehicles for work.

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- Thrive365 vehicles are only home garaged when the arrangement is in Thrive365's interest and provides the most effective security for the vehicle.
- Staff who home garage Thrive365 vehicles have no rights to private use of the vehicle.
- Staff who have an Thrive365 vehicle home garaging privilege are responsible for ensuring that the vehicle is maintained in a clean and safe condition, free of personal items and that it has adequate fuel each morning, for a full day's activity.
- Any equipment or other moveable object which could be dangerous in the event of sudden braking is to be stored in the vehicle's boot or securely restrained in the vehicle's cabin.
- Each Thrive365 vehicle will have a Vehicle Information Kit which will contain:
 - Insurance details
 - What to do in the event of an accident or medical emergency, including reporting procedures; and
 - Emergency contact numbers.
 - Managers numbers
- Thrive365 will have an emergency breakdown service available to respond to breakdowns of all Thrive365 vehicles.
- Incidents forms are to be used by staff to report any incidents or hazards to do with Thrive365's vehicles or the transporting of Participants. This includes accidents, mechanical breakdowns, faulty equipment or observed incidents with Participants that present a safety risk. The Incident and Hazard forms are to be completed by the driver immediately following the incident or identification of the hazard and handed to or faxed to the Program Manager the same day.
- Thrive365 vehicle logbooks or "Before you drive checklist" must be completed for every journey at its commencement and conclusion, including travel to and from a home garage. This is located in CTARs.
- The Chief finance officer is responsible for maintaining records relating to all vehicles including insurance, garaging, servicing and repairs, and for arranging servicing by the due date or kilometres.

Policy 3.7 Use of Private Vehicles for Work

Reference Documents

Date of CEO Endorsement: 17/11/2023

Last Review Date: 17/11/2023

Next Review Date: 17/11/2025

Policy Statement

1. Employees must sign the vehicle use service agreement before they can utilize any vehicle for Thrive365 business or on behalf of Thrive365.
2. Employee's transporting Participants must in the first instance utilise vehicles that are owned by Thrive365. If an Thrive365 vehicle is unavailable, employees can transport Participants in their own vehicles only when authorised.

Procedures

- Staff who use their private vehicles for work purposes must maintain comprehensive and compulsory vehicle insurance at their own expense.
- Staff will provide proof of their insurance and vehicle maintenance record upon employment.
- All private vehicles must be roadworthy.
- It is the responsibility of staff to ensure that their vehicles are registered for business use and to inform their Insurance Company of the extent to which they use their private vehicle for work and have it noted on their policy documents.
- The relevant Award will be used to determine the vehicle costs that are claimable.

Policy 3.8 Management of the Media with reference to an adverse event

Reference Documents

- Risk Management Plan
- Delegation Schedule

Date of CEO Endorsement: 17/11/2023

Last Review Date: 17/11/2023

Next Review Date: 17/11/2025

Policy Statement

1. Thrive365 will foster positive relationships with media organisations for the purposes of:
 - Getting local community interest in and support for awareness weeks/days e.g. International day for people with a disability, mental health week, etc
 - Commenting on local and relevant issues that impact on our participants; and
 - Disseminating information about Thrive365 that is of community interest, for example the opening of a new service.
2. Thrive365 promotes openness and accessibility in our dealings with the media, whilst complying with the law and maintaining confidentiality when appropriate.
3. Thrive365's written communications with the media will be written in plain English and all information will be as objective, balanced and accurate as possible.
4. Thrive365's authorised media contacts are the Director and the CEO. Staff members must refer all media enquiries to these positions. No other members of staff are to make contact with or respond to any media enquiry or request for comment.

Procedures

- When the media approaches Thrive365 in relation to an adverse event, or with an allegation of an adverse event that involves Thrive365, responses will be made only by the Director and/or the CEO in accordance with the advice provided by Thrive365 legal team. which forms part of the Risk Management Plan.

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- The Director will authorise the development of a planned media strategy in relation to a particular event around which Thrive365 seeks coverage, and delegate the responsibilities for making approaches to media organisations to the CEO.
- When a media organisation approaches Thrive365 for comment on a local or relevant issue, or on any matter related to Thrive365's participants and service delivery, the enquiry will be immediately referred to the CEO, or in the absence of the CEO, the Director.
- General advertising and service stories are the responsibility of the CEO.

Policy 3.9 Corporate Image and Communications

Reference Documents

- Combined strategic and operations plan
- Management of the Media with reference to an adverse event
- Risk management plan
- Delegations schedule

Date of Director Endorsement: 17/11/2023

Last Review Date: 17/11/2023

Next Review Date: 16/11/2025

Policy Statement

1. Thrive365's corporate communications are an important way in which we convey our professionalism to our participants, colleagues, funders, and the broader community. Across all of Thrive365's services, the symbols of the organisation, including the logo, the letterhead and the website will be used in a manner that is consistent and in keeping with Thrive365's values and community standing.
2. Thrive365's logo is trademarked in both Australia and internationally and can only be used for official Thrive365 business.
3. Thrive365 is committed to making its corporate information accessible including use of E-platforms which incorporates easy read language and voice over features.

Procedures

- Thrive365 has a standard corporate style for all written communications which includes our standardized fonts, colours, logo, position titles, letterhead and email tags.
- The corporate style for all written communications, including letters and participant information brochures is as follows:
 - Letters are to be on the Thrive365 letterhead at all times
 - Brochures are to be in the same format as all others within Thrive365
 - The CEO is the only employee that has the authority to change formatting on organisational material.

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- Staff wearing lanyard ID that identify them as Thrive365 staff members must behave in ways that are consistent with Thrive365's values and community image.
- Staff must not display Thrive365 lanyard ID outside of working hours, except for the journey to and from their home.

Policy 3.10 Social media use

Reference documents

- Policy on Privacy and information management
- Policy on Protecting Participants from Harm
- Policy on Staff Misconduct and Discipline
- Policy on right to disconnect
- Customer Consent Form
- NDIS Code of Conduct

Date of CEO Endorsement: 05/05/2025

Last Review Date:

Next Review Date 05/05/2027

Policy statement

The policy on NDIS providers and social media in Australia focuses on maintaining ethical standards, protecting the privacy and rights of participants and its staff, and ensuring that all online activities align with the values and regulations of the National Disability Insurance Scheme (NDIS)..

Procedure

Social media accounts

- Thrive365 will create dedicated social media accounts for promotion, marketing, and other engagements. All its social media accounts will be separated from any individual's social media account.
- Its social media accounts will be managed by Thrive365's head of marketing

Privacy and confidentiality

NDIS participant and staff privacy

Thrive365 will protect the privacy of its staff and NDIS participants under its care by not sharing personal information, images, or videos of/or where its staff or clients appear without explicit, informed consent, in line with its policy on privacy and information management.

Confidentiality obligations

In line with its policy, Thrive365 will keep all participant- and staff-related information confidential. No sensitive or identifying information will be shared on social media without consent of the owner.

These will be achieved by ensuring only authorized individuals are able to share or edit information in its social media accounts.

Professional Boundaries

Separate personal and professional accounts

- Thrive365 will create and maintain separate and dedicated social media accounts for marketing and promotional activities, and to engage NDIS participants and its staff in a professional manner.
- Staff must keep their personal social media accounts separate from any professional accounts or participants accounts. This will help ensure a clear distinction between staff and participants private lives and ensure there is no conflict of interest or breaches of professional conduct.

Maintaining boundaries

When interacting on social media, Thrive365 staff must maintain clear professional boundaries with NDIS participants they are supporting.

- Staff are not to share their social media accounts with clients or accept invitations sent by clients.
- Staff are not permitted to engage with any Thrive365 client on any social media platform except permitted by the CEO.
- All engagement with clients must be done using Thrive365 social media account (if authorized) within business hours.
- When using Thrive365 official social media accounts, all personal interactions, relationships, or conversations must be avoided.

Ethical use of social media

Compliance with the NDIS Code of Conduct

Thrive365 will provide its staff the NDIS Code of Conduct, which mandates acting with integrity, honesty, and respect in all interactions, including those on social media. Staff are expected to read, understand and act on it.

Respectful communication

- Thrive365 will audit all engagements using its social media platforms at least once a month to ensure all communication are respectful, non-discriminatory, and does not harm the reputation of participants, the NDIS, its staff and, Thrive365.
- The use of its social media accounts must only be used to propagate Thrive365 related work and activity; it should not be used for any political, religious, and/or ethnic propagation. Its views will be in line with the views of the NDIS.
- Thrive365 or its staff will not support or encourage an NDIS participant under its care to engage in discriminatory or inflammatory activities using social media. Its support must follow NDIS recommendation and organizational values.
- For issues that are work related, staff must ensure not to communicate with colleagues outside of their working hours. Where this is breached, the offending staff will be held accountable and not Thrive365.

Marketing and Promotion

Informed consent for promotional content

When using social media for marketing purposes, Thrive365 must obtain explicit, informed consent from participants and staff before sharing their images, stories, or any related content. Consent must be specific to the social media platform and use case.

Ethical advertising

Thrive365 will have all information vetted before it is posted using its social media account to ensure no misleading or false advertising will be posted on social media using its account. This will ensure its promotional contents accurately represent the services offered and the experiences of participants.

Informed Consent

Obtaining Consent

Thrive365 will utilize the best communication method available to the participant to ensure that they fully understand what they are consenting to when agreeing to have their information or images shared on social media. This includes explaining where the content will be shared and how it will be used.

Right to Withdraw Consent

Participants have the right to withdraw their consent at any time; Thrive365 will promptly remove any related content from social media once consent is withdrawn.

Monitoring and Reporting

Monitoring Social Media Activity

The IT specialist and Policy officer will monitor and regularly review all social media activity to ensure all posts including contents and interactions comply with NDIS policies and ethical standards, and they align with organizational values. This review will be conducted every 3months after which a report will be sent to the CEO.

Reporting Inappropriate Behaviour

Inappropriate or unethical behaviours or concerns directed against Thrive365, its staff or its clients, encountered on social media will be reported to the relevant authorities, whether it involves staff, participants, or other stakeholders. This includes reporting breaches of privacy, confidentiality, or the NDIS Code of Conduct, threats of various nature, abuse, discrimination etc.

Training and Education

Staff Training

during staff onboarding and refresher trainings, Thrive365 will provide staff with clear guidelines on use of social media in relation to work, communicating with colleagues, participants and third parties, including understanding the importance of privacy, confidentiality, and maintaining professional boundaries.

NDIS participant support

in line with NDIS recommendation on the level of support its participants require, Thrive365 will provide the participants the support they require to engage in social media activity using their personal accounts. Staff may offer guidance to participants on how to safely use social media, including tips on protecting their privacy and recognizing potential risks online.

Consequences of misconduct

Disciplinary Action

Any misuse of social media by Thrive365 or its staff can result in disciplinary action, including warnings, suspension, or termination of employment, depending on the severity of the breach.

Legal implications

In cases where social media misuse leads to breaches of privacy laws or other legal issues, the victim will be supported to pursue legal redress.

SECTION 4: PARTICIPANTS AND CARERS

Policy 4.1 Access to Services

Reference Documents

- NDIS (Provider Registration and Practice Standards) Rules 2018
- Participant Registration Form
- Service Exits other than for Withdrawal of Service
- Service agreement

Date of CEO Endorsement: 08/10/2023

Last Review Date: 11/03/2025

Next Review Date: 11/03/2027

Policy Statement

1. Thrive365 provides services to NDIS participants only.
2. Thrive365's services are open to all people in our geographical service area regardless of their race, gender, sexuality, marital status, and religious or political beliefs. Where funding limitations restrict capacity to respond to the number of people who seek a service, priority will be given to those who are objectively assessed to be in the greatest need.
3. Services cannot be provided to potential participants who on assessment do not meet the program's eligibility criteria which includes compatibility with other participants and availability of required supports.

Procedures

- Thrive365 will ensure that information on our services is distributed in appropriate formats to agencies in our geographical service area that have contact with a diverse range of people who might be eligible for a Thrive365 Service. This will include, but not necessarily be limited to GPs, hospitals, the Aboriginal Health Service, the National Disability Insurance Agency (NDIA) local area co-ordinators, the Commonwealth Respite and Carelink Centre and other non-government service providers.
- For NDIS Participants, Thrive365 will offer access to the most appropriate supports that meet participants needs, goals and preferences, according to the supports they are purchasing.

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- Thrive365 will clearly define and document the supports available including any access/entry criteria.
 - This will be communicated to potential participants in the language, mode of communication and terms that the participant is most likely to understand.
 - Thrive365 will make any reasonable adjustments to the support delivery environment and monitor these to ensure they are fit for purpose and each participant's health, privacy, dignity, quality of life and independence is supported.
 - Thrive365 is committed to explaining to each participant under what circumstances, supports can be withdrawn.
 - Where the participant is to be in a group home, a compatibility assessment with other participants in the home will be conducted. This will determine if the group home is suitable for the participant.
 - Also, where a participant is to access the group/centre activities service, a compatibility assessment will be conducted. Depending on the outcome, Thrive365 may develop a program to accommodate the participant.
 - Thrive365 will not withdraw or deny supports solely on the basis of a dignity of risk choice that has been made by the participant.
- Thrive365 undertakes a multi-faceted intake assessment that is inclusive of the goals, views and wishes of the participant and their family/significant people for their services, supports and accommodation.
 - Thrive365 will ask for and document consent from the participant and /or their decision maker to speak with their support co-ordinator, allied health providers, health providers and any other people or services who will be able to provide information regarding the support needs of the participant.
 - Thrive365 will then work with the participant to build a profile of support he/she will require. In cases where assessment is declined for reasons of the potential Participant's mental state, being under the influence of alcohol, or displaying verbally or physically threatening behaviour, the assessment will be rescheduled to a later date and time and relevant
 - Stakeholders notified with details of the new date and time and why the initial assessment failed.

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- The support coordinator and relevant stakeholders will ensure that the participant is prepared for the next assessment.
- Re-assessments will be held as required for each Thrive365 service. Ongoing monitoring will continue as long as the service is in place. Any change in the Participant's circumstances will instigate an immediate reassessment.
- If the assessment process results in a decision that Thrive365 is unable to provide a service to the potential Participant, the service coordinator will be informed and relevant stakeholders notified. The coordinator will arrange for another organization to take over the service delivery. Thrive365 will continue to provide service till the new organization takes over the service delivery and then cease services in line with its policy on "Service Exits other than for Withdrawal of Service
- Thrive365 will continue to maintain and develop links with agencies across the region, ensuring Participants are provided with a holistic array of choices to meet their needs.

Policy 4.2 Privacy and Information Management

Reference Documents

- Participant Registration Form
- Customer Consent Form
- Australian Privacy Principles
- Privacy Act 1988 (Cth)
- NDIS (Quality Indicators) Guidelines 2018

Date of CEO Endorsement: 19/10/2023

Last Review Date: 22/05/2025

Next Review Date: 22/05/2027

Policy Statement

1. Participants and carers right to privacy and confidentiality is recognised, respected and protected in all aspects of their contact with Thrive365.
2. Thrive365 will at all times operate according to the requirements of applicable privacy legislation.
3. Thrive365 will only request and retain information that is necessary to:
 - assess a potential Participant’s eligibility for a service;
 - provide a safe and responsive service;
 - monitor the services received;
 - fulfil our duty of care responsibilities; and
 - fulfil contract requirements to provide non-identifying data and statistical information to a funding body.
4. Thrive365 is committed to ensuring the confidentiality of all Participant information, in all the forms in which it might be stored. All Participant service records are to be kept up to date and stored securely.
5. Participants will have access on request, to the information that Thrive365 holds about them, and have the right to have any inaccurate information corrected.
6. Participant information will generally not be disclosed to a third party without the prior knowledge and consent of the Participant or their appointed guardian, attorney or advocate. However, there are occasions where Thrive365 must release personal information to a third party such as:-

- There are reasonable grounds to believe that the participant is a risk to themselves or to others or that the participant is at imminent risk of harm from others.
 - Fulfilling legal obligations such as mandatory reporting
 - In situations where Thrive365 is legally obligated to make documentation available such as when subpoenaed by a court or tribunal.
7. Personal information may include the following:
- medical conditions and health status.
 - racial or ethnic background.
 - political opinions and membership of political organisations.
 - religious and philosophical beliefs and/or affiliations.
 - employment, qualifications and/or industrial affiliations.
 - sexual preferences or practices.
 - Government identifiers such as Medicare numbers, NDIS participant numbers
 - Bank account details
-

Procedures

Participant and Carer Information

As part of their onboarding to Thrive365 participants are provided with:-

- A service agreement which outlines how Thrive will manage personal information.
- A participant consent form for release of any information to Thrive365.
- Access to Thrive365 privacy policy via our website.
- Access to the website terms and conditions via website
- An image consent form (**Appendix 13**)

Staff Office Practices

- All Thrive365 staff sign a confidentiality agreement and code conduct as part of their onboarding.
- Thrive365 allows access to its IT systems according to staff member delegation.
- Access to IT systems are password protected.
- Paper files are maintained in locked filing cabinets. Staff offices located in each house are locked.
- Staff are provided with Thrive365 devices such as phones and tablets. No information of any form of media relating to Thrive365 including images of participants or staff, can be taken off the premises without prior permission of CEO.

Policies and Procedures Manual – May 2025

- Staff are not to use their own media devices to take photographs of participants or other staff.
- Staff are not to use their own devices to access participants' files e.g. in CTARs.
- Archived documents are only accessible to staff with the delegated authority to access the record, or to others as are required by law.

Privacy Officer

Thrive365's privacy officer is the CEO.

Requests for Information from Third Parties

Thrive365 direct support staff must seek advice from their line supervisor before releasing any information to a third party about a participant.

All requests for information from the media must be referred to the CEO.

Release of information regarding a participant in emergency circumstances

All staff are authorised to release information regarding a participant in emergency situations where the health and wellbeing of the participant or another person is at risk. This may include:-

- Release of medical records or medication summaries to hospital, ambulance or GP
- Release of an image or information about a participant to police e.g. if the person is missing
- A report is required to the NDIS Quality and Safeguards Commission e.g. to notify of a notifiable incident.
- Release of information to a tribunal such as NCAT or QCAT
- If a staff member is in a situation where they believe that they need to disclose information about a Participant that they ordinarily would not disclose, they should seek the advice of the Program Manager before making the disclosure.

Additional Practices

- Computer screens must not be visible to members of the public
- Participant files are not to be left on unattended desks.
- Staff must log off their computer when they leave their desk and must not reveal their access password to another person.
- Hard copies of information regarding service users will be stored in a filing cabinet that is kept locked when the office is unattended, with keys only available to authorised staff.

Policies and Procedures Manual – May 2025

- Participant files, or individual sections or pages of files, are not to be removed from Thrive365 premises in any format, unless Thrive365 is so directed by an authority with the legal mandate to give the direction to do so.
- Information from a Participant file is not to be copied, except as part of a backup procedure, without the express permission of the Participant.
- Organisational arrangements for maintaining Participant privacy and confidentiality will be reviewed annually as part of a privacy audit.

Thrive365 Information Management Procedures

Thrive365 utilises the CTARs client management system as its key information storage device for participants while it uses Employment Hero as its staff management system. Both systems are password protected with graded access according to staff delegation level.

Both are cloud-based systems.

Thrive365 is committed to ensuring that the information it collects, creates and stores about participants and staff are:-

- Accurate
- Recorded appropriately i.e. case notes are constructed professionally and based on fact, not opinion.
- Recorded observations are within the skill set and delegation of the worker making the observation.

Information stored in CTARs and Employment Hero are routinely reviewed by senior staff.

Policy 4.3 Service Agreement Management

Reference Documents

- NDIS Terms of Business – Service Agreements
- DHHS Human Service Standard 1: Empowerment
- DHHS Human Service Standard 3: Well Being
- NDIS Terms of Agreement / NDIS (Quality Indicators) Guidelines 2018
- National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and other Measures) Act 2017.
- National Disability Insurance Scheme Act 2013.
- National Standards for Disability Services 2013
- Disability Discrimination Act 1992
- United Nations Convention on the Rights of Persons with Disabilities 2007
- National Disability Insurance Scheme (Specialist Disability Accommodation Conditions) Rule 2018

Date of CEO Endorsement: 19/10/2023

Last Review Date: 19/10/2023

Next Review Date: 18/10/2025

Policy Statement

1. All participants require an individually completed service agreement with reference to a person's NDIS plan and the supports they have chosen to purchase from Thrive365.
2. Service agreements help to ensure participants have an agreed set of expectations of what supports will be delivered and how they will be delivered. A service agreement sets out the responsibilities and obligations for both parties and how to solve and problems should they arise.
3. A service agreement should include:
 - A description of the supports that will be provided.
 - The cost of those supports (allowing for price changes introduced annually in the NDIS Price Guide and any variations in NDIS permitted conditions of charging (e.g. cancellation policies and travel time).
 - How, when and where the participant requires the supports to be delivered.
 - How long the participant required the supports to be provided.
 - When and how the service agreement will be reviewed.

- The process for notifying participants of changes to pricing and claiming processes.
 - How we will deal with any problems or situations that may arise and how we will include the participant in this process.
 - What the participant's responsibilities are under the service agreement – for example how much notice the participant must give if they cannot attend an appointment.
 - What our responsibilities are under the service agreement – for example, to work with the participant to provide supports that suit their needs.
 - What notice is required if we or the participant need to change or end the service agreement and how this is done – for example by email or mail.
 - An explanation of when there may need to be an exception for confidentiality where required (i.e. for collaboration regarding positive behaviour support or to recognise mandatory reporting requirements).
 - Whether a participant is required to inform you that a positive behaviour support plan is in place, or is to be introduced.
-

Procedures

New Service Agreements

- The Business development manager will create a service agreement with a participant by arranging a meeting with the participant and any other nominated person (such as a family member or friend) to:
 - Establish the expectations
 - Explain the supports to be delivered
 - Explain any conditions attached to the provision of those supports and why those conditions are attached
- It is important that 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.
- If the services agreement is written, have the participant or their legal guardian sign it, and provide the participant with a copy. Then save it in the clients folder/file using the client management system.

Supported Independent Living

- If Supported Independent Living supports are provided to participants in specialist disability accommodation, arrangements must be clearly documented on the roles and responsibilities in a service agreement including:
 - How participants' concern about the dwelling will be communicated and addressed
 - How potential conflicts involving participants will be managed
 - How changes to participant circumstances and/or supports needs will be agreed and communicated
 - In shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation considered
 - How behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant
- When a service is withdrawn, the Participant will be informed in writing of:
 - the reasons why the service has been withdrawn;
 - when, how and under what conditions they might be able to gain access to the service again; should their circumstances/needs change;
 - how to appeal the decision if they believe Thrive365's decision is unfair or incorrect; and
 - other agencies that might assist them.

Changing a Service Agreement

- A service agreement that has commenced may only be changed if the changes are agreed in writing, signed and dated.

Ending a Service Agreement

- Our service agreement includes a required notification period in the event that a support or service is withdrawn or terminated. This notification period is not less than 14 days prior to the delivery of a support or service.
- If we decide to end a commenced service agreement, we will provide a minimum of one months' notice.
- If a participant wishes to end a commenced service agreement, they will need to provide a minimum of one months' notice. The one months' notice can be waived if we or the participant seriously breach the service agreement.

Service Fees

- Attached to the service agreement is the cost proposal for services decided by the client and family. Variations may be negotiated depending on the client's choice and needs and availability of service/supports required.
- Method of Payment for Services Payment can be made from the funding body direct to Thrive365 Or Payment can be made to an Intermediary (third party who facilitates funds for and on behalf of the Client/Advocate)

Policy 4.4 Continuity of Supports and Withdrawal of Service

Reference Documents

- NDIS (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2021
- Continuity of support | NDIS

Date of CEO Endorsement: 28/09/2023

Last Review Date: 28/09/2023

Next Review Date: 27/09/2023

Policy Statement

Thrive365 uses fair and equitable processes to assess initial and ongoing eligibility for services in all of the service areas.

Procedures

- The decision to withdraw a service will be made by the Program Manager after consultation with the CEO.
- Except where there are immediate issues of safety (for example when a Participant presents under the influence of alcohol or other drugs) Thrive365 will make every effort to resolve the issue of concern with the Participant and where relevant their carer and/or advocate.
- Services will not be provided to participants at times when they are under the influence of alcohol or other drugs, or while they are behaving in a manner that is verbally or physically threatening.
- A service may be withdrawn if a participant is continually absent from the service or misses multiple appointments without giving prior notice.
- A service may be withdrawn temporarily or indefinitely if the participant's continued participation poses a risk to other participants and staff.
- A service may be withdrawn if the participant's circumstances change and their assessed relative need for the service is less than that of other current participants and potential participants.

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- When withdrawal of service becomes a consideration, Thrive365 will make every attempt to work with the participant, and where relevant, their carer and/or advocate to resolve the problem so that the service can be continued.
- The Participant's right to withdraw from a service for which they are eligible will be respected and will not affect their entitlement to access a service at a later date.
- When a service is withdrawn, the Participant will be informed in writing of:
 - the reasons why the service has been withdrawn;
 - when, how and under what conditions they might be able to gain access to the service again; should their circumstances/needs change;
 - how to appeal the decision if they believe Thrive365's decision is unfair or incorrect; and
 - other agencies that might assist them.
- When a Participant chooses to withdraw from a service they are receiving, acknowledgement of their decision will be provided to them in writing, with advice that the decision does not affect their right to re-apply for services in the future, and an invitation to attend an exit meeting to provide feedback on their experience as a Thrive365 Participant.

Policy 4.5 Participant Support Provision

Reference Documents

- NDIS (Quality Indicators) Guidelines 2018
- Thrive365 Path to Thrive
- Thrive365 digital welcome pack
- Service agreement
- Staff orientation and induction process

Date of CEO Endorsement: 28/09/2023

Last Review Date: 23/04/2025

Next Review Date: 23/04/2027

Policy Statement

1. All participants have the right to services and supports that:
 - Are person-centred
 - Respect individual values and beliefs
 - Respect privacy and dignity
 - Promote independence and informed choice
 - Are free from violence, abuse, neglect, exploitation or discrimination.
2. Thrive365 is committed to providing each participant the most appropriate supports that meet their needs, goals and preferences.

Procedures

- The above policy principles are reflected in worker recruitment, induction and performance review practices, to ensure each participant's legal and human rights are understood and incorporated into daily practice.
- Thrive365 ensures that participants receive information about the provision of supports they receive which is communicated to each participant in the language, mode of communication and terms that the participant is most likely to understand.
- Random auditing of staff practice to ensure it complies with best practice.

Policies and Procedures Manual – May 2025

- Ensuring feedback from participants, families and staff captures the support that Thrive365 provides in accordance with person-centred practice, person-centred active support and positive behaviour support that align with best practice.
- All supports will be provided in accordance with person-centred active support approach, and positive behaviour support (where required), that align with best practice to ensure they meet with the needs of each participant.
 - All staff are required to work a minimum of two night shifts per week. This is to ensure staff are abreast of the needs of the clients during the day.

Policy 4.6 Participant Support Planning

Reference Documents

- Thrive365 Path to Thrive
- Risk Management
- Summary Care Plan
- NDIS (Quality Indicators) Guidelines 2018

Date of CEO Endorsement: 28/09/2023

Last Review Date: 11/03/2025

Next Review Date: 11/03/2027

Policy Statement

A support plan is required where a person is in receipt of an ongoing disability service. It describes a person's needs, goals, requirements, preferences, strengths and strategies, and describes how the support from the disability service provider(s) will address those goals.

Procedures

- The support plan is a comprehensive, multilayered framework designed to guide and personalise service delivery. It comprises a series of key documents, including the Summary Care Plan, Risk Management Plan, and *My Path to Thrive*. Together, these documents provide a holistic overview of the participant's needs, goals, risks, and preferences, ensuring that supports are tailored, responsive, and aligned with best-practice standards of care.
- The plan must be flexible and tailored to the needs and wishes of the person with a disability, their family and support networks. The format, content and language of the support plan must be individualised to meet the needs of the person with a disability.
- The Summary Care Plan documents the participant's direct care requirements, allied health interventions, and clinical recommendations provided by the Health Liaison. This document is to be drafted prior to the commencement of services and updated within the first 14 days of service delivery, ensuring it reflects the participant's actual care needs and the supports provided in practice.

- The Summary Care Plan is developed in collaboration with the participant to ensure alignment with their expressed needs, preferences, and goals. The document must be reviewed and updated upon any significant change in the participant's circumstances or at a minimum, annually. Examples of content that may be included in the Summary Care Plan are:
 - Personal care supports (e.g. dressing, bathing, personal hygiene)
 - Meal preparation or feeding assistance
 - Identified healthcare needs
 - Allied health and therapy support requirements
 - Communication preferences and strategies
- A risk assessment is required to be completed prior to the commencement of services. This forms a critical component of the overall support plan. The Risk Management Plan outlines how identified risks, incidents, and emergencies will be managed, including escalation procedures, response actions, and strategies to promote participant safety and wellbeing. The Risk Management Plan must be reviewed at the time of the formal support plan review, or earlier if risk-related circumstances change.
- The My Path to Thrive document must be completed within seven days of a participant commencing ongoing disability support services. This document serves as a comprehensive participant profile and an operational resource for support staff, capturing broader information to support consistent, person-centred service delivery. Information included in My Path to Thrive may include:
 - Participant interests
 - Individual goals
 - Family or social structure
 - Assistive technology in use
- The My Path to Thrive document is developed collaboratively with the participant and must be reviewed at least annually, or earlier if there are changes to the participant's needs, goals, or preferences.
- Participant goals outlined in any part of the support plan are monitored through the CTARS system. The frequency of goal monitoring is determined by the level of risk identified in the plan, the participant's functional capacity, and their personal preferences. Where progress

toward identified goals deviates from expected outcomes, a review will be undertaken with the participant to revise goals and strategies accordingly.

- Participants and their families have the right to provide input and feedback regarding goal progression and plan effectiveness at any time. Their input is actively sought and incorporated into the support planning process to ensure the participant's voice remains central to service delivery.
- Information obtained during the planning meeting and developed into specific plans for but not limited to:
 - Personal Care
 - Meal Assistance
 - Health Care
 - Therapy Support
 - Communication
- Specialised plans may be reviewed by relevant professionals with consent from the participant.
- Where appropriate, and with the consent of the participant, information on the support plan is communicated to family members, carers, other providers and relevant government agencies.
- Health care plans are required to follow the relevant state health guidance.
- The support plan is a supplementary document and does not replace or override the service agreement in place between Thrive365 and the participant.

Policy 4.7 Aboriginal and Torres Strait Islanders Service Delivery

Reference Documents

- NDIS (Quality Indicators) Guidelines 2018

Date of CEO Endorsement: 28/09/2023

Last Review Date: 28/09/2023

Next Review Date: 27/10/2023

Policy Statement

1. Thrive365 recognises that improving the health and socio-economic circumstances of Aboriginal and Torres Strait Islander people is one of Australia's highest priorities.
 2. Thrive365 supports the drive towards self-determination of Aboriginal people and Torres Strait Islanders by acknowledging that Aboriginal community control in health and socio-economic issues are key means of reducing inequalities.
 3. Thrive365 recognises that a range of factors, such as adequate sewerage, potable water, improved housing, employment, education and access to fresh food influence health, and socioeconomic outcomes, and is committed to raising community awareness of Aboriginal needs and their cultural context, and to advocating for delivery systems which improve the outcomes of Indigenous Australians.
 4. Thrive365 acknowledges that European settlement profoundly changed Aboriginal circumstances and cultures. These changes have contributed significantly to the mental, social and physical health problems of Aboriginal people today.
 5. We recognise that Aboriginal services must involve a holistic and inter-agency approach to Participant care, and the importance of the role Aboriginal staff play in the delivery of Participant services in Aboriginal contexts.
-

Procedures

- Thrive365 encourages staff to develop an understanding of Aboriginal culture, history, socio-economic and physical health, and to incorporate this into their daily practice.
- Thrive365 encourages the employment of Aboriginal and Torres Strait Islander people.
- Thrive365 will contribute to enhancing community awareness of Aboriginal needs and their cultural context and will advocate for programs which improve health and wellbeing outcomes for Indigenous Australians in our geographic service area.
- Thrive365 supports educational programs for the community working with Aboriginal and Torres Strait islanders.
- Thrive365 encourages research, which makes a difference to outcomes, policy and practice for Aboriginal and Torres Strait Islanders' issues. It particularly encourages strategic and policy-driven research, focusing on primary care and developing collaborative approaches and the building of research capacity within Aboriginal populations and communities.
- Thrive365 will continue to work in a collaborative manner with other organisations to address issues that affect the quality of services received by Aboriginal and Torres Strait Islander people in our geographic service area.
- Thrive365 demonstrates its commitment to welcoming Aboriginal and Torres Strait Islanders' by displaying the statements of reconciliation and acknowledgement of traditional custodians.

Policy 4.8 Participants' Rights and Responsibilities

Reference Documents

- Policy 4.12 Participant Complaints
- NDIS (Quality Indicators) Guidelines 2018
- Service agreement

Date of CEO Endorsement: 28/09/2023

Last Review Date: 28/09/2023

Next Review Date: 27/09/2023

Policy Statement

1. Thrive365 respects the rights of Participants in all its programs.
2. All Participants have the right to:
 - be treated with respect and dignity
 - access supports free from violence, abuse, neglect, exploitation or discrimination
 - be assessed for services without any discrimination and according to their needs;
 - receive support from Thrive365 to make informed choices, exercise control and maximise their independence relating to the supports provided.
 - have information, to be consulted and be part of decisions made about the services they receive;
 - receive services that are safe and of good quality;
 - have their privacy respected and personal information kept confidential;
 - have access to all personal information kept about them by Thrive365;
 - have another person of their choice to support them and advocate on their behalf;
 - have their feedback listened to and comments valued;
 - terminate or refuse an Thrive365 service without prejudicing their future access to a service;
 - make a complaint if they are not happy with the services they receive.
3. Thrive365 expects that Participants will:
 - be honest, cooperative, and courteous in their interaction with Thrive365 staff and other Participants;
 - be responsible for their choices and the results of any decisions they make;
 - play their part in helping Thrive365 to provide them with services; and

- when services occur in the Participant's home, take reasonable steps to provide a safe working environment for staff.
4. Thrive365 recognises that all Participants are individuals and that at different times some will have varying levels of capacity to make choices and decisions and exercise their rights. When a Participant experiences difficulty in making decisions and exercising their rights in relation to the service they receive, Thrive365 will be sensitive to their wishes and limitations, and encourage the involvement of carers and significant others, including an advocate, to support the Participant.
 5. In delivering services Thrive365 will wherever possible, provide the Participant with choices about the services they might receive.
-

Procedures

- Thrive365 will maintain up to date information brochures about the services the organisation provides.
- Participants will be provided with a Participants Handbook for the Program/s they are to receive, will have the contents explained to them by a Program staff member and be encouraged to ask questions. The Handbook will be in an appropriate format for the Participant's needs and will address the following:
 - Participants Rights and Responsibilities, including support for the right to dignity of risk in decision making, respect for the participants autonomy including the right to intimacy and sexual expression and the right to practice their culture, values and beliefs while accessing supports;
 - Information about the program/s through which their service/s is to be provided;
 - Information about their service, including times, dates, locations, the staff members who will provide the service/s and where applicable, fees and service review and reassessment arrangements;
 - Information about Thrive365's Participant Complaints Policy; and
 - Thrive365 contact names and phone numbers.
- Participants (and with their permission, their carer or a family member) will be involved in and provided with sufficient time to consider and review their options and seek advice if required, regarding all aspect of their initial assessment, and the planning, delivery and review of services they receive.
- Participants will have access to all information about themselves that is held by Thrive365.
- Information held about each Participant will remain confidential within the limitations of Thrive365's duty of care and requirements to comply with legal obligations.

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- Participants' complaints will be dealt with fairly, promptly and without retribution, and the Participant may involve an advocate of their choice to represent his/her interests.
- Where a Participant's rights cause conflict with another Participant's rights Thrive365 will bring a mediator in to work with the Participants and the agency/agencies involved.
- Staff are recruited and supported to actively prevent violence, abuse, neglect exploitation and discrimination in the delivery of all supports.

Policy 4.9 Advocates

Reference Documents

- Authority to Act as Advocate Form
- Powers of Attorney Act 2014 (VIC)
- The Guardianship and Administration Act 1986 (VIC)
- Guardianship Act 1987 (NSW)
- Powers of Attorney Act 2003 (NSW)
- DHHS Human Service Standard 1: Empowerment
- DHHS Human Service Standard 3: Well Being
- NDIS (Quality Indicators) Guidelines 2018

Date of CEO Endorsement: 28/09/2023

Last Review Date: 15/04/2025

Next Review Date: 15/04/2027

Policy Statement

1. Thrive365 supports the right of participants to use an advocate in relation to any service they receive.
2. When a participant has a legal guardian, a Power of Attorney or has otherwise appointed an advocate to act on their behalf, the rights of the guardian, attorney or advocate to act for the Participant will be acknowledged and respected according to the requirements of the agreement that is in place. Thrive365 will respect the advocate's role and communicate with them using the same standards that are applied to interaction directly with the Participant.

Procedures

- Information about advocacy organisations will be available and prominently displayed at all of Thrive365's services sites.
- Initial assessments will include questions about the participant's use of advocates and preferences while receiving the current service.
- When a participant commences receiving a Thrive365 service they will be provided with written information about the role of advocates and how to access an advocate.
- Information on how to access an advocate will be provided during the intake process

Policies and Procedures Manual – May 2025

- Participants who lodge a complaint about a Thrive365 service, or where allegations of violence, abuse, neglect exploitation or discrimination have been made, will be reminded that they have the right to nominate an advocate to support them, and be provided with information about how to access an advocate.

Participants who choose to appoint an advocate will be requested to complete an Authority to Act as Advocate form when they appoint or change their advocate.

Policy 4.10 Violence, Abuse, Neglect, Exploitation and Discrimination against NDIS participants

Reference documents

- Disability Services Queensland (pp. 18-21).
<https://www.nucleusgroup.com.au/static/uploads/files/abuse-prev-booklet-wflcahfzviji.pdf>
- CHARTER OF HUMAN RIGHTS AND RESPONSIBILITIES ACT 2006 (austlii.edu.au)
- Thrive365 codes of practice
- Better Health Channel 2015
- NDIS 2020
- Better Health Channel 2016
- Hall, Karch & Crosby 2016
- RACGP 2014
- AIFS 2016
- CDC 2016
- NSW Government 2017
- Better Health Channel 2018

Date of CEO Endorsement: 23/06/2023

Last Review Date: 23/04/2025

Next Review Date: 23/04/2027

Policy statement

1. Thrive365 recognises that people living with disabilities are some of the most vulnerable people in society and may depend on others for care and support, and that this may put them at increased risk of harm.
2. National Disability Insurance Scheme (NDIS) participants receiving care irrespective of age, gender or disability have the right to access support without experiencing (or fearing) violence, abuse, neglect, exploitation or discrimination.
3. Thrive365 has a culture of inclusion, fairness and equity, and abhors abusive behaviours of any kind towards people living with disabilities as they are a violation of their basic human rights.
4. Thrive365 participants are informed about the use of advocates (including independent advocates) and are enabled to access advocates if allegations of violence, abuse, neglect, exploitation or discrimination are made.

Procedure

Violence, abuse, neglect, exploitation, discrimination and mandatory reporting have been defined in the **Appendix**, with physical and behavioural signs of abuse to enable staff identify them properly and make reports.

In responding to any form of abuse, Thrive365 will follow the process below:

- Receive a formal or informal report:
 - Thrive365 staff are able to identify any sign of abuse, neglect or violence displayed by any of Thrive365 participants, and can recognise any form of abuse or discrimination against a participant from a staff, another participant or a third party
 - Thrive365 participants who are verbal are able to report any form of abuse to the house practice leaders, managers or any of Thrive365 management staff.
 - Such reports are made to the line manager or Thrive365 management either verbally or in a written form.

- Safety: immediate actions will be taken once Thrive365 receives a report to ensure that the victim, other participants and staff are safe.
 - If the alleged offender is a staff, he/she will be temporarily suspended immediately from having contact with any of Thrive365 participants. Thrive365 will ensure he/she does not come in contact with the affected participant till investigations are completed.
 - When the alleged offender is a participant, Thrive365 will ensure all contact between both participants are ceased till investigations are completed.
 - If there is an immediate threat to safety, police will be contacted.
 - If anyone is physically hurt, medical first aid will be given while emergency services will be contacted, or GP appointment booked.

- Evidence and information obtained:
 - Thrive365 will protect any evidence available by ensuring the area of the alleged abuse is cordoned off till all evidence are secured either by taking pictures with the house phone or documenting real-time or until the police arrive (if applicable).
 - As part of preventing disruption of evidence, cleaning of the area will be temporarily suspended.
 - If the participant has been recently sexually assaulted, bathing will be delayed until police arrive, or the participant has been seen by a Sexual Assault Service. In addition, the

participant will be encouraged not to change clothing unless they have to for their wellbeing.

- Thrive365 will notify families or guardians that their participant was involved in an incident and describe the steps taken to manage the incident to date and the next course of action.
 - Investigation into the allegation: Thrive365 management will gather sufficient information to determine if the matter is reportable to police and NDIS quality and safeguards commission.
 - a. If the matter is notifiable to NDIS quality and safeguards commission, Thrive365 will do a 24hour notification followed by a 5day notification.
 - b. (I) If the matter is reportable to the police such as when a participant suffers harm or suspected harm as a result of the intentional actions of another resident, Thrive365 will notify local police authorities.
 - (ii) Thrive365 will:
 - provide him/her with all necessary support including communication aides. Clear advice about the participant's disability, support needs, health/medication needs, and the need for an advocate or guardian to be present will be provided to the police.
 - Provide support staff known to the participant
 - Notify family/guardian if appropriate.
 - (iii) If the participant needs to be interviewed at the police station, Thrive365 will confirm their willingness to go and be interviewed. The person's guardian and family/other supporters may need to be involved. If the participant is unwilling to go, the police will be required to conduct the interview at the participant's residence.
 - (iv) Witnesses will not be present when a participant is being interviewed by the police.
 - (v) An alleged offender does not have to make any statement to police and should receive legal advice before they decide whether to be involved in an interview.
- Advocacy services:
 - The affected participant and/or alleged offender (if he/she is living with a disability) and their families or guardians will be informed of advocacy services available for them to access. Thrive365 will support the participants in accessing the services if they so desire.
 - If a participant, or their family or guardian requests to have an advocate represent them, Thrive365 will provide the advocate with all necessary support and information that will enable the adequate representation of the participant's wishes. Thrive365 will cease

communication with the participant in respect to the issue but continue to provide services as required.

- If the affected participant does not wish to engage with an advocate
 - Thrive365 will respect their wishes and seek other available options to ensure the affected participant are adequately represented and supported.
 - Thrive365 may proceed to obtain information from other staff supporting the participant, and/or observe the participant (if non-verbal) to note if there are any physical or behavioural signs that may indicate abuse.
 - At the end of the inquiries, the participant and/or their families or guardians will be informed on the next course of action and receive assurance of safety.

- Counselling and recovery: Thrive365 will assist all the affected participants to access counselling support through:
 - Victims Services NSW provides a free counselling service to people who are victims of violent crime in NSW
 - NSW Health Sexual Assault Services
 - Referral by a GP to a private psychologist.

Policy 4.11 Protecting Participants from Harm

Reference Documents

- Policy 4.3 Privacy
- Criminal Code Act 1995 (Cth)
- Crimes Act 1958 (Vic)
- Fair Work Act 2009
- Australian Participant Law and Fair Trading Act 2012
- Equal Opportunity Act 2010 (Vic)
- Charter of Human Rights and Responsibilities
- Convention on the Rights of Persons with Disabilities
- NDIS (Quality Indicators) Guidelines 2018

Date of CEO Endorsement: 28/09/2023

Last Review Date: 28/09/2023

Next Review Date: 27/09/2025

Policy Statement

1. Thrive365 will at all times comply with laws that protect everyone in the community such as the Criminal Code, Participant Protection, Equal Opportunity, and other laws, covenants and protocols that are relevant to our Participants, their carers and the organisation.
2. Thrive365 is committed to protecting and supporting the human rights of all child and adult users of our services and ensuring that they are kept safe and free from violence, physical and emotional abuse, neglect, exploitation and discrimination while they are Thrive365 Participants. All services will be delivered in a way that minimises risks to Participants, and Thrive365 will act to protect them when their rights or safety are a cause for concern.
3. Duty of Care requires that everyone at Thrive365 (Director members and staff) has an obligation to take all reasonable steps to avoid injury or other harm to another person or damage to property as a result of any action or inaction – they have a duty to be careful and diligent in carrying out their duties at Thrive365.
4. Where there are professional guidance to prevent injury or harm to a participant, Thrive365 staff will and is committed to following such guidance. Where there is no formal guidance, Thrive365 will seek for professional guidance in conjunction with the participant's family, support coordinator, or guardian.

5. In the event of concern, an allegation or a witnessed event of abuse or neglect of a Participant, or the infringement of their rights, the staff member's duty of care to ensure the Participant's safety and well-being outweighs their duty to maintain confidentiality.
 6. A staff member who has concerns about a Participant must immediately report that concern to their Line manager, even if the concern arises from confidential information. Such disclosure will not be regarded as breaching Thrive365's Privacy and Confidentiality policy, but the staff member should make the details known only to their Line manager and the CEO.
 7. Thrive365 may choose to investigate concerns or allegations or appoint an independent investigator. When a concern, allegation or witnessed event is reported by a staff member, the Line manager and/or the CEO will take all steps that are reasonably possible to ensure the immediate safety and well-being of the Participant.
 8. Action is taken as a result of action following all allegations and incidents of violence, abuse, neglect, exploitation or discrimination, to prevent similar incidents occurring again.
 9. The CEO is Thrive365's Child Protection Contact Officer and is responsible for liaison with the Department of Child Protection and other agencies, in relation to all matters concerned with the protection of children who receive Thrive365 services or who are family members of a parent, guardian or other formal or informal carer who receives Thrive365 services.
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Procedures

Organisational

- Recruitment and selection procedures will make specific reference to Thrive365's values and our expectation of staff to treat Participants with dignity and respect and to uphold the human to ensure that they kept safe and free from discrimination, abuse, neglect and exploitation.
 - As part of their orientation, all new staff who are in positions with direct Participant involvement will receive an introductory training session, through their Line manager on:
 - what constitutes abuse of a child or adult Participant and the forms abuse can take;
 - what constitutes neglect of a child or adult Participant and the forms neglect can take;
 - the difference between a concern, an allegation and a witnessed event, and the importance of reporting the matter in all three circumstances;
 - community agencies with the authority and expertise to investigate concerns and allegations;
 - Thrive365's procedures for staff who have a concern, receive an allegation or witness abuse or neglect;

- Thrive365's role, through the Line manager and/or CEO is to ensure that the Participant is kept as safe as possible; and
 - groups in the community who are at higher risk of abuse.
- The Director, staff, students and contractors will be required to produce an NDIS workers screening check OR current National Police Clearance and Working with Children check before commencing any work for Thrive365 that involves contact with Participants.

When Staff Have a Concern

When a staff member who has a concern, receives an allegation or witnesses an event that suggests a Participant is being abused, exploited, neglected or discriminated against while receiving a Thrive365 service, or in other aspects of their lives, the staff member must discuss their concern or allegation with their Line manager at the earliest opportunity, in person or by telephone. In the event that the Line manager is unavailable, they should discuss their concern with the CEO.

Action will be taken as follows:

- The Line manager will advise the CEO of the concern and will take steps to ensure the immediate safety of the Participant.
- The CEO will make a decision if an internal investigation or an independent investigation is required.
- The CEO will make a decision if referral is required to a relevant agency which has the statutory authority to investigate the concern or the allegation (for example, the Police, Child Protection or the Public Advocate).
- As soon as possible after advising the Line manager and no longer than 24 hours later, the staff member who raised the concern will document the reasons for their concern, taking care to make the report as complete, factual and free from value judgements as possible.
- If an external person contacts Thrive365 with an allegation of abuse, neglect or exploitation of a Participant, the staff member who is the first contact should ensure that they have the contact details for the person making the allegation, and immediately pass those details to their Line manager.
- The Line manager will be responsible for speaking with the complainant to obtain details of the allegation and of any immediate risks to the Participant.
- This information should be immediately provided to the CEO who will make the decision about how to proceed and who should be involved, and as necessary, refer the complaint to the relevant statutory authority for investigation.
- Staff are encouraged to identify and report any opportunities to eliminate this/these event occurring again.

Policy 4.12 **Dignity of Risk and Duty of Care**

Reference Documents

- Code of Ethical Conduct (nsw.gov.au)
- Risk and Safety Procedures (nsw.gov.au)

Date of CEO Endorsement: 26/09/2023

Last Review Date: 15/04/2025

Next Review Date: 15/04/2027

Policy Statement

1. Thrive365 acknowledges the right of participants to make informed choices and to take calculated risks.
2. Every person has the right to experience and learn from life, to take advantage of opportunities, develop skills and independence even when these situations may pose a risk to their wellbeing.
3. Thrive365 acknowledges we have a duty of care to prevent or minimize harm to the participant, to Thrive staff and to other members of the community where relevant. The safety of the participant and the staff are considered in conjunction with risk taking and if required takes priority over risk taking, privacy and confidentiality.

Definitions

- Dignity of risk: Dignity of risk recognizes that participants have a right to make their own decisions and are entitled to take reasonable risks in their lives. Participants have a right to learn from life situations even if, with support, this involves some risk.
- Duty of care: The obligation to take reasonable care to avoid injury to a person whom it can be reasonably foreseen might be injured by their choices or actions. Thrive365 has a duty of care to prevent harm or injury to a participant where it is reasonably foreseen that this may occur.
- Standard of care: The minimum standard of care is the standard expected of any other reasonable person/worker who performs the same duties or the standard a reasonable person would try to meet.
- Informed choice or decision making involves a general awareness of the consequences of the choice or action.

Procedure

- When receiving a request from a participant to undertake an activity that may involve risk to the participant or others, Thrive365 will do the following:-
 - Engage with the participant to understand what they are trying to achieve by undertaking the activity.
 - Ascertain if it is possible to provide the participant with a less risk intensive alternative to meet the same need as expressed by the participant.
 - In situations where this isn't possible or acceptable to the participant, Thrive365 will undertake a risk assessment.
 - Thrive will then meet with the participant and the participant's guardian or decision maker to discuss the proposed activity and the risks identified by risk assessment.
- In situations where identified risks can be mitigated to an acceptable level or eliminated, Thrive365 will work collaboratively with the participant and other relevant stakeholders to ensure that the participant is adequately resourced to manage identified risks. This may include involvement of an occupational therapist to provide assistive technology, involvement of a health practitioner to provide education and support to a participant to manage some aspects of their own health care e.g. injecting their own insulin, seeking health advice on acceptable levels of alcohol or cigarette consumption or supporting a resident to purchase and use a mobile phone so they can access the community more independently.
- From time-to-time concern may be raised about a participant's capacity to fully comprehend the risks involved in a proposed activity. Thrive365 will
 - Consider involving a qualified professional to make a determination about the participant's capacity to fully assess and understand the risks associated with a proposed activity. This may be relevant for a resident with a neurodegenerative condition who may have previously been able to adequately assess risk and make decisions.
 - Consider involving a mental health professional if it appears that the participant is wishing to engage in high risk behaviours due to mental health issues such as self harming or suicidal ideation. This may be relevant for participants with a history of substance abuse or a mental health diagnosis.
- When there are concerns about a participant or their legal guardian being able to make an informed decision, Thrive365 may seek an assessment by a qualified health professional or

jurisdictional Guardianship Board with prior permission from the participant or the participant's representative.

- When a participant needs ongoing formal support to make major life choices, a Guardianship Order may be required.
- Thrive365 staff will assess risks and their potential consequences and will balance their duty of care with dignity of risk. Where a dignity of risk issue is in conflict with a Work Health and Safety (WHS) issue, the state WHS legislation or Thrive365 WHS policy and procedures overrides the dignity of risk.
- When a privacy issue is in conflict with Thrive365's duty of care, the duty of care responsibility will take priority e.g. mandatory reporting.
- Where exercising dignity of risk may result in harm to another participant or to another person, the duty of care towards others will over-ride the dignity of risk for that participant. This will be explained to the participant.
- In situations where duty of care obligations outweighs dignity of risk, the participant should be informed of the decision and why the decision was made.
- Thrive365 will balance its duty of care for a participant with dignity of risk by:
 - Explaining to the participant the issues of duty of care and dignity of risk which impact on a particular situation.
 - Identifying the consequences of a particular action including the risk/s and likelihood of harm to the participant or others
 - Assessing the type and seriousness of the possible harm
 - Identifying what precautions could be taken to minimise the risk/s or harm or the seriousness of the risk/s or harm
 - Assessing the participant's ability to make informed decisions
 - Checking the benefit to risk ratio of the activity to the participant
 - Creating solutions to achieve the benefits to the participant while reducing the risk of potential harm
- Thrive365 will educate its staff on the Dignity of Risk and Duty of Care Policy when inducting staff including on induction, during annual refresher training and in relation to a specific incident that may present a dignity of risk.

Policy 4.13 Carers' Rights and Responsibilities

Reference Documents

- Participant Handbook
- Carers (Recognition) Act 2010
- Authority to Act as Advocate Form
- Guardianship Act 1987 (NSW)

Date of CEO Endorsement: 28/10/2023

Last Review Date: 28/10/2023

Next Review Date: 27/10/2023

Policy Statement

1. Thrive365 recognise the importance of the role of carers in the lives of many of the organisation's Participants and acknowledges that social, cultural and other experiences have an impact on the caring role.
2. Carers have the right to:
 - be treated with respect and dignity
 - to be included (with the Participant's permission) in the assessment, planning, delivery and review of services that impact on them and their carer role;
 - have their views and needs considered along with the views, needs and best interests of the person they care for, when decisions are made that impact on them and their carer role;
 - be provided with non-personal information, advice and support when the Participant does not give permission for them to be directly involved in the service Thrive365 delivers;
 - have their privacy respected and personal information kept confidential;
 - have access to all personal information kept about them by Thrive365;
 - have another person of their choice to support them and advocate on their behalf;
 - have their feedback listened to and comments valued; and
 - make a complaint if they are not happy with the services they receive.
 - Not to be harmed while providing support to a participant or while on duty. If at risk of any harm, should report to their line manager immediately for appropriate action to be taken.

3. Thrive365 recognises the importance of appointed guardians, people who hold power of attorney or who are advocates for Participants and acknowledges and respects and will comply with the roles stipulated in the guardianship, power of attorney or advocacy arrangements.
 4. Thrive365 expects that carers will:
 - be honest, cooperative, courteous and respectful in their interaction with Thrive365 staff and participants;
 - Make appointments to meet with staff
 - Ensure their visit does not interrupt programs, unless invited to participate in the program.
 - be responsible for their choices and the results of any decisions they make;
 - play their part in helping Thrive365 to provide them with services.
 - when services occur in the Carer's home, take reasonable steps to provide a safe working environment for staff.
 - Ensure participants are dropped off and picked up at the required times and are courteous to our neighbours in doing so.
-

Procedures

- All Participant assessment procedures across all programs will include provision for the identification of carers, appointed guardians, people holding power of attorney and advocates.
- At the time the person they care for begins to receive a service from Thrive365, the carer will be provided with written information that includes:
 - their rights and responsibilities as the carer of an Thrive365 Participant,
 - details of the service that the Participant is to receive;
 - information about how to resolve concerns or complaints; and
 - details of other agencies that provide support to carers.
- With the permission of the Participant, carers will be involved in all aspects of the assessment, planning, delivery and review of services to the person for whom they care.
- If a Participant makes an informed decision that they do not want their carer to be included in decision making about the services they receive, Thrive365 will ensure that the carer still has the opportunity to make their needs and issues known, receives general information about the services being provided and is assisted to access the supports they require.

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- When a carer of an Thrive365 Participant is receiving support services from another agency, Thrive365 will work collaboratively with that other agency to achieve outcomes that meet both the Participant's and the carer's needs.

Policy 4.14 Participant Money and Property Management Policy

Reference Documents

- Guardianship Act 1987 (NSW)
- Thrive365 Cash Handover Sheet
- NDIS (Quality Indicators) Guidelines 2018

Date of CEO Endorsement: 28/09/2023

Last Review Date: 28/09/2023

Next Review Date: 27/09/2023

Policy Statement

1. One of the areas where people with disability are most vulnerable to abuse in funded services is with respect to the management of their finances and property by staff members of organisations.
2. The purpose of this Policy is to ensure that client's funds, assets and property are safeguarded and only used with the consent of the participant for purposes intended by the participant:
3. Where Thrive365 has access to a participant's money or other property, THRIVE356 has processes to ensure that it is managed, protected and accounted for. Participants money or other property is only used with the consent of the participant and for the purposes intended by the participant.
4. Regardless of any accountability and transparency processes put in place for managing clients' funds, it is required that Thrive365 has the legal authority to manage client's funds as requested for support purposes.
5. A client's funds cannot be legally managed by another person unless:
 - the client has competently assigned management to that person
 - an order has been made by the Courts or the Guardianship and Administration Board or the NSW Civil and Administrative Tribunal (NCAT)
 - the person has been appointed as a Centrelink nominee under the Commonwealth Social Security (Administration) Act 1999, which allows the person to receive social security payments on behalf of another.
6. The moment a staff member becomes involved in managing a client's finances on an informal basis, that staff member is legally considered to be a 'bare trustee' and accountable to the Supreme Court for the management of the funds.

7. It would therefore be preferable for a senior staff member to be lawfully appointed to manage the clients' finances rather than a situation where clients have their funds managed under informal arrangements monitored internally by staff that have no ultimate authority to do so.

PRINCIPLES

1. Clients should manage their own funds wherever possible

Staff should not manage or make decisions regarding clients' funds if clients are capable of doing so themselves.

Participants are not given financial advice or information other than that which would be reasonably be required under the participants plan.

Where clients are unable to manage their own money, staff should explore the possibility of assisting clients to develop the necessary skills as part of maximising clients' independence.

2. Staff managing clients' funds must be responsible for their actions

Regardless of the assistance staff may give clients in the management of their funds, the moment they are involved with monetary transactions with or on behalf of clients, they are obliged to maintain appropriate records.

Appropriate records will safeguard clients from being exploited and staff from allegations of financial mismanagement. This includes developing, applying, reviewing and communicating the required processes to ensure it is managed, protected and accounted for.

3. Appropriate checks and balances must be kept in all money management systems

All staff involved in managing clients' funds must have another staff member check their records on a regular basis.

The checking process should be a formal procedure and involve discussions about resident income, accounts, withdrawals and purchases made by clients or on behalf of them.

The formal checking process should include the examination of receipts and regular formal audits of clients' accounts (to be carried out at least monthly or more frequently if required).

4. Clients who rely on staff for managing their money must have an account with a savings institution that records all transactions.

It is important that all withdrawal and deposit transactions from clients' accounts are recorded.

The names of the authorising officers must also be recorded. This will ensure that the money management system is accountable, and the auditing of clients' accounts is a clear and simple procedure.

5. Clients' funds held on site should be kept in a secure location.

The amount of cash funds held should be kept as small as practicable to minimise the impact on clients if such funds are lost or stolen.

Staff have the responsibility to ensure that all funds are kept in a secure area, and that all expenditure is recorded and verified on a regular basis.

6. A staff member who was not involved in the transactions must verify that clients have received the goods and services that have been purchased.

Clients are entitled to receive value for money for the goods and services that they purchase, or which are purchased on their behalf.

A procedure for checking the value of purchases will ensure staff are vigilant about the prices paid by clients and deter anyone from substituting less valuable goods and services.

(It is also important that as a follow up to purchases, an inventory of significant goods belonging to clients is maintained to ensure clients have ongoing access to the goods and for insurance purposes).

7. Staff cannot accrue benefits for themselves from managing clients' funds.

Staff must not take advantage of their position of trust to gain financial or other benefits for themselves including the selling of goods to clients.

They must reject any offer of cheaper goods and services for themselves from shops and businesses, in return for purchasing items for clients from specific outlets.

This rule also applies to all current and future customer attraction and loyalty schemes. Staff cannot accrue customer loyalty benefits which rightly belong to clients.

8. Family members or advocates must be involved in decisions concerning the expenditure or investment of significant amounts of clients' funds.

Decisions concerning the investment or expenditure of significant funds belonging to clients should not be made independently by staff.

Family members, advocates or the Guardianship Board must be involved.

Procedures

Overview (SIL)

The financial management strategy adopted by Thrive365, for premises for which they are the landlord or master tenant, requires that clear and transparent guidelines are in place covering the processes for paying bills for all household and common expenses including food, telephones, electricity, rent etc.

On receiving their pensions, clients should pay the organisation either according to a set formula or for the actual cost of goods and services received.

Personal expenses must be managed through individual client accounts, and individual spending money held on premises should be managed in accordance with the Principles outlined above.

Funds held on premises should be kept to a minimum, so the financial impact on clients and the organisation, if such funds are lost or stolen will not be significant.

Individual Client's Accounts

- All adult clients, wherever possible, should have an account in a financial institution held in their own name.
- The account should be the means through which clients receive their income, including pensions, gifts etc. and through which all significant payments are transacted.
- All accounts, which have staff involvement, should require at least two approved signatures for any withdrawal of funds.
- All client expenses should require written receipts. It is the responsibility of senior staff to ensure that all receipts are available for checking.
- Clients' funds which are managed by staff members should be checked at least monthly, by an independent staff member (i.e. a staff member who was not involved in the transactions).
- Debits, withdrawals and expenditure should be checked against receipts.

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- Spot-check audits should be performed by an independent staff member, or other nominated employee at least annually or more frequently if required.
- Monthly financial reports should be prepared on all clients' funds and financial transactions, for the information of the appropriate manager, and/or other senior staff.
- Clients' finances in which staff members have an involvement should be managed through transactional accounts.
- These accounts can be accessed through plastic account identification cards, or automatic teller machines. To support capacity of the person staff should where possible support person to complete all required banking activities. Otherwise, staff will follow accountability as per financial plan and all accountability systems in place.
- Receipts of all transactions, withdrawals must be logged in accounting register and monthly reconciliation will be completed.
- Where possible a system of direct debits should be implemented for all individual clients' accounts.
- Clients' cash funds and transaction statements, where possible, should be held by the clients themselves. Where this is not possible, they should be stored in a safe place by the Manager of the residence.
- The storage place of all client's funds and transaction statements, are to be known and readily accessible to other senior staff. The items are not to be kept, left or stored anywhere except in the stated location.
- Changes in signatories to individual client's accounts need to be made as soon as a present signatory ceases in their current role. Copies of completed 'Change of Signatory Forms' are to be checked by an independent staff member before they are lodged with the financial institution.
- Any discrepancies in these procedures, clients' accounts or moneys are to be brought to the attention of the appropriate Manager, as soon as possible after their discovery.

Payments, Incidental Spending Money and Withdrawals

- On receiving their pensions, clients should be required to pay the organisation for all bills and payments made on their behalf.
- Clients should be charged for items according to established and agreed formulas or other arrangements. For instance:
 - **Rent, electricity, telephone, vehicle costs, food and groceries:** May be charged by the total bill divided by the number of clients unless there are unusual circumstances and alternate arrangements have been approved by the Manager.

- **Personal Services and Individual Items:** Personal services and items such as medical bills, medications, Community Access services charges, special soaps, shampoos, perfume etc. may be paid for directly by individual clients, unless otherwise agreed in writing by the Manager.
- **Home Maintenance and other Items:** Purchases of significant items in common such as, sound systems, fridge, TV etc. should be discussed with clients, families and advocates, and approved by the organisations relevant Manager before commencing the purchasing process. Issues of ownership maintenance, operations and risks need to be resolved. Purchases and maintenance bills should be paid by clients unless otherwise agreed by the Manager.
- **Incidental Spending Money for Clients:** This should be determined on a case-by-case basis. As a general rule, the amount of individual client funds held on site should be kept to a minimum.
- **Signatories to individual client's accounts:** Must satisfy themselves that requests for the withdrawal of funds are for genuine purposes and for the benefit of the client concerned. Where possible such requests should be in writing from the staff making the request.
- **Signatories must not sign blank withdrawal forms:** Any discrepancies in procedures should be brought to the attention of the appropriate Manager/s as soon as possible.

Roles and Responsibilities

Usually staff members perform various roles in assisting clients to manage their funds. These may be broadly divided into directly assisting clients with budgeting and purchasing goods and services, and monitoring client's funds and keeping the system accountable.

Listed below are some of the key roles staff may perform in the money management system for clients:

The financial plan:

- A financial plan must be developed and approved for every client whose money is managed through Thrive365. The financial plan is developed by:
 - resident
 - administrator
 - supervisor
 - manager

- The plan allocates the money available to residents and what it may be spent on. Staff must only expend funds according to the approved financial plan. The plan is to be kept in the finance section of the client management system.
- Financial plans must be reviewed annually.

Staff directly involved in managing client funds:

- Assisting clients with budgeting and the purchase of goods and services.
- Ensuring that as far as possible clients get value for money and that they are not taken advantage of.
- Requesting the withdrawal of funds for incidental expenses and specific purchases, and compiling receipts for purchases made by clients.
- Checking funds kept on site and ensuring the safe storage of such funds.
- Reporting to the relevant Manager/s any discrepancies and, unusual bank withdrawals or expenditure.
- Establishing and closing bank accounts for clients and assisting with their banking and payment of bills.
- Being a signatory to clients' accounts and recommending cash withdrawals in excess of the stated limit.
- Ensuring appropriate amounts of incidental spending money for clients.
- Ensuring funds and receipts are held securely on premises and are readily accessible for regular and spot audits.

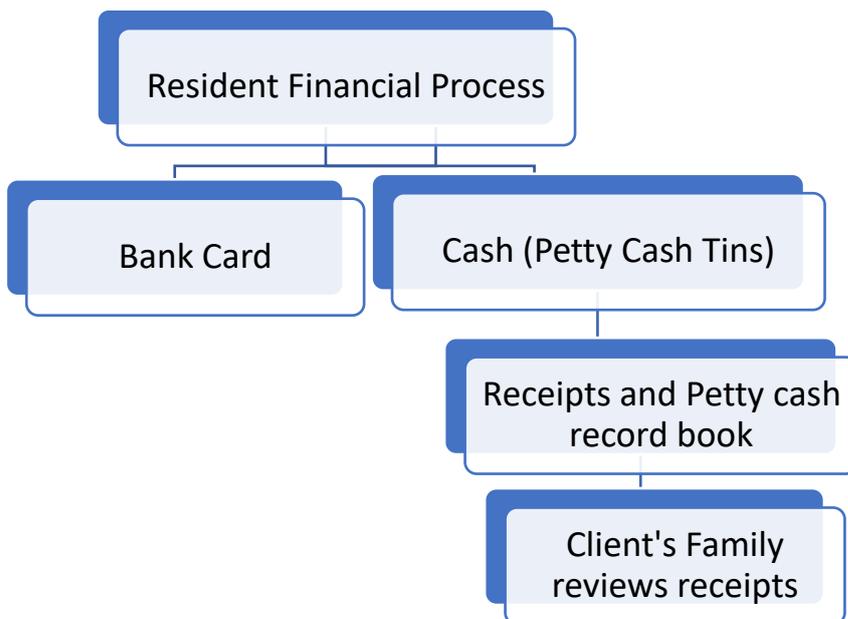
Staff involved in monitoring client funds

- Undertaking regular (at least monthly) audits of clients' funds.
- Monitoring money management systems on sites and ensuring that the processes are accountable.
- Providing families and guardians with reports about clients' funds on an as required basis.
- Reporting to the relevant Manager/s, any discrepancies or deficiencies in the money management system.
- Checking clients' income against their entitlements.
- Checking that clients' incomes and gifts are deposited in the correct accounts.
- Checking the appropriateness of charges levied by the organisation against clients.
- Checking deposits and withdrawals from clients' accounts against funds received and payments made.

- Checking payments made and goods and services purchased against receipts.
- Checking the appropriateness of signatories of clients' accounts.
- Preparing for the Manager/s, monthly reports of all audits performed.
- Preparing financial statements on an as required basis.
- Collating and storing all current and previous checked and audited accounts.

Summary of Residents' Financial Process/Record Keeping

- Residents have either Bank Card or a petty cash tin
- When purchases are done, receipts are reconciled by two staff and recorded by two staff.
- When clients' funds are exhausted, Families come into the property to review the receipts and take them away.
- Family transfers funds to the residents account for the week/month.



Policy 4.15 Medication Management

Reference Documents

- Guardianship Act 1987 (NSW)
- NDIS (Quality Indicators) Guidelines 2018
- Medication management in NSW public health facilities
- The NSW Poisons and Therapeutic Goods Regulation 2008
- The Pharmaceutical Services of the NSW Ministry of Health
- Medication Procedures, Family and community services, NSW government
- Health (Drugs and Poisons) Amendment Regulation 2020; Queensland
- Procedures and protocols for medicines management (health.qld.gov.au)

Date of CEO Endorsement: 30/08/2023

Last Review Date: 08/04/2025

Next Review Date: 08/04/2027

Policy Statement

1. Thrive365 recognises that each person living with a disability has the right to have the predicted risks and benefits of prescribed medication explained in a way that meets his or her communication needs.
2. Each person with a disability who receives a service has the right to be actively encouraged and supported to manage his or her own medication independently, and to provide or withhold consent to its use. If the person does not have the capacity to consent to receiving medication, or the person is objecting, a legal appointed guardian with the relevant function must provide or withhold consent on the person's behalf.
3. Thrive365 will support each client manage and receive their medication according to the prescribed level of support he/she has been deemed to require.

PRINCIPLES

1. Medications are prescribed by authorized and or endorsed prescribers

Medical practitioners, dentists, veterinary surgeons, nurse and midwife practitioners, endorsed optometrists and endorsed podiatrists are authorised under the Poisons and Therapeutic Goods Act to make prescriptions according to the policy. Non-prescription medication is reviewed by the person's medical practitioner prior to commencing treatment. Medication supplies are current, sufficient and appropriately documented.

2. Medication review is included in Individual Planning

Services undertake individual planning for all participants; and health care plans, including medication management, are developed and implemented. Health and medication plans are reviewed at regular intervals.

3. Appropriate staff are available to administer medication

Services provide appropriate training to ensure that staff are suitably skilled to support people who have the capacity to administer their medications independently, or to manage and administer people's medications and maintain accurate and current medication records.

4. Medications are managed and administered safely

Services have processes in place to ensure that peoples' medications are administered safely and stored securely.

5. Medications are monitored regularly

Procedures are in place for auditing medication supplies and for recording and managing any irregularities in medication supply, administration and consumption.

Procedures

MEDICATION PRESCRIPTIONS

Responsibilities:

Medical practitioners / specialists, dentists, and Nurse practitioners are responsible for prescribing medication. In addition, endorsed optometrists, endorsed podiatrists / podiatric surgeons are authorized to prescribe according to "Endorsement for scheduled medicines registration. Pharmacists are for dispensing medication according to the practitioner's

prescription. It is the responsibility of Thrive365 staff to administer medications according to directions provided on the packaging by the pharmacists. Every person who is involved in prescribing, dispensing or administering medications is required to document their actions in relation to the provision of medications (see **Appendix**).

In an emergency, authorized prescribers as listed above can make verbal, telephone or email prescription to a registered pharmacist to dispense a prescription for any Schedule 4 or Schedule 8 medication following NSW health medication handling Policy. The prescriber must provide the following:

1. The resident's name and relevant identifiers (as applicable)
2. The medication's active ingredient/s, proprietary name (where applicable), strength (where multiple strengths are available) and form
3. The dose to be administer
4. The route for administration
5. The frequency and times for administration
6. The maximum number of doses or the maximum duration of treatment with the medication.

All telephone prescriptions must be read back to the prescriber to confirm the prescription. The prescriber should repeat the telephone or verbal (face to face) order to a second person unless a second person is not available.

The authorised prescriber who orders a medication for resident administration verbally (face to face) or by telephone must confirm within 24 hours all doses administered by sending written confirmation of the order by email or facsimile, and review the resident as well as providing an updated medication summary and or profile.

Checks:

When medications are received from the pharmacy, they must be cross-checked by two staff – if possible, by the line manager/qualified medical personnel with another staff, against the record of medication prescribed for the resident before they are administered to the resident. Also, medications not dispensed in blister packs are to be checked against the medication treatment sheet by the line manager or qualified medical personnel. Before administering or supervising medication, all staff must be able to check the label on the medication against the doctor's written order on the medication treatment sheet, including those not dispensed in blister packs.

Where there is a discrepancy in the medications provided, the line manager or qualified medical personnel must seek advice from the pharmacist. If there is any change in the person's usual medication regime, the line manager or qualified medical personnel may contact the prescribing medical practitioner and pharmacist for clarification of the change where necessary. The line manager will then communicate same to staff and this will be documented in the "shift handover checklist - noting Urgent Matter Alert" or by any other means.

MEDICATION ORDERS

All medication orders for Thrive365 supported resident(s) must have the following in accordance to NSW health policy.

1. The medication's active ingredient/s and/or proprietary name (where approved for use at the facility) with the strength, form, dose and route of administration
2. The indication for treatment (if applicable)
3. For a 'regular' medication: The dose to be administered, the frequency and times for administration to the resident, the maximum number of doses or the maximum duration of treatment with the medication, (except where the prescriber's intention is for the duration of the medication chart)
4. For a PRN or when necessary medication: the maximum individual dose, the maximum daily dose, the hourly frequency for administration to the resident, the maximum number of doses or the maximum duration of treatment with the medication (except where the prescriber's intention is for the duration of the medication chart)
5. The date of the medication order, or where applicable, the date and time of an amendment to the medication order, or the date and time of ceasing a medication order prior to what was originally ordered
6. The reason for an amendment to, or cessation of a medication order should be documented in the resident's health care record, signed and dated by the prescriber with his/her name and contact telephone/pager number.
7. The prescriber's name (printed), signature and contact telephone/pager number.

MEDICATION SUPPLY

The line manager or qualified medical personnel will ensure the supply and storage of all medication and document same for medical audits. Where qualified medical personnel is not employed, the line manager will have the responsibility for ensuring the supply and storage of all medication in line with NSW health policy.

At least three days of medication should be kept on hand at all times and not more than one repeat of each prescription (or one month's supply). This should ensure that residents do not run out of medication if, for any reason, staff are unable to access the pharmacy (e.g. in natural disasters such as floods). This practice will also avoid wastage that can result from stockpiling medications as prescriptions may be changed over time.

A resident's medication must not be administered to another person. No 'prescription-only' medication may be retained in an accommodation service when it is no longer required by the resident for whom it was prescribed. Unused medication must be disposed of appropriately and is not to be used for another person.

MEDICATION STORAGE

1. Storage of Schedule 8 and 4 Appendix D medications

All Schedule 8 medications used by NDIS participants under Thrive365 care should be stored in a safe or secure cabinet attached to the wall or floor. This must be kept locked when not in immediate use. The key or combination codes will be retained by the line manager and/or qualified medical personnel employed by Thrive365. A spare key to the safe or cabinet must be stored in a secure place in the head office.

Extra security should also be given to include a closed circuit television (CCTV) monitoring.

All Schedule 8 medication received from a pharmacy by Thrive365 staff must be handed over to the line manager/qualified medical personnel who must sign and date a receipt confirming the quantity of the medication supplied. The line manager/RN must provide to the Pharmacy a signed and dated receipt confirming the quantity of the medication supplied. A copy of this receipt must also be retained at the facility safe.

A record of the number/amount supplied must be kept and locked in the safe except it is in an approved compliance aid. Also, the amount removed from the safe, administered, and the number/amount remaining, signature of the staff who removed the medication and or administered it, and the witness must be documented and such document stored in the safe.

Audits of Schedule 8 medications must be done on a regular basis by two staff members authorized by management.

Schedule 8 medications must be stored apart from all other medications when necessary, except when stored with Schedule 4 Appendix D medications, and apart from all other goods (such as keys, cash, documents) in an appropriate medication storage Unit.

Schedule 8 medication transactions must be witnessed according to NSW health policy on medication handling. This includes the removal and replacing of the medication from the medication storage unit, the preparation of the medication (as applicable), such as drawing up into a syringe, the discarding and rendering unusable any unused portion of the medication (as applicable), appropriate documentation, the transfer to the resident, and the administration to the resident.

2. General storage of medications

Apart from Schedule 8 and 4 Appendix D medications, other medications such as Schedule 2 ('Pharmacy Medicine'), Schedule 3 ('Pharmacist Only Medicine'), non-Appendix D Schedule 4 medications and unscheduled medications must be locked in secured cabinets.

All medications must be stored in the same container as received from the Pharmacy. This applies to either the manufacturer's original pack, or a re-pack labelled by a registered pharmacist.

Stock levels of residents' medications should be kept to the lowest practical level in resident care areas in line with Policy on medication supply.

Re-packing of medication will ONLY be done by the Pharmacy service.

Only staff assisting in medication administration for the resident should have access to the medication cabinet.

All medications must be stored at appropriate temperatures as stipulated by the manufactures. Any confusion on the storage of any medication should be cleared by the pharmacy who supplied the medication.

MEDICATION INFORMATION

The line manager/qualified medical personnel and other staff must ensure that all medications being administered to a participant, including over-the-counter medications, have approval from the resident's medical practitioner or an authorized practitioner in the event the resident's medical practitioner is not available. This will help to safeguard people from the effects of adverse drug interactions.

Staff administering medication should be aware of the details of the medication and reasons why it is being administered to the resident and potential side effects in event the resident suffers any side or adverse effect. This will enable them to recognize the side or adverse effects and provide appropriate support.

MEDICATION DISPOSAL

Expired or superseded medication, including blister packs, unused medication, contaminated medication such as medication that fall to the ground should be stored in a transparent bag with the participant's name and date of disposal written on the bag. This should be stored in a secure cabinet labelled "pharmaceutical wastes" for the line manager or qualified medical personnel to return to the pharmacy for safe disposal. Support staff can also return pharmaceutical wastes to the pharmacy under the direction of the line manager. All medication disposals must be recorded in the pharmaceutical waste form and stored in the pharmaceutical waste cabinet. Once the form is full, this will be uploaded in CTARs for storage in the relevant form. Pharmaceutical waste forms will be utilized for medication audits.

Also, each residents' own medications must be disposed of in accordance with Thrive365 medication disposal policy and NSW health policy and must never be used for other residents.

MEDICATION ADMINISTRATION

1. **Consent:** The person should be encouraged and supported to be involved in decision making as far as possible according to their capabilities. The doctor or dentist must confirm that a person is capable of making a decision about receiving a particular medication before commencing treatment. If the person is not able to provide consent the practitioner must obtain consent from the person responsible or, if one is not available, request the appointment of a legal guardian with that function from the Guardianship Tribunal.

Consent is not required if a medication is being prescribed in an emergency. Written consent must be provided by the person or a legally appointed guardian prior to receiving any prescribed or over-the-counter medications, or complementary therapies. Consent may be provided verbally when the person or legally appointed guardian is unable to provide written consent at the time of treatment is required.

When a person is prescribed psychotropic medication as part of a documented behaviour management strategy, consent is required from the person or person responsible. If psychotropic medication is prescribed on a PRN basis, authorization must be obtained from the Restrictive Practices Authorization Panel and the person responsible. Staff should refer to the 2009 Behaviour Support: Policy and Practice Manual, Parts 1 and 2, for more detail on the appropriate use of ongoing and PRN psychotropic medications to manage a person's

behaviour. Staff should refer to the Guardianship Tribunal Information for Applicants – Application for consent to medical or dental treatment form to understand the consent requirements for different types of treatment.

2. **Choice:** residents will be supported to manage and administer their medications independently within their ability. Line managers will assess a resident's capacity to manage his or her own medication, in consultation with direct care staff, the resident's medical practitioner and a family member or someone who knows the resident well. The Risk Management Checklist at Attachment 3 may be used to assist in this process.

In the same way that people in the general community have the option of purchasing cheaper generic brand medications, NDIS participants under Thrive365 care will be afforded the same option. The line manager/qualified medical personnel must ensure that the appropriate CMI sheet for the generic brand is provided by the pharmacist and communicated to staff supporting the resident. This is to assist staff when checking residents' medications.

A resident has a right to use his/her own medication or complementary medicines; however, it must be approved by an authorized prescriber (such as the GP) as appropriate for use alongside the medication order in the medication chart. A registered pharmacist should verify the suitability for use of the medication in the particular circumstance and in line with NSW health policy. Thrive365 staff will assist the resident in self-administration of such medication so long as the resident has the capacity to make his/her own decisions.

3. **Compliance aids:** Medication compliance aids are designed to assist residents in administering their medications independently, or for staff to assist manage medications for residents who require support. An example is the 'blister' packaging, a system of packaging with each 'blister' containing the dose required for every administration interval during the day and dispensed into individually labelled packs by the pharmacist. All 'blister' packs should have a photo of the resident attached if possible. Whenever possible, medications are to be dispensed by the pharmacist in 'blister' packs and as metered doses. Webster Pak© is generally available and is the preferred 'blister' packaging system in Thrive365 operated services. Unsealed box compliance aids, e.g. 'Dossett boxes', are not to be used in Thrive365 services where residents require support to manage their medications.

4. **Documentation:** The line manager/qualified medical personnel will ensure that a list of current prescribed medication for each resident must be kept at the service. This list must be maintained by the resident's doctor and updated whenever a medication is changed.

The list should include:

- Adequate identification of the resident,
- The name, strength and dose of each medication the resident is taking,
- How and when the medication should be taken or used,
- The name of the prescribing doctor and his or her telephone number,
- The resident's known drug allergies, and
- The date of the most recent medication review.

In Thrive365 operated accommodation services, the preferred method for recording this information is on a Medication Treatment Sheet or Summary Form.

In services where a registered nurse or medication endorsed enrolled nurse is not rostered on a shift, and whenever more than one staff member is on duty, two staff members are to check the medication before it is administered to a resident in order to minimize medication errors. No two or more residents' medication should be prepared for administration to them at the same time by the same staff. Complete a resident's medication administration before commencing for another resident. The relevant medication chart must be signed by the staff member who administered the medication and the witness after it has been taken by the resident.

Additionally, when staff are required administer PRN (as needed) medication to a resident, a record of the dose given and the time should be made in the medication chart. Staff must get authorization from the line manager or senior management staff before administering any PRN medication. The reason for administering PRN medication and the result must be documented in the resident's notes for the information of the resident's doctor and other staff. The line manager/qualified medical personnel will review these while conducting routine medication chart review to ensure staff follow prescriptions and that the reasons for administering are in line with prescriptions. Also, the line managers will ensure all staff and on call managers are informed on any changes on PRN medication.

5. **Administration:** A resident who is not capable of administering his or her own medications independently or with minimal assistance will have medications administered by support staff. These may be a nurse, a line manager or a support worker. When residents are accessing the

community, they may have medications administered by a community-based staff member who is a community support worker or equivalent.

- **Tablets/capsules:** When medications are dispensed in 'blister' packs or metered doses they may be administered directly to residents by both nurses and support workers. When medications have not been dispensed in 'blister' packs (i.e. they are dispensed by a pharmacist into individually labelled packs for a particular resident), they may only be administered by a staff member who has been educated in the procedures for administering medication. Appropriately trained staff include registered nurses, medication endorsed enrolled nurses, line managers and support workers who have obtained competency to undertake the procedure or medical personnel such as medical practitioners, dentists, nurse practitioners with competency in their trainings according to NSW health policy on medication handling. Thrive365 will provide necessary competency training to non-nursing staff in the performance of certain health care procedures, which include medication administration when blister packs and metered doses have not been provided by the pharmacist. When line managers or support workers are required to perform a new procedure, training will be based on the premise that a person in the general community could be trained to safely perform the same procedure.
- **Injections:** Competency training will be provided for non-nursing staff to administer medications by injection for subcutaneous injections which support diabetes management, pain management and other medication treatments that are defined in the individual Complex Health Care Plans and also follows the same premise described above (Administration), where a person in the general community could be trained to safely perform the same procedure. This does not preclude residents administering their own insulin. Residents must not be involved in administering medication to other residents, other than in the case of a spouse or long-term carer. Intravenous injections and intramuscular injections may only ever be administered by a qualified medical personnel. Subcutaneous injections may be given by a medical practitioner such as Thrive365 employed registered nurse, or a line manager or support worker with competency in subcutaneous injection administration.
- **Alternative routes:** When a resident has difficulty swallowing, alternative medication administration routes must be discussed with the resident's medical practitioner. The best method for delivery of the medication should be decided with reference to the resident's eating and drinking plan. Other administration routes e.g. by rectum or inhalation should also be discussed with the medical practitioner or pharmacist.

Please note: all tablets and capsules should be swallowed whole whenever possible. The line manager and staff should seek advice from the pharmacist before crushing or dissolving tablets and read Consumer Medicine Information sheets provided with the medication. Some tablets are not suitable for crushing because they are formulated to release the drug over time after being swallowed. Other tablets may be suitable for crushing and for mixing with thickened fluids to assist with swallowing.

In event a medication has been recommended to be crushed, such will be accomplished by dissolving the medication in water or using safe medication crushers. This implies each resident must have their own medication crusher or the pharmacy will have to dispense dissolvable forms of the medication. Thrive365 will continually follow and implement recommended health advice from health professionals.

If there are concerns that crushing a medication will pose a health risk to staff, adequate PPE such as a facemask should be utilized during the crushing and administration process to prevent inhaling the medication particles.

6. ***Contraindications to administering medication:*** residents are not to have medication administered if:

- The six rights of medication administration have not been met
- The medication has not been prescribed or recommended by a medical practitioner;
- The medication is not contained in the original packaging or blister pack;
- The packaging is damaged, or the blister pack has been opened;
- The medication is past its use by date or has been damaged
- There is any reason to believe the resident has had an adverse reaction to a previous dose
- The medication has been spit on the floor.

If, for any reason, prescribed medication is not administered to a resident, the process for reporting and managing missed medications must be followed.

7. ***PRN medication:*** PRN (pro re nata or as needed) medication is prescribed by a medical practitioner for a resident as and when needed for treatment of a medical condition or as part of a behaviour management plan. PRN medication may be prescribed for asthma, pain relief, behaviour support, epilepsy or infection control, and can include over-the counter medications.

Support workers are not to administer any PRN medication to a participant unless authorized by a manager.

- PRN Psychotropic medication: When a resident has been prescribed PRN psychotropic medication for behaviour support by a medical practitioner, the detailed guidelines and requirements in the 2009 Behaviour Support: Policy and Practice Manual, Parts 1 and 2 and the Consent process must be followed. Medications are administered in strict accordance with the resident's Behaviour Support Plan or Incident Prevention and Response Plan. These must be supervised by the line managers.
- Prescription of new PRN medication: When new PRN medication is prescribed, the medical practitioner must be informed if the resident requires assistance taking the PRN medication. Clear and precise written directions must be obtained from the medical practitioner for the use of PRN medication, and it must be administered according to the directions provided by the medical practitioner. If the resident has a specific medication management plan in place staff must follow this when administering PRN medications.

The resident's medical practitioner should review over-the-counter PRN medication and confirm in writing that it is appropriate for the resident's use. In this way staff can administer over-the-counter PRN medication as needed and in accordance with the medical practitioner's advice. All PRN medication must be recorded on the medication chart as it is administered.

Staff should seek advice immediately from the line manager/on-call manager before administering a PRN medication once a reason is identified so as not to delay a response to residents' needs.

- PRN medication amendments or cessation: When a medical practitioner determines that a PRN medication is to be amended or ceased the change must take place immediately. The PRN medication list must be changed and signed by the medical practitioner. If the medical practitioner cannot provide an immediate written change, he/she may make a verbal change by telephone following Thrive365 policy and procedures and NSW health policy on verbal, telephone, facsimile or email prescription. Medication changes must be documented in the progress or case notes and reported to staff on the next shift.

8. **Handling of medication:** staff must wear appropriate PPE (gloves) before handling medication. Staff should transfer doses into a medicine cup when removing them from the

dispensed packaging. Particular care must be taken to avoid having skin contact or inhaling cytotoxic drugs when administering these agents to residents. Cytotoxic drugs are most often used to treat people with cancer. Staff may wish to use gloves when administering medication of any kind.

9. ***Medication general:***

- This is a support worker who takes the responsibility or is assigned or nominated by other support workers to take the responsibility for all medication management and administration during their shift.
- He/she is responsible for administering or witnessing all medication administration together with the supporting staff in that particular shift.
- He/she may be identified in a shift by the reflective vest.
- New staff are not permitted to perform the role of the medication general unless they have worked consistently in Thrive365 for at least 3months. In event there is need to administer any medication before their 3months, the line manager or a management staff must authorize it and the support worker document appropriately.

10. ***Preparation to administer medication:***

- Inform the medication general or the witness as part of your preparation to administer.
- In situations where there is only one support worker, the support worker can proceed to support the client with medication administration.
- Pay attention to the administration of medication and do not attend to other tasks at the same time.
- Collect all information and equipment required.
- Check the individual's preferences relating to medication administration.
- Complete hand hygiene steps before and after administering medications to each individual.
- Wear gloves if appropriate e.g. to apply ointments, creams and lotions.
- Check that the medications are in suitable condition and have been stored properly.
- Check use by dates on original container medications.
- Check on the Medication Administration Record that the previous dose was administered correctly.

If there are discrepancies discuss these with your supervisor:

- Check the six 'Rights' of medication administration:

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- Right person - Check photographic identification on the medication packs or the resident's file to ensure the medication is for the right person.
- Right medication - Check the name of the medication on the blister pack or medication packaging against the name on the medication chart for the person.
- Right dosage - For blister packs check that the right number of tablets or pills is contained in the blister. For other medication ensure the dose is clearly documented on the pharmacist's label attached to the medication.
- Right time - Ensure medication is being taken at the prescribed time. Some medications will have further instructions that must be followed such as, to be taken with food, 30 minutes before food or after other medications.
- Right route - Ensure medication is taken, applied or inserted using the prescribed route. This may include oral, topical (external), by inhalation or per rectum.
- Right record keeping - All medication must be recorded, and the appropriate medication chart signed by the person administering and witnessing (if available) the medication.
- Prepare medications – for example: altering dose form if permitted, crushing or splitting solid dose medications, dissolving powder, measuring liquid medications, placing medication in a nebuliser or spacer, placing medication from a Secure Dose Administration Aid into a cup, preparing water to assist with swallowing.
- Prepare the Individual
 - Communicate with the individual that it is time for their medication – this may involve discussing the procedure, encouraging participation.
 - If required, adjust the posture, position or clothing of the individual and seek assistance if available and required.
 - If appropriate, provide privacy and/or a quiet environment.
 - Check that the individual is able to receive medication – check for physical or behavioural changes that may be contra indicators for medication administration.
- Administration
 - Administer the medication strictly according to the prescribing health professional's instructions.
 - Assist the individual to take their medication as required, in accordance with the individual's needs and documented procedures. **An expanded checking process is included in Appendix.**

- Supervise and observe the individual when taking the medication and confirm with the individual their ingestion or completion.
- Return unused medication and equipment to secure storage.
- Discard any waste products associated with medication administration.

➤ After Administration

- The support workers must document appropriately and sign.
- Monitor the individual and if there appears to be unusual or adverse reactions report these to a supervisor or health professional immediately or as soon as practicable.
- Implement appropriate response if there is an incident.

Note:

- *Where two staff are present in a shift, both will commence and complete the process of medication administration together as the medication general and witness, and both will document.*
- *Where only one staff is present in the shift, he/she will proceed to commence and complete the process of medication administration alone and document. However, if the medication is an S8, the lone staff must contact a manager via facetime (video call) to witness the process of medication administration.*
- *If the staff is new to the client and is not confident to administer the medication alone, he/she will contact the manager for guidance or support.*
- *Where the client is self-administering, the staff supporting the client will witness the client's self-administration and document.*
- *In situations, where only a staff who is less than 3months in Thrive365 is present in a shift, the manager of the house or on-call manager will confirm they are able to administer the medication and hence authorise him/her.*

11. **Uncertainty, Further Assistance or Clarification:** Where there is any uncertainty about administration of medication the support worker should first speak with their supervisor, as per their organisation's policy and procedure, and/or a person who is qualified to make a clinical judgment. This may include the prescriber, usual community pharmacist or another health professional.

12. **Observation of Individual Responses:** If an individual is taking a new medication it is important to observe them post administration and note any unusual state of behaviour that may be medication related. The CMI obtained from the pharmacy when the prescription was filled will contain information about common reactions to medications. The prescribing health practitioner should be contacted for a review of the individual if:

- There appears to be a worsening in the individual's health
- There is little or no sign of improvement
- The medication appears to be making the problem worse
- There are observable differences in the individual's usual state such as changes in the airway (e.g. choking), breathing (including slowed, fast or absent breathing, colour changes) or circulation (including unexpected drowsiness, colour change and absence of pulse), rash, inflammation or redness, swelling, headache, skin tone, feelings of dizziness, slurring of speech, nausea and vomiting, blurred vision, confusion, changes in behaviour. If an extreme adverse effect occurs, dial 000 for ambulance services.

MEDICATION SAFETY

- **Security:** When a resident is managing his or her own medications they should be secured in a place that is not accessible to other residents. Medications that are administered by a staff member are to be stored in a cabinet or room that is secured at all times except when in immediate use. This is in accordance with Thrive365 and NSW health policy on medication storage.

In a community-based accommodation or other service type, all residents' prescribed medications will be dispensed in 'blister' packs whenever possible and stored together in a secure cabinet or room or safe. The medications may include Schedule 4 or Schedule 8 drugs. In accommodation where registered nurses and medication endorsed enrolled nurses administer medications to residents they must follow the requirements of their professional registration in the recording and storage of Schedule 8 drugs.

The temperature required for storage of a drug is shown on the manufacturer's label and additional advice about storage can be sought from a pharmacist. Most drugs should be stored below 25°C and some need to be stored in a refrigerator. Those that require refrigeration must be stored separately from food to avoid contamination. If medications are stored in a general

household refrigerator they must be secured to prevent residents from accessing medications belonging to other residents, or from taking their own medications before the due dosage time.

- **Precautions:** Medications must not be transferred by staff into other containers, such as 'box' medication compliance aids, and are to remain in the original packaging provided by the dispensing pharmacist. Transferring medications into alternative containers greatly increases the possibility of error. When a resident is going out for the day (e.g. to school, work or day program) and a medication is due during that time, the original pharmacy dispensed pack of medication should accompany the resident. It is advisable for medications to not be given in few doses from an unlabelled container, such as an envelope or a 'box' medication compliance aid except by a medical professional or manager who have clear understanding of the process.

The pharmacist dispensing the resident's prescription may be consulted regarding the possibility of providing a special pack for day trips. Alternatively, the resident's doctor may be consulted regarding the possibility of changing the dosage intervals to avoid having a dose fall due during the outing.

MEDICATION INCIDENT

A medication incident is any event where the expected course of events in the administration of medications is not followed. For every medication incident as listed in the medication incident area, reports will follow Thrive365 medication incident reporting and management system in line with NSW and Queensland Health Policy Directive.

All adverse drug reactions should be reported as medication incidents and Thrive365 health professional staff (RN) will ensure necessary reports are done to the Therapeutic Goods Administration and local reporting protocols are followed.

All medication incidents will be discussed in team meetings as soon as possible and preventive actions taken immediately.

Medication incidents and actions to take are listed in the table in **Appendix**

MEDICATION AND HEALTH REVIEWS

1. **Health care reviews:** All NDIS participants under the care of Thrive365 will receive services related to health care as often as they require by appropriate health personnel. Resident

charts will be reviewed as required and changes noted in their health, medication, discrepancies in staff documentation including errors and omissions. These will be documented and communicated to the appropriate manager, and all staff supporting the resident. They will be addressed by the relevant staff.

2. **Medication review:** Medications are regularly reviewed during the yearly review of a person's Health Care Plan and at any time when there is a change in the person's health status. All health care reviews are linked with the Individual Planning review cycle, including the annual health assessment conducted by the person's medical practitioner.

- **Home Medicines Review:** Where the person is taking more than five different medications, has a significant change in health, is being prescribed medications from several doctors or for a range of other reasons, a Home Medicines Review (HMR) may be appropriate. The person's annual health review is a suitable time for staff to raise this with the person's doctor if the health assessment indicates that a HMR would benefit the person.

Referral for an HMR must be done by the medical practitioner and the review is performed by a trained and accredited pharmacist. The purpose of the HMR is to maximize the person's benefit from the combination of medicines they are taking and to prevent adverse medicine-related events.

When medication is prescribed to treat a particular health issue and there is little, or no sign of improvement or medication appears to be making the problem worse, or side effects are observed, the person should be referred to the prescribing practitioner for immediate review.

LEVELS OF SUPPORT

1. All the above processes in this policy will apply to participants who require any form of support from Thrive365 for medication management and administration. The level of support must be clearly stated and same made known to supporting staff.

2. For participants who are self-administering and do not require Thrive365 support in medication administration and/or management, this must be confirmed by a health or allied health professional and the participant will be required to sign a dignity of risk where necessary.

3. If the health of a participant appears to deteriorate, Thrive365 may utilize a checklist to review the ability of a participant to self-administer and/or get the GP to confirm their ability to self-administer.

Policy 4.16 Complex Health Care Plans (CHCP)

Reference Documents

- NDIS (Quality Indicators) Guidelines 2018
- NDIS Quality and Safeguards Commission, 2021
- NDIS Practice Standards and Quality Indicators, 2021
- Frequently Asked Questions; Revised High Intensity Support Skills Descriptors, June 2023
- NDIS Practice Standards: High intensity support skills descriptors, November 2022
- Ausmed, 2020
- Lifestyle Centred Services, 2020
- Thrive365 Staff training program
- Thrive365 Complex Health Care Policy and Procedure

Date of CEO Endorsement: 12/09/2023

Last Review Date: 10/04/2025

Next Review Date: 10/04/2027

Policy Statement

- Thrive365 has made a commitment to provide complex care support to individuals requiring special care. This Policy provides guidance on the scope of practice for Thrive365 staff and Registered Nurses (RNs) providing complex health care for the residents. In addition, it highlights the required skills and training required for staff to provide the residents with basic and complex care.

Procedures

Introduction

- Complex Health Care Plans relate to participants who are being supported in community-based support services. A Complex Health Care Plan is used where complex and/or invasive techniques or procedures are required for the care needs of a participant. The Plan sets out written instructions which guides the actions of staff on procedures to be performed and any requirements or training necessary to ensure staff are competent.

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- An individual's complex health care plan specifies procedures or techniques necessary to care for the needs of the participant; hence, in this, references are made to participant complex health care plans too.
- Participant Complex Health Care Plans (CHCP) must be developed and reviewed by qualified health professionals (e.g. doctor, specialist medical practitioner or registered nurse) in consultation with the participant, the Person Responsible for the participant (if applicable), and relevant staff. Careful consideration should be paid to the Participant's needs, lifestyle and aspects relating to affordability of requirements and delivery systems for the participant.
- A copy of the CHCP must be attached to the Participant's plan and be stored in the Client Management System.
- The Plan should be reviewed at least every 12 months or more frequently if required or as directed by the participants' treating health practitioners. The Plan should also be reviewed if there have been changes in the participant's needs relating to their condition.
- The CHCP may be reviewed by an appropriate health care professional other than the health professional who initially developed it. This strategy reduces key person dependencies and reduces risk to the participant.
- Complex care includes complex health related procedures and interventions which support the health and wellbeing of a participant and requires support workers to have additional competencies outside of the standard skills gained from normal training, induction and experience.
- Examples of complex health care may include:
 - ✧ Administration of specific medications,
 - ✧ Complex bowel care
 - ✧ Tracheostomy
 - ✧ Complex wound care
 - ✧ Urinary catheter care (in-dwelling urinary catheter, in-out catheter, suprapubic catheter)
 - ✧ Emergency seizure management and;

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- ✧ Use of alternative delivery systems for nutrition with procedures or interventions which may be invasive. For example, PEG feeding, intra-nasal, enteral (nasogastric tube – jejunum or duodenum) feeding etc.
- ✧ Epilepsy – emergency management procedures which includes administration of emergency medications
- ✧ Asthma – use of nebulizers, inhalers and spacers
- ✧ Diabetes – administration of insulin via subcutaneous insulin injections specified in a complex health care plan, instruction relating to monitoring and management of blood sugar levels, and how to respond to participants experiencing severe hypoglycaemia e.g. use of glucagon hypokit or persistent hyperglycaemia
- ✧ Use of a percutaneous endoscopic gastrostomy (PEG), gastric feeding tube – use of the specific PEG type, preparation and administration of food replacement and medication, PEG care including process to manage a dislodged tube
- ✧ Catheter and stoma care – changing collection bags, care of the entry site and monitoring requirements including process to manage a dislodged tube
- ✧ Administration of enemas, suppositories and pessaries
- ✧ Use of adrenaline auto-injectors (e.g. EpiPen) for anaphylaxis
- ✧ Shallow suctioning
- ✧ Palliative care including use and monitoring of medication
- ✧ Any other specific health condition where training needs have been identified by a health professional.

Complex Care Clinical Guidelines

Clinical guidelines must be followed for participants in the event that there is not a current CHCP, or an element of care is missing. Complex care guidelines must be followed unless directed in writing by the participants treating team.

Complex Care Clinical Guidelines are available for the following Complex Care conditions:

- Severe dysphagia

- Complex wound care
- Enteral feed
- Bowel/complex bowel Care
- Suprapubic Catheter Care
- Hydration care
- Tracheotomy Care
- Epilepsy management
- Subcutaneous Injections
- Dental care

Training

- For staff training program schedules, please refer to the document, “Thrive365 Staff training program”.
- Where a CHCP has been developed that includes complex care interventions support staff will require additional training covering the support implementation methods specified in their care plan. This training should be specific to the participant and their CHCP. This training will be in addition to the Thrive365 pre-determined competency training requirements.
- If the Support staff has previous training in the administration of the intervention method specified in the CHCP, a Health Professional may determine that no additional (or only minimal) training is required because the support staff’s previous knowledge and experience is deemed to be sufficient. This decision should be documented. This practice will ensure that nothing specific to the participant is overlooked.
- Competency training and endorsement of support workers can only be provided by qualified and experienced health professionals. As with other aspects of intervention administration, knowledge and performance relating to these specific tasks should be checked annually or more frequently if needed. This credentialing is required to be reviewed as determined by the relevant health professional.
- Competency training for support staff is not transferrable and relates to the needs of the specific participant being supported.
- If the support staff who have been trained to undertake complex care intervention administration for a particular participant are not available, administration should be arranged with a Community Nurse or other medical professional.

Care support safeguard

- All staff trained to support participants with specific complex health care plans will have their training information assigned to the participant in the Staff and Client Management system (Employment Hero and CTARS). This will ensure that only qualified and trained staff can be rostered to support that participant and will provide alerts when their yearly review is required to be updated.

Policy 4.17 Managing Challenging Behaviours/Restrictive Practices

Reference document

Legislative and Policy Context

➤ **Federal Legislation and Policy**

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Strategy 2010 - 2020
- Convention on the Rights of People with Disability
- Regulated Restrictive Practices Guide
- Compliance and Enforcement NDIS Quality and Safeguards Commission Policy
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and quality Indicators 2020
- NDIS Quality and Safeguarding Framework
- National Framework for Reducing and Eliminating the use of Restrictive Practices in the Disability Service Sector 2014

➤ **Policy and Procedure in Force – NSW**

- Restrictive Practices Authorisation Policy Version 2.0
- Restrictive Practices Authorisation Procedural Guide Version 2.0
- Disability Inclusion Act 2014 and Disability Inclusion Regulation 2014
- NSW Guardianship Act (1987) and Guardianship Regulations
- Going to a Restrictive Practice Authorisation Panel Meeting

➤ **Policy and Procedure in Force – QLD**

- Guardianship and Administration Act 2000
- Disability Services Act 2006
- Public Guardian Act 2014
- Human Rights Act 2016
- Preparing a positive behaviour support plan – guidelines and models

Date of CEO Endorsement: 17/10/2023

Last Review Date: 12/03/2025

Next Review Date 12/03/2027

Positive Behaviour Support

Positive Behaviour Support is a comprehensive approach to assessment, planning and intervention that focuses on addressing the person's needs, their home environment and overall quality of life.

A positive behaviour support plan outlines:-

- Strategies that respond to the adult's needs and the causes of behaviours of concern
- How the use of restrictive practices may be reduced or eliminated
- How the person's quality of life may be improved through implementation and ongoing assessment of the plan.

Behaviours of Concern

Thrive365 provides services to people with disability who have diverse support needs and varied life experiences. Sometimes these behaviours can place the person or others at risk and have an impact on the person's engagement with their community and quality of life. Behaviours of concern are also referred to as challenging behaviours.

The people we support may engage in behaviours of concern for a number of reasons including responses to past trauma, to communicate an unmet need, as a response to emotions such as fear, loneliness, distress, pain or an ongoing response to physical and social situations that perpetuate the behaviour.

Most engagement in behaviours of concern is purposeful. The function of the behaviour is to meet an unmet need or to avoid or minimise contact with a stimulus or situation that causes distress. A positive approach to behaviour support aims to understand the functionality of the behaviour of concern and provide positive alternatives to meet these needs or avoid unpleasant situations.

Evidence Based Practice

Thrive365 implements the PBS framework as described by Gore et al (2013)

Values	<ol style="list-style-type: none">1. Prevention and reduction of challenging behaviour occurs within the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles.2. Constructional approaches to intervention design build stakeholder skills and opportunities and reject aversive and restrictive practices.3. Stakeholder participation informs, implements and validates assessment and intervention practices.
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<p>Theory and Evidence Base</p>	<ol style="list-style-type: none"> 4. An understanding that challenging behaviour develops to serve important functions for people. 5. The primary use of constructional principles and procedures from behaviour analysis to assess and support behaviour change. 6. The secondary use of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system Process
	<ol style="list-style-type: none"> 7. A data-driven approach to decision making at every stage. 8. Functional assessment to inform function-based intervention. 9. Multicomponent interventions to change behaviour (proactively) and manage behaviour (reactively). 10. Implementation support, monitoring and evaluation of interventions over the long term.

Thrive 365 also utilises a range of secondary evidence-based approaches and strategies to both inform and implement behaviour support plans. These include:-

- Working with speech pathologists to provide participants with other means of communication outside of behaviours of concern.
- Working with behaviour support practitioners in the development and implementation of positive behaviour support plans.
- Learning from families about triggers, effective resolution mechanisms and baseline behaviours of new participants.
- Working with health practitioners to identify underlying causes of pain and discomfort and specialists regarding more complex psychiatric and neurological causes of behaviours of concern.
- Maintaining data collection and a comprehensive incident management system and sharing these documents with relevant practitioners to track the impact of strategies which have been implemented.
- Regular meetings with residents and stakeholders to gain their feedback on their satisfaction with their current living and community access arrangements.
- Ongoing staff training and development so staff are able to consistently implement behaviour support plans and are aware of and can report on any changes in participant behaviour, functioning or mood.
- Advocacy to ensure appropriate funding and staffing supports for participants.

- Utilisation of regulated restrictive practices as a measure of last resort.

Supporting the Development and Implementation of Behaviour Support Plans

Establishing a referral

Thrive365 works with a number of stakeholders to support the construction and implementation of behaviour support plans.

We identify changes/escalations in a resident's behaviour through:-

- Analysis of incident reports
- Review of case notes
- Feedback from direct support staff
- Feedback from the person's family and friends

The Practice Leader responsible for the resident will then undertake an assessment of possible causes of these behavioural changes including:-

- Any changes in staff
- Changes in routine
- Changes in environment
- Proximity to any family visits or contact
- Illness
- Exclude causes of pain or discomfort
- Changes in medication

If behavioural changes have no obvious transient cause that can be addressed and the behaviours exhibited by the participant have impact on their safety or quality of life then an assessment by a behaviour support specialist is warranted.

Thrive365 will contact the participant's support co-ordinator to arrange a referral and also discuss with the family/decision maker, the need for a referral to a behaviour support practitioner, how this will occur and what this process will look like. Thrive365 does not develop behaviour support plans in either Qld or NSW.

Working with a practitioner to develop a behaviour support plan

1. The support co-ordinator is responsible for the engagement of a behaviour support practitioner and that both funding required and service agreements are in place.
2. Thrive365 will ensure that consent is in place from the participant or their decision maker to enable information to be shared with the behaviour support practitioner.

3. Both the Practice Leader and the participant's key worker will meet with the behaviour support practitioner to provide information and evidence of the current behaviours of concern and outline the functional areas that would benefit most from support. This includes an introduction to the participant and an explanation of the role of the behaviour support practitioner.
4. Thrive365 will make case notes and incident reports available to the practitioner and facilitate contact with family or significant others as needed.
5. Thrive365 works collaboratively with behaviour support practitioners in the development of behaviour support plans and will routinely review and provide feedback to the practitioner during their construction.
6. Thrive365 also facilitates the involvement of the participant as much as is possible in the construction and implementation of their behaviour support plan.

Implementing the Behaviour Support Plan

- The Behaviour support practitioner will meet with the team who support the participant. This may also include staff from external providers such as community access providers.
- The behaviour support practitioner provides training to staff on the plan, their role within the plan and any restrictive practices.
- The behaviour support practitioner will also provide training on data collection to be performed by the team and explain how this will be presented and analysed. This training is usually recorded so it can be revisited by staff or accessed by new staff.
- The Practice Leader responsible for the participant will take the lead role in quality checking data recording, collating this and sending to the behaviour support practitioner. The Practice Leader will meet regularly with the behaviour support practitioner to review data and the efficacy of the plan. This is often weekly for the first few weeks and may move to monthly if the resident's behaviours stabilise and the plan is functioning well.
- A behaviour support plan may also be implemented in conjunction with a second plan such as a mental health plan or communication plan.

See:-

ABC Data Collection Form

Behaviour Tally Sheet

Staff training video – Alan Conradi

Staff Roles and Responsibilities in the Implementation of a Behaviour Support Plan

Reading and understanding the plan	Direct Support Staff, Practice Leader
Providing training on the plan	Behaviour support practitioner and Practice Leader (May be facilitated using recorded training)
Providing training on data collection	Behaviour support practitioner and Practice Leader (May be facilitated using recorded training)
Providing training on secondary plans such as mental health or communication plans	Psychologist, speech pathologist
Providing training on the use of PRN or other medication that forms part of the BSP	Thrive365 Registered Nurse and Public Health Officer
Application to Panel/STA or QCAT regarding authorisation of restrictive practices	General Manager - Operations
Ongoing weekly or monthly reporting to Quality and Safeguards Commission	General Manager - Operations
Notification to Quality and Safeguards of any use of unauthorised restrictive practices	General Manager - Operations
Collecting data and doing incident reports	Direct support staff
Quality checking and collating data	Practice Leader
Regular data analysis meeting with behaviour support practitioner	Practice Leader/Accommodation Manager
Review of behaviour support plan	Behaviour support practitioner, other practitioners involved, direct support staff, practice leader, family or significant others, the person who is the subject of the plan
Implementation of any changes following review	Behaviour support practitioner and Practice Leader
Maintenance of service delivery quality and plan alignment, worker skill set	Practice Leader/Accommodation Manager

Thrive365 makes general training on behaviour support plans, their implementation and restrictive practices available to staff working with participants who have these support plans in place.

Thrive365 employs a Registered Nurse who oversees the use of any medications prescribed as part of a behaviour support plan and provides ongoing training and support to staff in their safe

and appropriate use. The RN will also liaise with any medical practitioners should medications require review or are causing unwanted side effects for the participant.

See Staff Training Flyer – Positive approaches to behaviour support

Staff training register – managing medications

Regulated Restrictive Practices

Regulated Restrictive Practices are strategies of last resort to manage the risk associated with a participant's behaviours of concern. They have the effect of restricting the rights or freedom of movement of a person with disability and should not be used as a substitute for adequate supervision.

Under the NDIS (Restrictive Practices and Behaviour Support) Rules there are 5 categories of restrictive practice:-

(a) *Seclusion*: Sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevent or not enabled or the person believes they are unable to exit

(b) *Chemical Restraint*: The use of medication or a chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, physical illness or physical condition.

© *Mechanical Restraint*: The use of a device to prevent, restrict or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.

(d) *Physical Restraint*: The use of physical force to prevent, restrict or subdue movement of a person's body or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a persona away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.

(e) *Environmental restraint*: restricts a person's free access to all parts of their environment, including items and activities.

Regulated restrictive practices must used in the context of a positive behaviour support plan. Support frameworks should focus on how behavioural needs can be supported in a way that makes the use of restrictive practices eventually unnecessary (fade out strategies).

Dignity of Risk

The use of regulated restrictive practices must be considered in the context of a person's life goals and choices, appropriate cultural responses and dignity of risk. An example of this may include the use of alcohol and cigarettes and the right for people to make lifestyle choices that others may not agree with.

Procedures for use of Restrictive Practices

Both the NDIS Quality and Safeguards Commission and the relevant body of each State and Territory retain separate functions related to the use, consent, approval, review and reporting on the use of restrictive practices.

NDIS Quality and Safeguards Commission

The NDIS Act gives effect to Australia's obligations under the Convention of the right of People with Disabilities. The NDIS Quality and Safeguards Commissioner's specific behaviour support function states:-

The Commissioner's behaviour support function is to provide leadership in relation to behaviour support and in the reduction and elimination of the use of restrictive practices, by NDIS provider including by :-

- Developing policy and guidance materials in relation to behaviour supports and the reduction and elimination of the use of restrictive practices
- Providing education, training and advice on the use of behaviour supports and the reduction and elimination of the use of restrictive practices

(section 181H of the NDIS Act 2013)

A Restrictive Practice can be used when:-

- It is clearly identified in the behaviour support plan
- Is authorised in the relevant State or Territory
- Is used only as a last resort and is the least restrictive response
- Reduces the risk of harm to the person or others
- Is proportional to the risk identified
- Is used for the shortest possible time and fade out strategies are incorporated into the person's plan.

Unauthorised use of Restrictive Practices

Occasions may arise where a restrictive practice may need to be implemented following a critical incident, where the person's behaviours of concern place themselves or others at immediate risk.

This may require the implementation of a restrictive practice before appropriate consent and authorisation has been sought.

The use of a restrictive practice without consent and authorisation constitutes a reportable incident and must be reported to the NDIS Quality and Safeguards Commission within 5 days. Thrive 365 then needs to liaise with a registered behaviour support practitioner to develop a behaviour support plan within one month and gain the consents and authorisations needed from the relevant state based bodies.

Working with Families and Culturally Sensitive Practice

Families play a key supporting role in contributing to good practice and maintaining the safety and wellbeing of their loved ones.

Families often have detailed and longstanding knowledge of the person's behaviours, their triggers, strategies that have been used in the past to manage behaviours of concern, what has been effective and what hasn't worked as well.

Thrive365 will work with families to ensure that they are able to share this information with the behaviour support practitioner constructing the behaviour support plan and that families are provided with information about the legislative basis for any restrictive practices and reporting and review mechanisms in place to safeguard the rights of their loved one.

Thrive365 will ensure that key family members receive a copy of the behaviour support plan and have the opportunity to speak with both Thrive365 and the practitioner about the plan and its implementation.

In some situations, a family member may be appointed as formal guardian with a restrictive practice function. In this circumstance, Thrive365 will liaise with the appointed relevant family member to seek consent to implement a restrictive practice.

It is important to note that some cultural groups may be at risk of having experienced past trauma. This may include people who were refugees, Aboriginal and Torres Strait Islander peoples, people who have been part of criminal justice or child protection systems. Some restrictive practices may trigger previous experiences of trauma and a trauma-based approach needs to be taken in both the development of a behaviour support plan and its implementation.

Implementing a Behaviour Support Plan containing Regulated Restrictive Practices in Qld

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- Need for positive behaviour support plan including restrictive practices is established following a risk assessment conducted by Thrive365 in conjunction with any other relevant practitioner.
- Consultation occurs with the family and person with disability.
- Positive behaviour support practitioner is appointed by the support co-ordinator in conjunction with feedback from the subject person and their decision maker.
- If the restrictive practices are implemented prior to receiving appropriate authorisation, Thrive365 will lodge a 5-day notification of a notifiable incident on the NDIS quality and safeguards commission website.
- Authorisation and a positive behaviour support plan must then be received within one month of the 5-day notification.

Authorisation can be sought from:-

Restrictive Practice Type	Who can approve
Containment or seclusion	Queensland Civil and Administrative Tribunal (QCAT)
Chemical Restraint Mechanical Restraint	The guardian for restrictive practice matters who is appointed by the Queensland Civil and Administrative Tribunal (e.g. may be a family member, adult guardian or other public official)
Physical restraint	QCAT
Restricted access to objects	A relevant decision maker if there is no guardian for restrictive practice matters

Authorisation can only be granted for a maximum of 12 months.

Short Term approvals

Circumstances may arise where a restrictive practice needs to be utilised and there is no appropriate guardian in place to seek approval from. In this circumstance, Thrive365 can lodge an application for a short term approval which is in place for a maximum of **6 months** to enable a positive behaviour support plan to be developed and the appropriate guardian appointed.

Restrictive Practice	Short term approval from:-
Containment or seclusion	Public Guardian

Chemical Restraint Mechanical restraint Physical restraint Restricted access to objects	Chief Executive of the Department of Communities, Disability services and Seniors or a delegate.
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See example of Short Term Approval Application

Reporting requirements in Qld

Once a restrictive practice is authorised, Thrive 365 must:-

- Notify the Department of Communities, Disability Services and Seniors within 14 days using ODC. odc.disability.qld.gov.au
- Lodge an application to appoint a guardian for a restrictive practice function through QCAT

<https://www.qcat.qld.gov.au/matter-types/guardianship-for-adults-matters/application-process>.

- Commence monthly reporting through the NDIS Quality and Safeguards Commission

On Expiration of STA

Prior to the expiration of the STA, Thrive365 must ensure that a positive behaviour support plan is in place and an application for authorisation is made to the appropriate guardian.

Implementing a Behaviour Support Plan containing Regulated Restrictive Practices in NSW

- Need for positive behaviour support plan including restrictive practices is established following a risk assessment conducted by Thrive365 in conjunction with any other relevant practitioner.
- Consultation occurs with the family and person with disability.
- Positive behaviour support practitioner is appointed by the support co-ordinator in conjunction with feedback from the subject person and their decision makers.
- If the restrictive practices are implemented prior to receiving appropriate consent and authorisation, Thrive365 will lodge a 5 day notification of a notifiable incident in the NDIS quality and safeguards commission portal.
- Consent and Authorisation and a positive behaviour support plan must then be received within 1 month of the 5 day notification.

Authorisation in NSW requires the following:-

- A behaviour support plan written by a behaviour support practitioner deemed suitable by the NDIS Commission

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- Informed consent by the participant or their guardian
- Approval by an RPA Panel managed through Thrive365 Policy and Procedures (See RPA Panel Policy)

Consent can be given by:-

	Physical or mechanical restraint	Chemical Restraint	Environmental restraint	seclusion
Adult (18 years and over)	Either:- A) the person where they have the capacity, or B) guardian with a restrictive practices function	Either:- A) the person where they have the capacity, B) guardian with a restrictive practices function or C) The person responsible	Either:- A) the person where they have the capacity, or B) guardian with a restrictive practices function or C) The RPA panel mechanism	Either:- A) the person where they have the capacity, or B) guardian with a restrictive practices function

*Consent is time limited and can be withdrawn at any time.

Thrive365 Restrictive Practice Approval Panel

The Thrive365 Panel will consist of:-

1. The Chief Executive Officer or General Manager of Operations Thrive365 (Panel chair and convenor, records information on the NSW FACS RPA system).
2. A behaviour support practitioner NOT working directly with the resident who is the subject of a panel application (ensures evidence base and least restrictive options)
3. An independent third party sourced from FACS if this requirement cannot be satisfied by the behaviour support practitioner (safeguards the panel process).

The Role of the Panel is to:-

1. Ensure that the appropriate consent is in place.
2. Ensure that the appropriate documentation is in place including a compliant Behaviour support plan and functional behaviour analysis.

3. Assess the need and appropriateness of the recommended strategies.
4. Ensure there are sufficient safeguards and governance arrangements for the implementation of the plan including staff training, data collection, the roles and responsibilities of those implementing the practice, review arrangements and fade out strategies.

The panel will then make a recommendation for authorisation up to a maximum of 12 months and will also recommend review dates during this period.

Interim Authorisation

Circumstances may arise where a restrictive practice needs to be utilised in response to a situation of high risk and there is no behaviour support plan in place. In this circumstance Thrive365 must:-

1. Complete a 5-day notification to the quality and Safeguards commission.
2. Within one month facilitate the development of an interim behaviour support plan
3. Seek appropriate consent.
4. Have interim authorisation approved by the CEO of Thrive365 (maximum 6 months)
5. Follow the steps to obtain full authorisation OR
6. Discontinue the restrictive practice.

Reporting to FACS

1. Any requests for a restrictive practice approval must be submitted by the FACS (NSW) RPA system. This can be done by Thrive365 as the NDIS provider or the Behaviour support practitioner.
2. Any Decisions of the Restrictive Practice Approval Panel are recorded in the formal Outcomes Summary on the FACS portal.

Non- Intentional Risk Behaviours

People supported by Thrive365 may sometimes engage in behaviours that have no function to meet an unmet need but create an unacceptable risk to the person's safety.

Such behaviours may include reaching for kettles or other hot items on stove tops, wandering out of the front door and into traffic, risk of injury associated with involuntary movements or needing hand on hand assistance to engage in activities of daily living such as cleaning teeth, brushing hair etc.

Non-intentional risk behaviour must be identified through an appropriate allied health assessment to determine and understand the function or purpose for a person's behaviour.

Should a behaviour be deemed non-intentional, strategies put into place such as locking the front door to prevent wandering or putting kettles away after use to prevent injury, do not require restrictive practice authorisation.

Thrive365 will however, document each response to an identified non-intentional risk behaviour and have both the behaviour and response assessed by an allied health practitioner on an annual basis.

Should an assessment deem the behaviour to subsequently be intentional, Thrive365 will lodge a 5-day notification to the Quality and Safeguards commission and ensure that practices are followed to secure interim approval for the restrictive practice in place.

Locking Gates, Doors and Windows (Queensland)

The Disability Services Act 2006 (Qld) provides that doors, gates and windows can be locked at a residential service if this is to prevent physical harm to an adult with a skills deficit as defined by Section 217 of the Disability Services Act i.e. an adult with an intellectual or cognitive disability who cannot safely exit a premises where disability services are provided to the adult without supervision, if the only reason the adult cannot safely exit the premises without supervision is:-

- (a) The adult lacks **road** safety skills OR
- (b) The adult is vulnerable to abuse or exploitation by others OR
- © The adult is unable to find his or her way back to the premises OR
- (d) Another reason prescribed under a regulation.

Procedure

1. Identify that the person for whom the practice is being considered has an intellectual or cognitive disability as defined under Section 144 of The Act
2. Thrive365 must establish that the person cannot safely exit the premises due to at least one of the 4 reasons above as stipulated by the Act. This assessment is performed by an allied health professional.
3. Thrive365 must then consider:-
 - The likelihood of the identified adult leaving the premises by themselves and the availability of supervision to prevent this from happening.
 - The seriousness of the potential harm that may occur should they leave without supervision.
4. Perform an assessment of whether locking doors and windows is the least restrictive way to keep the adult safe
5. Develop a plan **See attached Locking of Gates, Doors and Windows Plan**

6. Implement, monitor and review the plan

Safety considerations and impact on other residents

Locking doors, windows and gates can increase risk to residents and staff should an emergency evacuation be required. Thrive 365 will ensure that evacuation plans at premises with locked doors and windows are amended to reflect this practice and staff training is provided for evacuation from a locked premises.

Thrive365 will implement strategies to minimise impact on other residents such as provision of keys to enable residents not subject to this practice to freely exit and enter the property.

Reduction and Elimination of Restrictive Practices

Thrive365 uses the following strategies and practices to reduce and eliminate restrictive practices by:-

- Managing restriction of access through routine e.g. incorporating cigarette breaks or food or drinks into a documented routine so the person can anticipate when they can have access to these items.
- Reinforcement of routines through visual cues such as printed routines, access to clocks and staff reassurance e.g. "if we look at your routine, 3pm is afternoon tea time and that's when we have a coffee and smoke. How about we go for a walk now and come back at 3pm"
- Ensuring that participants are adequately staffed so restrictive practices are not in place due to inadequate resourcing e.g. insufficient supervision. Thrive365 will actively work with support co-ordinators to lodge change of circumstance to ensure that people are adequately funded for the their needs.
- Providing consistent staff for participants and closely supervising these staff to ensure that routines are maintained, communication with the participant remains consistent and their environment is predictable.
- Working with other allied health professionals to address the causes of behaviours of concern and thereby reduce the need for restrictive practices including addressing communication issues, having in place a schedule of activities to prevent boredom and disengagement, utilizing techniques to reduce anxiety and promote regular sleeping routines.
- Providing people with a choice of accommodation styles such as apartments, villas and group homes, addressing issues such as noise through sound baffling and floor coverings and ensuring good tenant matching.

- Engaging in regular analysis of incidents and behaviour logs to track triggers of behavioural episodes and work to reduce these triggers.

Establishment of Review

Thrive365 will work in partnership with allied health and behaviour support practitioners to establish a pattern of formal and informal reviews related to any participants behaviour support plan. Informal reviews may include weekly, fortnightly or monthly review with the behaviour support practitioner of incident reports, data collection documents, review of the resident and discussion with staff and family. Formal review includes a formalized regular review of the restrictive practices in place and an assessment of both their effectiveness and necessity. This is undertaken via panel process in NSW and with the consenting guardian and BSP Practitioner in Qld.

Reviews, both formal and informal, may occur outside of planned or regular reviews in circumstances such as the following:-

- A significant or serious incident involving the participant – this may be an escalation of known behaviours of concern or new behaviours of concern.
- A change in health status that may change the presentation of management of behaviours of concern.
- Changes in medication such as medication prescribed by a medical practitioner that constitute a chemical restraint
- A significant personal event such as the death of a loved one
- A change in physical environment such as a relocation, change in provider or introduction of a flat mate.

Evidence Base Summary

Thrive 365 has significantly reduced the number of restrictive practices in place for many participants it supports by:-

- Ensuring appropriate accommodation options – particularly single occupancy for residents with significant behaviours of concern.
- Using a multi-disciplinary approach to incorporate psychology, health, OT, speech and medical interventions to minimise the likelihood of behaviours of concern being triggered through trauma, poor communication, undiagnosed pain or illness.
- Constructing a dedicated team around the person to ensure consistent use of the behaviour support plan, consistent responses and make the environment safe and predictable for the participant.

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- In depth and regular analysis of incidents to identify and address further triggers in conjunction with the behaviour support practitioner.
- Using a person centred active support approach which increases staff engagement, minimises periods of disengagement for the participant and provides them with positive opportunities to exercise control of themselves and their environment.

Policy 4.18 Incident Management

Reference Documents

- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Quality and Safeguards Commission Reportable Incidents Guidance Version 1-May 2018
- NDIS Quality and Safeguards Commission Incident Management System Guidance Version June 2019
- NDIS (Quality Indicators) Guidelines 2022

Date of CEO Endorsement: 24/10/2023

Last Review Date: 16/04/2025

Next Review Date: 16/04/2027

Policy Statement

1. This policy defines incidents including serious incidents which are reportable to the NDIS Quality and Safeguards Commission. Thrive365’s incident management system requires that all events including acts, omissions or circumstances which have or may have caused harm to a person, be reported.
2. Harm is defined as the resulting impact including physical, emotional or psychological effects on the persons wellbeing and functioning.
3. Incidents may be identified in a number of ways including where the incident is observed, the subject of an incident discloses or a third party informs Thrive365 of an incident which has occurred.
4. A timely and comprehensive response to incidents ensures that Thrive365 continually improves its practice and safety for participants and staff.

Indicators of Incidents

Incident Types	Behavioural indicators and physical signs
Physical abuse, unlawful physical contact or physical assault	<ul style="list-style-type: none"> • Inconsistent, vague, unexpected or unlikely explanation for the injury • Unexplained injuries including fractures, bites, welts, scratches • Other bruising and marks shaped like objects • Displaying fear toward a particular worker • Being overly compliant with staff

<p>Sexual contact, sexual assault</p>	<ul style="list-style-type: none"> • Frequent drowsiness/symptoms of head injury • Changes in behaviour such as aggression in the absence of any known triggers or recent life events <hr/> <ul style="list-style-type: none"> • Comments that may indicate abuse • Bruising, pain or bleeding around genitals or breasts • Torn, stained or bloody clothing or bedding • Presence of an STD • Pregnancy • Sudden changes in behaviour or demeanour in the absence of any known triggers or recent life events • Refusing to go to bed or shower • Wearing multiple layers of clothing when not warranted by weather
<p>Psychological, emotional and verbal abuse</p>	<hr/> <ul style="list-style-type: none"> • Withdrawal, crying behaviour, depression or anxiety • Being secretive, hiding information or belongings • Low self-esteem, feelings of worthlessness, self harming behaviour • Unusual behaviours of concern such as attention seeking, being aggressive or disruptive • Being overly compliant
<p>Domestic Violence</p>	<hr/> <ul style="list-style-type: none"> • Depression, withdrawal, crying • Injuries in odd places such as bruising on the tops of arms, back or stomach or under clothing • Changes in behaviour such as escalated aggression or anxiety • Articulation or demonstration of fear or anxiety when going home • Social isolation
	<hr/> <ul style="list-style-type: none"> • Poor personal presentation and hygiene • Loss of weight, appearing hungry or thirsty

Neglect	<ul style="list-style-type: none"> • Approaching others for food • Lack of appropriate clothing for the weather • Falling asleep, engaging in self-soothing behaviours • Unattended physical problems such as lack of medical or dental care
Financial Abuse	<hr/> <ul style="list-style-type: none"> • Person does not have access to money to meet their budget e.g. may not be able to pay rent or board • Person does not have sufficient funds to pay for outings and activities • Person controlling their finances does not have legal authority to do so • Lack of information or transparency around the person’s available assets and funds

Incidents are also:-

- An event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person, or loss or damage to property.
- A near miss which did not cause harm but had the potential to do so.
- A medication error even if this did not result in an adverse event for the participant.
- Any behaviour from a participant which deviates from their normal baseline behaviours (these may also be recorded in behaviour tally charts as part of a behaviour support plan)
- Any event which deviates from standard policy or procedures
- Anything illegal (e.g. assaults, sexual misconduct, fraud)

Incidents that are Reportable to the NDIS Quality and Safeguards Commission

Certain incidents, events or allegations may also require Thrive365 to notify the Quality and Safeguards Commission in addition to an internal incident report. Incidents reportable to the Commission are:-

- The death of a person with a disability

- The serious injury of a person with a disability
- The Abuse or Neglect of a person with a disability
- The unlawful sexual assault or physical contact with a person with disability
- Sexual misconduct committed against or in the presence of a person with disability including grooming behaviour
- The use of a restrictive practice if this is not authorised in the relevant state or territory

Most reportable incidents are notifiable to the Commission within 24 hours with a follow up report required at 5 days.

Unauthorised use of restrictive practice is notifiable within 5 business days.

Ensuring immediate safety

When an incident occurs – irrespective of whether it is reportable or not – workers and relevant personnel must ensure the health, safety and wellbeing of the people involved in the incident (including participants, workers and any other people). **For example**, if a participant suffers a serious injury and requires medical treatment, staff must immediately contact appropriate emergency services.

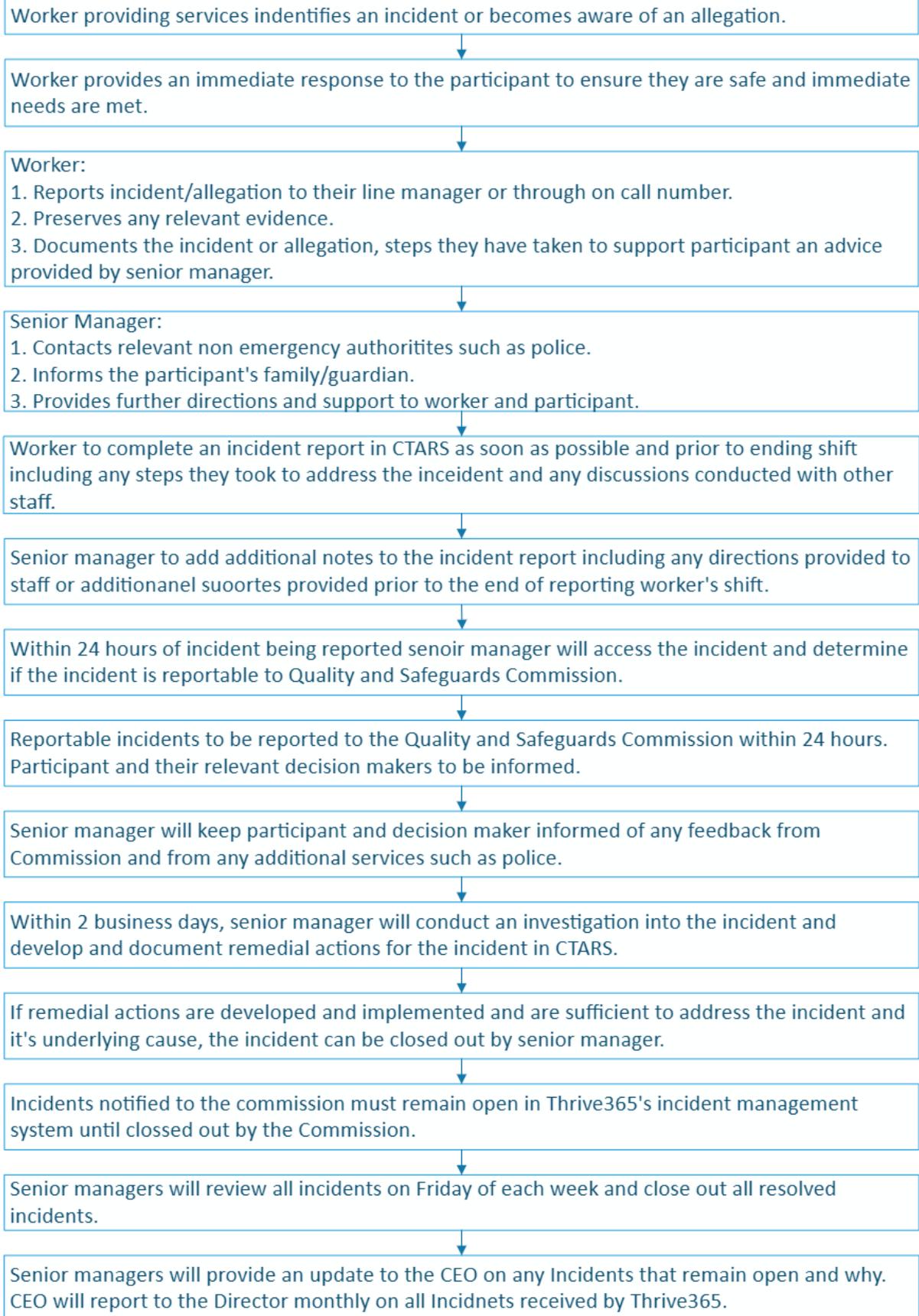
Where it is alleged or suspected that a criminal offence has occurred, or where there is ongoing danger, contact the police and other relevant emergency services.

Key steps to ensure safety immediately after alleged or suspected criminal conduct toward a person with disability, or where there is ongoing danger

- Immediately secure the safety of participants, other workers and yourself.
- Protect the victim from any further harm.
- Contact police if there is a risk of immediate harm which requires their assistance.
- Contact the ambulance if someone is injured.
- If you are a worker, notify your line manager or on-call if after hours
- Follow additional steps or directions provided by senior management and emergency services

Thrive365 Incident Management Procedure

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Summary of Roles and Responsibilities of Employees in Thrive365 Incident Management System

RESPONSIBILITY	WHO	WHEN
Reporting Incidents or near misses according to Thrive365 Incident Management Process.	All Thrive365 employees	Immediately on occurrence
Providing an immediate response to those impacted by an identified incident.	Thrive365 staff immediately available to the impacted person inclusive of contacting emergency services. Practice Leaders, Accommodation Managers, Operations manager and on-call services to provide additional direction and support to impacted people and those supporting them.	Immediately on occurrence
Completing incident report and immediate steps taken in CTARs incident reporting system	Reporting staff and immediate senior staff responders	Before end of shift on which incident occurred
Contacting of additional non-emergency services (police) and next of kin/guardians.	Practice leaders/Accommodation managers /Operations manager	After immediate health and safety/risk has been secured.
Keeping participants informed of the management of any incident involving them.	Practice leaders/Accommodation managers/Operations manager	As information becomes available
Assessing for reportable incident status and reporting to Quality and Safeguards Commission	Operations Manager and CEO	Within 24 hours of incident being reported and again at 5 days

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Investigation into the Incident, development and documentation of remedial actions	Practice leader/Accommodation Manager/Operations manager HR manager	Within 2 business days
Daily review and report to CEO	Operations Manager	On a daily basis
Monthly report to Director	CEO	Monthly via Board Report
Safe archiving of incident reports for minimum 7 years	CEO	End of financial year

Human resource management is responsible for ensuring that:-

- All staff are competent in the use of the Thrive365 Incident Management System and have the necessary skills to manage incidents including the identification, management, referral and reporting of incidents.
- Thrive365 onboarding procedures are inclusive of use of the Thrive365 Incident Management System.
- Workgroups receive debriefing following a critical or significant incident.
- All staff are aware of Thrive365’s Employee Assistance Program and its use following an incident.
- Disciplinary processes are followed in accordance with Thrive365 policy.

Policy 4.19 Participant and Carer Feedback and Complaints

Reference Documents

- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Quality Indicators) Guidelines 2018
- National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and other Measures) Act 2017.
- National Disability Insurance Scheme Act 2013.
- National Standards for Disability Services 2013
- Disability Discrimination Act 1992
- United Nations Convention on the Rights of Persons with Disabilities 2007
- National Disability Insurance Scheme (Specialist Disability Accommodation Conditions) Rule 2018
- NDIS Practice Standards and Quality Indicators 2021

Date of CEO Endorsement: 24/10/2023

Last Review Date: 24/04/2025

Next Review Date: 24/04/2027

Policy Statement

Participants and their carers, guardians or advocates are encouraged to provide feedback to Thrive365 at any time. Sometimes this may constitute a concern or a complaint. Thrive365 provides a number of mechanisms and opportunities for participants to provide feedback or raise a complaint. When a Participant (and/or carer) raises a concern or complaint, Thrive365 will manage this promptly and fairly, according to principles of natural justice and with due regard to the Participant's (and/or carer's) rights and without fear of retribution.

Thrive365 considers feedback, concerns and complaints as an opportunity to review our policies, procedures and processes and to facilitate continuous improvement of our services.

Your Rights and Expectations in Using Thrive365 as a Service Provider

As a participant using services provided by Thrive365 you:-

- Will be provided with NDIS services that are in accordance with your approved NDIS and a documented service agreement between yourself and Thrive365.

- Will be consulted with and must agree to any changes in service provision and your service agreement amended accordingly
- Will be treated with courtesy and respect at all times
- Can expect that services delivered to you are provided in a safe and competent manner by appropriately trained staff.
- Will have your personal information treated confidentially and stored safely
- Can provide feedback or raise a complaint about your service, a staff member, another participant or Thrive365 generally, at any time, without fear of retribution or withdrawal of service
- Can receive the support of another person external to Thrive365 such as an advocate, family member or friend to provide feedback or raise a complaint

If at any time a participant or a person associated with a participant believes that these expectations are not being met, they are encouraged to provide feedback using any of the mechanisms described in this policy.

Making a Complaint to Thrive365

Thrive365 provides a number of ways for participants, their carers or advocates to raise complaints and feedback including:-

- Via our website
- Directly to the accommodation manager or CEO via email, phone or face to face
- Via a third party such as support co-ordinator or other significant person
- Via participant survey or annual family meeting
- Through weekly participant house meetings
- Anonymously using any of these mechanisms

What if I don't want to complain directly to Thrive365 ?

We understand that people sometimes wish to provide feedback directly to a third party instead of their provider. Participants, their carers, advocates and members of the general public can raise a complaint directly with the NDIS Quality and Safeguards Commission by phoning 1800 035 544 or visiting their website <https://www.ndiscommission.gov.au> and hitting These details are also contained in your service agreement.

The role of Advocates and other Support People

Thrive365 recognises the importance of advocates or other significant supports in enabling people to feel more comfortable in both making a complaint and participating in the resolution process of such a complaint. Thrive365 will ascertain from the participant if they would like

additional supports in place to initiate and navigate a feedback process. This may include a senior staff member contacting the participant's support co-ordinator or family member or an external advocacy agency.

Confidentiality of Complaints

Thrive365 treats all complaints confidentially. This includes limiting access to stored data about complaints and their investigation.

Some complaints may require Thrive365 to notify a relevant government body as part of our legislated reporting requirements. These include:-

- Suspected criminal behaviour
- A matter that constitutes a reportable incident to Quality and Safeguards Commission.
- A situation that presents a significant risk to the complainant or to another person.

In these circumstances Thrive365 will inform the participant and/or their support person of any requirements to notify a complaint to a third party and offer additional assistance to ensure adequate support is in place.

Procedures

- Thrive365 provides information on providing feedback and making a complaint as part of our participant onboarding process. This information is also available on our website and in our service agreements. This information includes how to escalate a concern or complaint beyond Thrive365 to the NDIA and Ombudsman.
- All staff receive training on feedback and complaints handling as part of their orientation procedure.

Management of Simple Complaints

Some concerns or complaints received may be simple in nature and addressed quickly and easily either by the person receiving the complaint or their line manager.

Such complaints may include but are not limited to:-

- Building maintenance concerns
- Complaints about noise
- Complaints about a meal or food
- Complaints about an activity or outing
- Complaints about another resident (providing this doesn't include an instance of harm)

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These matters can generally be resolved quickly by the disability support worker who receives the concern/complaint or with input from their line manager.

Simple complaints are to be logged as incident reports in Thrive365's incident reporting system and the resolution to be documented. Incident reports are then reviewed and closed out by the line manager who will review the resolution implemented and determine if this is sufficient or further steps need to be taken.

Management of a Complex or Serious Complaint

Thrive365 Staff	Thrive365 Actions	When	Participant/advocate
Staff member receiving a complaint	<ul style="list-style-type: none"> • Listen respectfully and non-judgementally to the complaint • Thank the complainant for providing their feedback • Reassure the person that the matter will be investigated • Reassure the person that a Thrive365 rep will be in touch • Ask the person if they would like support or assistance from an external person 	On receipt of a complaint or feedback	<ul style="list-style-type: none"> • Complaint is acknowledged • External supports are offered
Staff member receiving a complaint	Provide a written summary of the feedback/complaint and forward to the relevant line manager via Thrive365 email cc'ing the CEO	As soon as practical and before end of shift.	
Line Manager	<p>Assesses information to determine if the matter is:-</p> <ul style="list-style-type: none"> • Notifiable to Quality and Safeguards • Requires response of police or other external services and refer to the appropriate bodies. 	On receipt of complaint and within 24 hours	<ul style="list-style-type: none"> • Participant is informed that their complaint has been referred to an external body. • Advocate/guardian or significant person is

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	<p>Matters lodged with appropriate bodies if needed</p> <p>Participant and support people are informed</p> <p>Note:- Thrive365 will not undertake any internal investigation of matters referred to the police unless approved by police to do so</p>		<p>informed that matter has been referred to external body</p>
<p>Line Manager</p>	<p>Makes contact with the participant and/or their representative to:-</p> <ul style="list-style-type: none"> • Confirm acknowledgment of the complaint or feedback • Explore how the complainant would like the matter resolved. • Ensure that the complainant and or their representative is aware of advocacy services and mechanisms to escalate the complaint beyond Thrive365. • Provide reassurance that the matter will be investigated and outcomes provided 	<p>Within 24 hours of receipt of complaint</p>	<p>Participant and support person is invited to meet with Line Manager to:</p> <ul style="list-style-type: none"> • Confirm the content of the complaint • Ensure that the participant and advocate have adequate supports in place at the current time. • Explain the investigatory process • Explore any concerns the participant or support person may have as part of the

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			<p>investigatory process.</p> <ul style="list-style-type: none"> • Preliminary discussion about how the participant and/or support person would like the matter resolved. • Participant and support person are reminded of additional external complaint options as per their service agreement
Line Manager	Conducts an investigation into the concerns/complaints. Documents all evidence	Commences investigation within 24 hours of receipt of complaint	
Line Manager	Provides a final report and recommendations for remedial action to address the complaint	Within 7 days of receipt of the complaint	Line Manager meets with the participant and advocate to discuss the outcome of the investigatory outcome and explore their preferred options for resolution

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CEO	Reviews final report and suggested remedial actions and approves or makes further recommendations	On receipt of 7 day report	
Line Manager	<p>Provides a written response to the complainant which outlines the investigatory steps taken, any referrals to external bodies, the findings and remedial actions to be taken by Thrive365.</p> <p>Provide the complainant with further steps they can take if they are dissatisfied with Thrive365's response</p>	Within 7 days of receiving the initial complaint	<p>Line Manager meets with participant and their support person to walk through:-</p> <ul style="list-style-type: none"> • The outcome of the investigation • Thrive365's response and any proposed remedial actions • Options and resources to make an external complaint if needed for the participant. This may include support to ring Quality and Safeguards Commission or lodge a complaint via website or facilitated contact with an external

			advocacy service
Operations Manager	<p>Oversee any remedial action required as a result of the complaint outcome with a final written summary provided to the CEO for report to the Director</p> <p>Ensure that any remedial actions are reflected in Thrive365's continuous improvement plan</p>	Within 1 month of receiving complaint	

Storage and Internal Reporting of Complaints

Simple complaints will be logged and tracked via Thrive365 incident reporting system in CTARS.

The CEO will maintain a complaints register and all associated documents for matters requiring investigation including matters involving another service provider or staff member .

The CEO provides the Director with a record of serious/complex complaints, their resolution and continuous improvement recommendations as part of regular monthly reporting.

Investigation of matters involving Staff or Criminal matters

If the complaint involves a senior staff member the CEO in conjunction with HR will conduct any investigations and direct liaison with the participant and their representative.

If the complaint involves the CEO, the matter will be referred to the Director for investigation and resolution.

Thrive365 will not undertake any internal investigation process of potentially criminal matters until provided with consent to do so by police. Any internal investigation process that runs concurrently with a criminal investigation can adversely impact evidence.

System Implementation and Staff Training

Thrive365's complaint management system forms part of the organization's documented staff induction process.

Policies and procedures are available for staff reference via thrive365 website link <https://www.thrive365.com.au/thrive365-policy/> or HR system Employment Hero for staff reference at any time.

Policy 4.20 Home Visits

Reference Documents

- NDIS (Quality Indicators) Guidelines 2018
- Policy on NDIS participants and animals

Date of CEO Endorsement: 16/10/2023

Last Review Date: 16/10/2023

Next Review Date: 15/10/2025

Policy Statement

1. Thrive365 acknowledges that there may be situations where it will be required to provide its participants with support service at the family home.
2. Although this policy provides general guidance on Thrive365 providing services to NDIS participants in their private or family houses, the decision to continue such service will be at the discretion of the CEO.

Procedures

- Generally home visits will only be made for the purposes of:
 - initial assessment, when it is necessary to the assessment and in the Participant's interests to be assessed in their home environment;
 - collecting or dropping off a Participant who is receiving a transport service; and
 - providing a service that has to be delivered in the Participant's home.
- Visits at other times will only be made if there has been a prior appointment time agreed with the Participant (and their carer or family as appropriate), and if the visit is authorised by the Program Manager.
- Where a staff member is providing a service that is provided in the Participant's home, the Initial Assessment will include identification of any issues that could have safety implications for staff. Provision of a plan for how the risk has been addressed to ensure a safe support delivery environment prior to the commencement of the service will be provided to the staff member prior to the visit.

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- Staff who are required to attend a Participant's home as a part of a service arrangement must complete a time sheet indicating their worked hours.
- Staff visiting participants out of work times and not conducting work duties must not represent Thrive365 at any time, this is inclusive of uniform, ID or verbal discussions. Participants and their families will be made aware of this policy and their responsibilities within their service agreement.
- Staff who are required to attend a Participant's home as part of a service arrangement must take a mobile phone.
- If the staff member has any doubts regarding their personal safety, they should not make a home visit for any reason, and if concerns arise in the course of a visit, they should leave the Participant's home immediately and advise the Program Manager of their concerns.
- Many of the premises our staff visit have dogs. All premises visited must be aware that attendance by Thrive365 staff will mean the dog must be restrained either by chain or behind a door or gate or staff will not be entering.
- If staff arrive at Participant premises and a dog or pet animal is properly secured they must NOT enter. Instead, the Participant must be telephoned and asked that they secure the dog before they can enter.
- If a Participant refuses to secure a dog, the staff are not to enter. Staff should communicate to their line manager about the development and may be requested to return back to the office.

Policy 4.21 Use of Interpreters

Reference Documents

- Human Service Standards (Vic)
- Language interpreting services for providers | NDIS

Date of CEO Endorsement: 28/09/2023

Last Review Date: 28/09/2023

Next Review Date: 27/09/2025

Policy Statement

Thrive365 recognises that there may be challenges in providing a quality service to people whose first language is not English. We will endeavour to minimise those challenges through the use of interpreters in key exchanges with the Participant and family, including the Initial Assessment, and the development and review of Participant Services Plans when they are in place to guide the service being received.

Procedures

- Potential Participants from culturally and linguistically diverse backgrounds who appear in an initial discussion to have a limited capacity to communicate in English will be offered the opportunity to have an interpreter at the Assessment Interview, and in the development and review of Participant Service Plans.
- Telephone interpreters will be arranged through the Telephone Interpreter Service (TIS), which offers a free service (pre-booked) to non-government organisations.
- All interpreters working with NDIS participants must have a valid NDIS Worker Screening Check.
- If it is not possible to access a Telephone Interpreter, a specialist CALD organisation will be contacted for advice on how best to proceed.
- Except in an emergency or when an independent interpreter cannot be found, family members will not be used as interpreters where matters of a personal nature are being discussed with a Participant and/or other family members.

Policy 4.22 Service Exits other than for Withdrawal of Service

Reference Documents

- NDIS (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2021

Date of CEO Endorsement: 28/08/2023

Last Review Date: 28/08/2023

Next Review Date: 27/08/2025

Policy Statement

1. Generally, Thrive365 makes a long-term commitment to its Participants, and its services are not time limited, as long as the circumstances for eligibility continue to be met and participants continue to request a service through a service agreement.
2. Exit from Thrive365 could occur for a number of reasons, including that the Participant:
 - no longer requires the service or is no longer eligible for the service due to changed circumstances;
 - chooses to move to another service provider;
 - moves to an area that makes Thrive365's services inaccessible to them;
 - develops a medical condition or a disability that cannot be safely managed with the staffing and resources available to the organisation, or that precludes participation in the activities that Thrive365 is able to offer;
 - develops new goals and aspirations that are outside of those which Thrive365 can support them to meet.
3. Thrive365 is committed to ensuring a planned transition to and from the supports provided by Thrive365

Procedures

- When a Participant exits an Thrive365 service of their own volition, the Program Manager will invite them (and as relevant, their carer and/or advocate) to participate in an exit interview to obtain their feedback about the service they have received and to identify opportunities for service enhancement based on the Participant's experience.

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- When a Participant exits an Thrive365 service as a result of a decision by Thrive365 that the service should no longer be provided, the Participant (and as relevant, their carer and/or advocate) will be advised in writing and provided with reasons for the decision.
- When a Participant exits a Thrive365 service, regardless of the reason, staff will provide information on other agencies which might support them if necessary and where appropriate, will make a referral to that other agency for the Participant,
- A Participant who exits at Thrive365's instigation and against their wishes, will be advised that they may use the Grievance Procedure to have the decision reviewed.
- When all parties have agreed on the exit arrangements, whether the cessation of service has been initiated by the Participant or by Thrive365, a letter will be sent to the Participant/carer from Thrive365 confirming that the Participant is no longer registered as a Thrive365 service user; and with the Participant and family's permission, other agencies involved in providing a service to the Participant will be informed.
- Thrive365 will continue to provide services until the participant or their representatives request a cessation of service.
- To ensure continuity of care, Thrive365 will make available to the participant or their approved new provider, all the participant's documents that will assist in their transition and care.
- Thrive365 will make available its senior staff to provide training and support to the staff of the new provider.

Policy 4.23 Residents' sexual wellbeing

Reference documents

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Strategy 2010 - 2020
- Convention on the Rights of People with Disability
- Compliance and Enforcement NDIS Quality and Safeguards Commission Policy
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and quality Indicators 2020
- NDIS Quality and Safeguarding Framework
- NSW Disability Inclusion Act 2014
- [Sexuality and Relationship Guidelines \(nsw.gov.au\)](http://nsw.gov.au)

Date of CEO Endorsement: 25/09/2023

Last Review Date: 25/09/2023

Next Review Date 24/09/2025

Policy statement

Thrive365 is committed to supporting the relationships and sexual wellbeing of participants living with disabilities in accordance with Australian laws.

Procedure

Management

- Thrive365 will support any participant living in its accommodation to form friendships and relationships including sexual relationships both within and outside their home according to NSW law.
- The management will balance it with the rights, privacy, and safety of others in the home while considering a resident's sexual needs including inviting, staying alone, or spending the night with a sexual partner.

- Thrive365 will decide if a sexual behaviour is a behaviour of concern because not all sexual behaviour is one of concern and not all sexual behaviours will require referral for specialist assessment and intervention.
- Thrive365 will refer a resident to an appropriate specialist, for example a behaviour specialist or psychologist if the resident's capacity to make decisions about, or consent to, having sexual relations or any other aspect of sexuality is questioned.
- Thrive365 will ensure any Staff supporting any resident with a history of sexual behaviours of concern is intimated with the background of such resident and records of such behaviour kept confidential.
- Thrive365 will ensure any known or suspected sexual offence by or against the person must be reported to NSW Police who will determine if a crime has been committed.
- Thrive365 considers Sexual offences according to law to include child pornography, sexual intercourse with another person without their consent, touching or threatening to touch another person without their consent, sexual exploitation of a person with cognitive impairment where the perpetrator is responsible for that person, and/or has the intention of taking advantage of that person's cognitive impairment.

Resident

- Residents desiring sexual relationships will be provided with relevant information.
- They will have access to sex aids and sex workers as provided by NSW law.
- If behaviours of concern are occurring between adults with disability, they both require support. Support will include an assessment of the circumstances, and the capacity of both participants to participate freely. Where the circumstances or the person's capacity are in any doubt, an opinion from a behaviour specialist or other relevant specialist will be sought without delay.
- If a behaviour of concern places the person or others at risk of harm, or when it limits the person's access to the community, referrals for additional support will be made to a sexual health service, psychologist, behaviour support practitioner or counsellor. The professional will assess the situation to help better understand the person's behaviour which will inform the choice of intervention and support to be provided.

Sex workers

If a resident has a need for intimacy or wants to satisfy a person's identified need for developing friendships, Thrive365 may not consider engaging a sex worker as the first strategy for meeting such needs.

- Thrive365 will respect a resident's choice and right to use a sex worker and will treat this with confidentiality.
- Any costs incurred when using services provided by the sex industry are met by the person using the services.
- Support workers have an active, legal, and legitimate role to support people to access a sex worker. This may include contacting an organisation such as Touching base inc for information about sex workers or driving the person to see the sex worker.

Sex aids

- Support workers cannot provide physical assistance with masturbation and sexual positioning; Instead, they will support the resident in obtaining visual aids and resources will be available from recognised organisations.
- Advice and information will be sort from an occupational therapist or Independent Living Centre NSW for access to clinicians who work in this area, on positioning to use sex aids and equipment for people with limited mobility.

Documentation

- With the resident's consent, and privacy being assured, the resident's support needs for sexual activities may be documented in their lifestyle Plan.

Reportable incidents

- Any sexual offence, sexual misconduct, assault, fraud, ill-treatment, or neglect in connection with an employee of Thrive365, and a person with disability living in supported group accommodation.
- An assault of a person with disability living in supported group accommodation by another person with disability living in the same accommodation that is a sexual offence, causes serious injury, involves the use of a weapon, or is part of a pattern of abuse.
- An incident occurring in supported group accommodation and involving a contravention of an apprehended violence order made for the protection of a person with disability.
- An unexplained serious injury to a person with disability living in supported group accommodation.

Policy 4.24 NDIS participants and animals

Reference Documents

- Pets and companion animals | NDIS

Date of CEO Endorsement: 25/10/2023

Last Review Date: 25/10/2023

Next Review Date 24/10/2025

Policy statement

1. Thrive365 supports NDIS participants who have or require animals for some form of support or therapy. These animals may be in the form of pets, therapy animals, companion animals, assistance animals.
2. Animals need to be cared for and catered for while in the possession of or providing support to the NDIS participants.
3. Participants living with disability may not be able to care for or cater for animals they own; hence, may require the assistance of support workers to care for the animals.
4. Thrive365 acknowledges that not all participants are comfortable with animals nor would want to work with NDIS participants who own or require animals for support.
5. Animals may pose health related problems for their owners and/or support workers such as through direct attacks like bites, scratches; allergic reactions when allergens from their furs, harbouring disease.

Definitions

Pets: animals you buy to give you companionship, fun and emotional support are seen as pets.

Therapy animals: an animal a therapist uses to help their clients connect with and be involved in their therapy. Therapy animals usually belong to the therapist or therapy organisation. They generally only have contact with the client during the therapy session and don't stay with the client after the session is finished. They're generally used to help the client get the most out of their therapy.

Involvement of a therapy animal is simply another tool a therapist can use as part of their program.

Assistance animals: Assistance animals are not pets, but rather are highly trained disability support services that enable a person with disability to safely participate in personal and public life activities.

Procedure

- Risk assessment will be conducted for the animal together with the NDIS participant and concerns will be identified and addressed or mitigation strategies put in place.
- Where necessary, relevant professionals will be involved to provide guidance and strategies on how to support the NDIS participant together with the animal.
- Thrive365 will inform staff that will provide support to the NDIS participant about the animal and confirm its routine from the participant.
- Only Thrive365 staff willing to support the NDIS participant and their animal will be rostered to support the participant.
- Staff must take all necessary precaution to support the participant in a safe manner.
- If a staff has concerns about their safety because of the animal while working with the NDIS participant, he/she must immediately report to their supervisor who will counsel on the best action to take.

Therapy animals

- Thrive365 will support all NDIS participants under its care who require a therapy animal for support under the guidance of a therapist.
- The Therapist is responsible for catering to the needs of the therapy animal while it is engaged or is being engaged with the NDIS participant.
- Thrive365 staff will only be responsible for the NDIS participant under his/her care.
- Thrive365 recognizes that staff may be negatively affected by therapy animals such as having allergic reactions to the animal. This will be mitigated by informing all staff that will provide support to the participant about the animal and rostering only staff willing to work with the participant at that time and who are not allergic to the animal.
- In event of any emergency situation involving the participant, priority will be given to the NDIS participant.
- In event of an injury to Thrive365 staff or NDIS participant caused by the therapy animal, the therapist will be liable and will have sole responsibility for costs emanating from the injury.

Pets

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- Thrive365 supports all NDIS participants who have pets such as dogs and cats. Thrive365 understands the importance of such pets in the life of the participant.
- Thrive365's sole responsibility is towards the NDIS participant and not the pet. This is as NDIS supports only the needs of the participant related to their disability.
- Animals may pose a threat to humans such as humans having allergic reactions to the animals.
- This will be mitigated by informing all staff that will provide support to the participant about the animal and rostering only staff willing to work with the participant and their pet and those who are not allergic to such animals.
- In event of any emergency situation involving the participant and the pet, the participant will be given priority care and support while the pet will receive support when the participant is stable, out of danger and only when it is safe to do so.
- In event of any death, harm to the pet, or loss of the pet, due to actions of the client or the pet wanders away, Thrive365 will not be held accountable.

Assistance animal

- NDIS participants having assistance animals will be supported by Thrive365 together with their animals.
- The support provided by Thrive365 will be within the funding provided by the NDIS.
- Animals may pose a threat to staff and this will be mitigated by informing all staff that will provide support to the participant about the animal and rostering only staff willing to work with the participant and the assistance animal.
- In event of any emergency situation involving the participant and the assistance animal, efforts will be made to provide care for both; however, the participant will be given priority care while the assistance animal will receive support when the participant is stable, out of danger and only when it is safe to do so.
- In event of any death or harm or loss of the assistance animal, Thrive365 will investigate and involve relevant authorities following its policies and relevant state laws.

Policy 4.25 Person Centred Active Support

Reference Documents

- NDIS Practice Standards
- NDIS Code of Conduct
- Policy on Managing Challenging Behaviours Restrictive Practices
- Staff Code of Conduct
- Policy on Risk management
- Policy on Protecting Participants from Harm
- Policy on active supervision

Date of CEO Endorsement: 14/04/2025

Last Review Date: 14/04/2025

Next Review Date: 14/04/2027

Purpose

This policy outlines Thrive365's commitment to delivering high-quality, person-centred active support that empowers people with disability to participate fully in all areas of life. It supports compliance with the NDIS Practice Standards, particularly the Rights and Responsibilities, Person-Centred Supports, and Participation and Inclusion modules.

Scope

This policy applies to:

- All employees, including direct support staff, team leaders, and managers.
- Volunteers, contractors, and any other personnel engaged in delivering supports to people with disability.

Policy Statement

Thrive365 is committed to delivering services that are based on the principles of Person-Centred Active Support. This approach ensures participants are supported to participate as fully as possible in all aspects of their daily lives, regardless of their level of disability.

Procedure

➤ Key Principles

- **Person-Centredness:** Participants are recognized as the central decision-makers in their lives; hence, support is tailored to their needs, preferences, goals, and strengths.
- **Active Engagement:** Support is offered in a way that enables participants to do things for themselves rather than having things done for them or to them.
- **Skill Development and Independence:** Support aims to build on existing strengths, interests and abilities, encouraging independence and confidence and reducing over-reliance on support staff.
- **Every Moment Has Potential:** Support is structured to create opportunities for people to be engaged in meaningful ways throughout the day.
- **Little and Often:** Small, frequent opportunities for participation are prioritized, recognizing that repeated experiences build skills and confidence.
- **Graded Assistance:** Support is adjusted to each person's communication, mobility, and cognitive needs, providing just enough help to succeed.
- **Maximizing Choice and Control:** People are encouraged to make decisions about their routines, goals, and activities, promoting independence and autonomy.
- **Respect and Dignity:** Each person is treated with dignity and respect, with cultural, linguistic, and participant diversity considered.
- Communication is respectful, inclusive, and appropriate to the person's abilities.

➤ Implementation

- **Support Planning:** Participantized support plans are developed by relevant health or allied health in collaboration with the person and, where appropriate, their family or support network. The plans reflect each person's goals, strengths, preferences, and needs.
- **Staff Practice:** Support workers use active support strategies to engage people in daily routines, social activities, and community participation. This can include the use of:
 - Step-by-step encouragement
 - Visual or verbal prompts
 - Gentle physical guidance (when appropriate and consented)
- **Training and Supervision:** All staff receive training in:
 - Person-centred active support
 - Positive behaviour support
 - Supported decision-making.

Supervisors provide regular feedback and coaching to ensure quality and consistency, and implement active supervision as required.

- **Monitoring and Review:**
Supervisors will observe support delivery, provide feedback, and ensure that practices align with this policy.

Feedback from participants will be sought actively and incorporated into continuous improvement.

➤ External assessment and benchmarking

Thrive365 works in conjunction with La Trobe University to ensure ongoing professional development and external benchmarking of its services in relation to the implementation of active support methodology.

Policy 4.26 Culture, Diversity, Values, and Beliefs

Reference documents

- NDIS Code of Conduct
- NDIS Practice Standards (Person-Centered Supports, Cultural Safety, Rights & Responsibilities)
- Disability Discrimination Act 1992
- Racial Discrimination Act 1975
- Australian Human Rights Commission Act 1986

Date of CEO Endorsement: 07/04/2025

Last Review Date: 07/04/2025

Next Review Date: 07/04/2027

Purpose

This policy ensures that all participants—NDIS participants, employees, carers, and stakeholders—are treated with dignity and respect, regardless of their cultural background, values, beliefs, or personal identity. It aligns with the NDIS Code of Conduct and supports the delivery of culturally responsive and person-centred services.

Scope

- All employees, volunteers, and contractors working in NDIS-funded services.
- NDIS participants, their families, and carers.
- External stakeholders and service providers engaged with the organization.

Policy Statement

Thrive365 is committed to:

1. Upholding the rights of NDIS participants to express their cultural identity and beliefs freely.
2. Providing equitable and culturally safe services that respect diverse backgrounds.
3. Ensuring an inclusive, discrimination-free workplace for employees and service users.
4. Supporting First Nations peoples, culturally and linguistically diverse (CALD) communities, LGBTQ+ participants, and people of all faiths in accessing NDIS services.

5. Adhering to the NDIS Practice Standards, which promote person-centered, inclusive, and culturally competent service delivery.

Procedure

➤ Principles

- Cultural Respect & Inclusion – Recognizing and valuing different cultural identities, traditions, and perspectives.
- Person-Centred Practice – Empowering NDIS participants to make choices based on their own values and beliefs.
- Cultural Safety – Ensuring a safe, respectful, and welcoming environment for all participants.
- Zero Tolerance for Discrimination – Taking action against racism, prejudice, and bias in service delivery and workplace interactions.
- Language & Communication Support – Providing translation, interpreting services, and easy-to-understand information.

➤ Thrive365 Implementation Strategies

- Staff Training & Education – All staff receive annual training through Cerebral Palsy Alliance in working with diverse people.
- Accessible & Inclusive Services – Adjusting service models to meet the diverse needs of participants (e.g., language interpreters, dietary accommodations, faith-based practices).
- Diversity in Recruitment – Hiring a diverse workforce that reflects the community we serve.
- Community Engagement – Partnering with First Nations groups, multicultural organizations, and advocacy networks.
- Policy Review & Compliance – Regularly updating policies to align with NDIS standards and best practices.

➤ Responsibilities

- Management: Ensure the policy is upheld, provide training, and foster an inclusive workplace.
- Employees & Volunteers: Respect and support diverse cultures, values, and beliefs in service delivery.

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- NDIS Participants & Families: Are encouraged to share their cultural needs, religious beliefs and preferences. Thrive365 works collaboratively with all stakeholders to ensure that participants can access additional resources and supports to maintain a rich cultural and religious life.

Policy 4.27 Mealtime management

Reference Documents

- NDIS Practice Standards
- NDIS Quality Indicators Guidelines
- NDIS Code of Conduct
- NDIS (Incident Management and Reportable Incidents) Rules 2018

Date of CEO Endorsement: 08/10/2023

Last Review Date: 11/03/2025

Next Review Date: 11/03/2027

Purpose

The purpose of this policy is to ensure that all participants who require support with eating, drinking, and swallowing are provided with safe, dignified, and person-centred mealtime support in accordance with their participant needs and current best practice.

Scope

This policy applies to all staff, contractors, and volunteers working for or on behalf of Thrive365 who support participants with mealtime management needs, including:

- Texture-modified diets
- Dysphagia (swallowing difficulties)
- Feeding assistance
- Enteral feeding (tube feeding)
- Mealtime safety procedures
- Modified diets to support health conditions such as diabetes, obesity, sudden weight loss
- General nutrition guidelines

Policy Statement

Thrive365 is committed to:

- Providing safe, respectful, and high-quality mealtime support tailored to the participant needs of participants.
 - Ensuring all supports are delivered in line with participantised mealtime management plans developed by qualified health professionals.
 - Respecting participants' cultural, religious, and personal food preferences and mealtime routines.
 - Minimising risks such as choking, aspiration pneumonia, and nutrition-related complications.
 - Ensuring all staff are appropriately trained, supervised, and assessed for competency.
 - Providing healthy, high quality meals that are enjoyable and support positive health outcomes.
 - Supporting participants to take an active interest in their food, diet and meals
-

Procedures

➤ **Assessment**

All Thrive365 participants will be assessed for nutrition and swallowing needs using the attached Nutrition and Swallowing Checklist document.

This will be completed for every participant:-

- On intake to a Thrive365 service
- Annually for all participants
- When a change has been noticed for the participant, eg unexplained weight gain, loss, choking incident, unexplained chest infections

If the checklist indicates that the participant requires further assessment, Thrive365 will arrange a referral to:-

- A speech pathologist if swallowing issues may be present
- A dietician or hospital health unit if dietetics is indicated eg in the instance of diabetes, allergies or intolerances.

➤ **Swallowing Plan Requirements**

Every participant requiring mealtime support must have a current, participantised Mealtime Management Plan.

Plans must be developed or approved by an appropriate health professional (e.g., speech pathologist, dietitian).

Plans must include:

- Food/fluid texture requirements (e.g., IDDSI level)
- Supervision and support level
- Feeding techniques or positioning
- Use of assistive technology (e.g., modified utensils)
- Emergency response steps for choking or aspiration

Swallowing plans will be updated annually or sooner should it become apparent that the participant's swallowing capacity has changed.

➤ **Roles and Responsibilities**

• **Management:**

- Ensure appropriate mealtime assessments and plans are in place
- Facilitate access to dietitians, speech pathologists, or other qualified practitioners
- Maintain systems for staff training, policy review, and incident reporting

• **Support Workers:**

- Follow each participant's mealtime management plan
- Attend mandatory training on safe feeding, texture modification, and emergency procedures
- Report any incidents or observed changes in mealtime needs

➤ **Participant Involvement**

Thrive365 involves participants in meal time activities using a person centred active support approach. This includes:-

- Actively involving the participant in any assessments or discussions with health and allied health professionals.

- Supporting participants to understand their mealtime plans
- Meal and menu planning
- The purchase of groceries including online shopping
- Reviewing their mealtime experience

➤ **Meal Preparation and Delivery**

- Meals must:
 - Align with the participant's mealtime plan
 - Follow texture modification and allergy-safe protocols
 - Be stored and labelled safely and hygienically.
 - Follow the participant dietetics plan
 - Meet general principles of good nutrition and quality
- Workers must verify texture and portion sizes prior to serving.

➤ **Training**

- Workers must complete training in:
 - Dysphagia awareness
 - Texture-modified diets (IDDSI standards)
 - Food safety and hygiene
 - Responding to choking and medical emergencies
- Refresher training is required annually.
- Thrive 365 will also work with speech pathologists and dieticians to ensure that client specific training is made available to staff where the participant has a swallowing plan or specific dietary requirement.

➤ **Incident Management**

- Any choking, refusal to eat, or health incidents during meals must be:
 - Documented using the incident management system
 - Reported to management
 - Reviewed to determine if mealtime plans require updating

➤ **Participant Choice and Preference**

- Participants are encouraged to make choices about what they eat and drink.
- Meal planning includes input from the participant, including preferred foods, meal times, portion sizes, and dietary requirements (e.g. allergies, texture modifications, cultural or religious considerations).

➤ **Inclusive Meal Planning**

- Where appropriate, participants are involved in grocery shopping, preparing meals, and setting up mealtime environments. (menu example attached)
- Staff support participants to develop or maintain daily living skills around food preparation and mealtime routines.

➤ **Cultural Sensitivity**

- Meals and snacks respect the cultural, religious, and personal values of each participant.
- Participants are invited to share traditional meals or food practices they wish to include in their routine.

➤ **Nutrition and Health**

- Meal plans are developed with consideration for any nutritional needs, dietary restrictions, or health conditions, and may involve input from health professionals (e.g., dietitians, speech pathologists for swallowing support).
- Any mealtime management plans for risks such as choking or aspiration are developed with participant and family input, and implemented with staff training.

➤ **Communication and Consent**

- Participants are informed of mealtime procedures and support strategies in a way that suits their communication needs.
- Consent is obtained for any mealtime-related supports that involve restrictive practices, and reported in accordance with relevant legislation and organisational policies.

➤ **Continuous Feedback and Review**

- Participants are regularly consulted about their satisfaction with meals and mealtime routines.

- Their feedback is used to improve services and ensure the support continues to reflect their evolving preferences and goals.

➤ **Centralised Documentation**

- **Participant Room Folders:** All participantised meal plans are stored in the participant's pink folder located in their room. These are clearly labelled and include up-to-date information specific to the participant's dietary and mealtime support needs.
- **CTARS – Central Database:** A digital copy of each participant's meal plan is stored in CTARS, our centralised system for participant documentation. This ensures all staff, including those off-site or accessing remotely, have access to the most current version of the plan.
- **Fridge Display:** A copy of the weekly menu and a summary of quick mealtime management information is displayed on each participant's fridge. This serves as a practical, visual guide for staff when supporting participants with meals.

➤ **Staff Induction and Shift Handover**

- All staff are briefed on mealtime plans during orientation and updated during regular shift handovers.
- Staff are expected to review relevant meal plans prior to supporting the participant during meals, especially when new plans or changes are introduced.

➤ **3. Highlighting Key Information**

- Each meal plan includes clear instructions such as:
 - Texture modifications (e.g., soft, minced, pureed)
 - Swallowing or choking risk management
 - Allergies or food restrictions
 - Cultural or personal preferences
 - Portion sizes and fluid intake
- Visual aids (e.g., symbols or photos) are used where appropriate to support quick understanding and to align with participant communication needs.

➤ **4. Ongoing Staff Training**

- Staff receive regular training on mealtime management, including how to read and follow meal plans.
- Any updates to a participant's plan (e.g., after speech pathology or dietitian review) are communicated immediately through team meetings, shift notes, and supervisor briefings.

➤ **5. Monitoring and Review**

- Team leaders or supervisors regularly check that meal plans are being followed correctly and consistently.
- Staff are encouraged to provide feedback if any clarification or updates to the plan are needed.

➤ **Safe Storage of Food**

At Thrive 365 we are committed to maintaining the highest standards of food safety and hygiene to protect the health and wellbeing of our participants. All staff are required to follow strict procedures for the safe storage, handling, and preparation of food in accordance with national food safety guidelines.

➤ **Fridge and Freezer Storage.**

- Raw and cooked foods are stored separately to prevent cross-contamination, with raw meats kept on the bottom shelf in sealed containers.
- Opened items are clearly labelled and dated to track freshness and expiry.

➤ **Dry Goods Storage**

- Pantry and dry goods are kept in cool, dry, and clean storage areas.
- All food must be sealed in its original packaging or transferred into labelled, airtight containers.
- Expiry dates are checked regularly, and any out-of-date items are disposed of immediately.

➤ **Labelling and Identification**

- All stored food items must be clearly labelled with:
 - Product name

- Date of opening or preparation
- Use-by or best-before date (if not already printed)
- Prepared meals are labelled with the date of preparation and participant's name if they are participantised.

➤ **Hygiene and Cleanliness**

- Storage areas (fridge, freezer, pantry) are cleaned regularly each Friday weekly and kept free from spills, pests, and contaminants.
- Staff are responsible for ensuring any expired, spoiled, or improperly stored food is disposed of safely.
- Weekly checks are conducted to ensure all food storage areas are compliant with hygiene standards.

➤ **Staff Training and Responsibility**

- All staff are trained in food safety and handling practices, including safe food storage, during induction and through regular refresher training.
- It is the responsibility of all staff to report concerns immediately and ensure that all food storage aligns with policy and health regulations.

SECTION 5: STAFF

Policy 5.1 Recruitment of Staff

Reference Documents

- NDIS (Quality Indicators) Guidelines 2018

Date of CEO Endorsement: 14/11/2023

Last Review Date: 14/11/2023

Next Review Date: 13/11/2025

Policy Statement

1. The Director is the employer of all Thrive365 Staff and delegates that responsibility to the Chief Executive Officer.
2. Thrive365 is committed to equal opportunity in employment and to providing a work environment that is free from harassment and discrimination.
3. Thrive365 is committed to attracting and recruiting the best possible candidates for available positions. The sole basis for staff recruitment and selection is merit according to transparent criteria. All recruitment and selection procedures and decisions will reflect Thrive365's commitment to providing equal opportunity by assessing all potential candidates according to their skills, knowledge, qualifications, and capabilities.
4. Thrive365 ensures all staff (managerial and support staff) have adequate competencies in relation to their role, hold relevant/required qualifications and have relevant expertise and/or experience to carry out their duties.
5. The Director will manage all aspects of the process for the recruitment and appointment of the CEO.
6. All other recruitment will be managed by the CEO on delegation from the Director, or by the Program Manager responsible for the service which has the vacant position, on delegation from the CEO.
7. All permanent vacancies and temporary vacancies for periods of more than six months will be advertised externally.
8. Temporary vacancies for periods up to six months may be filled internally and only advertised externally if there is no available suitable internal candidate.
9. Thrive365 staff is not permitted to participate in selection processes that involve a member of their family.

Procedures

To fill a position that is vacant:

- The position description and selection criteria for a position will be reviewed and, as necessary, revised by the CEO (or in the case of the CEO position, reviewed and revised by the Director) before the vacant position is advertised.
- No position is to be advertised until the CEO (or in the case of the CEO position, the Director) has authorised it.
- The advertisement will include:
 - the title and a brief description of the position.
 - the required experience and/or qualifications.
 - the Thrive365 contact person for enquiries.
 - the closing date for applications.
- All selection panels will interview short listed applicants taking into account Equal Employment Opportunity requirements and the selection criteria, using the same core set of questions for each applicant.
- Referee checks are to be conducted in relation to the applicants deemed at interview to be the most competitive for the position, prior to any offer of employment being made.
- All documents confirming conditions of eligibility for the position (e.g., Qualifications, NDIS Workers Screening check, National Police Clearances, Driver's Licences, First Aid Certificates, Working with Children Check, etc) must be sighted and noted before Thrive365 makes an offer of employment to the recommended candidate.
- The Chief Executive Officer and the HR will sit on the interview panel for the selection of senior management staff. A third panel member may be a senior management staff. In the event of a difference of opinion about the preferred applicant, the CEO or the delegate will make the decision.
- The HR and the relevant Program Manager will form the selection panel and interview panel for other supervisory positions and submit their recommendation to the CEO for endorsement. In the event of a difference of opinion about the person to be selected, the CEO will make the decision based on the case presented by both members of the selection panel.

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- The preferred candidate will sign an employment agreement which will set out the start date, starting salary, and conditions of employment relevant to the position.
- When the offer of employment has been formally accepted by the preferred applicant, the HR will notify the unsuccessful applicants by either telephone or in writing.
- All newly appointed staff will serve a six-month probationary period during which the staff member may resign or Thrive365 may terminate the employment in accordance with the industrial standards.

To fill positions that are vacant for periods of six months or less:

- Expressions of interest will be sought from all existing staff, who believe that they have the necessary experience and skills to meet the selection criteria for the position. Interested staff will be provided with the description of the position, the skills required to fulfil the role, the selection criteria and the closing date for receipt of their written application. All internal applicants who demonstrate in their applications that they have the required skills, qualifications and work-related experience, as specified in the internal advertisement, will be interviewed for the position.
- The Director (for the CEO's position), the CEO and the HR (for a Senior management role), and the HR and relevant Program Manager (for all other positions) will be convened to review all applications and to short list those with the strongest claims to the position and conduct interviews.
- When no suitable internal applicant meets the criteria for the position at short-listing or interview, the position will be advertised externally.

Policy 5.2 Worker Screening and Disclosure

Reference Documents

- NDIS Practice Standards (Worker Screening) Rules 2018
- Worker screening transitional and special arrangements | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)

Date of CEO Endorsement: 15/11/2023

Last Review Date: 15/11/2023

Next Review Date: 14/11/2025

Policy Statement

1. To ensure safeguarding of NDIS participants, Thrive365 will ensure all workers providing direct and indirect care are screened in line with NDIS quality and safeguard requirements for workers. This includes all Thrive365 staff, support workers from staffing agencies.
2. Thrive365 will require the provision of a 100 points of photo identification from its staff or a confirmation that a third-party agency has some of their staff who may be providing services to our clients.

Procedures

- All staff employed in Thrive365 will undergo screening in accordance with their roles and responsibilities.
- The NDIS worker screening check is mandatory for all staff of Thrive365 irrespective of their roles and responsibilities. This cancels the requirement for a working with children check and police check.
- Once a staff is offered a position in Thrive365, he/she will be required to provide evidence of their NDIS workers screening check. Evidence of the screenings done will be provided by the staff at their own cost.
- The NDIS workers screening check will be verified through the NDIS commission and safeguard portal, after which the staff can commence employment with Thrive365.
- The date of the clearance/s will be logged by the Office Assistant and copies will be retained on staff files.

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- All staff are required to renew their NDIS workers screening check every 5years.
- Where the NDIS workers screening check is revoked or suspended, the affected staff will be suspended from employment immediately.
- To meet up with the 100 points of photo ID, documents such as international passports, driver's license with photo, photo ID cards, Visas, citizenship certificates can be utilized.
- For staff who are residing temporarily in Australia, they are required to submit their Visas which will be verified through the immi-portal.
- All disability support workers are required to submit their drivers license as evidence of their ability to drive. This license must be such as is recommended by the state.
- Where the Director, CEO or a staff is charged with a criminal offence, the Director must notify the CEO (where the Director was charged) or the CEO notify the Director (where the CEO was charged), or management staff notify their supervisor who in turn must inform the CEO (where a staff was charged).
- The CEO will advise the Director immediately they are advised that a staff member has been charged with a criminal offence.
- When a preferred applicant for a position or a potential contractor discloses a criminal record, they may still be employed after the consideration by the Director, and or CEO. Consideration will be given to, but not necessarily be limited to the following:
 - The extent of the criminal record, the nature of the offence(s) and whether the offence/s are current, recent or occurred in the past;
 - Whether the conviction(s) are for offences which directly relates to the duties the participant would be required to undertake at thrive365:
 - The penalties imposed, and any rehabilitation programs undertaken;
 - Any extenuating circumstances at the time the offence/s were committed, such as the presence of mental illness;
 - The nature of the position the participant would take up at Thrive365;
 - With the consent of the participant, the views of reputable referees who are able to make comment on the participant's current circumstances and suitability for a position at thrive365; and
 - The extent to which the involvement of the participant in thrive365 would expose the organisation, its participants, director members, staff and students on placement to risk due to their criminal record.

Policy 5.3 Induction and Orientation of New Staff

Reference Documents

- Thrive365 Induction process
- Thrive365 induction checklist

Date of CEO Endorsement: 17/11/2023

Last Review Date: 17/11/2023

Next Review Date: 16/11/2025

Policy Statement

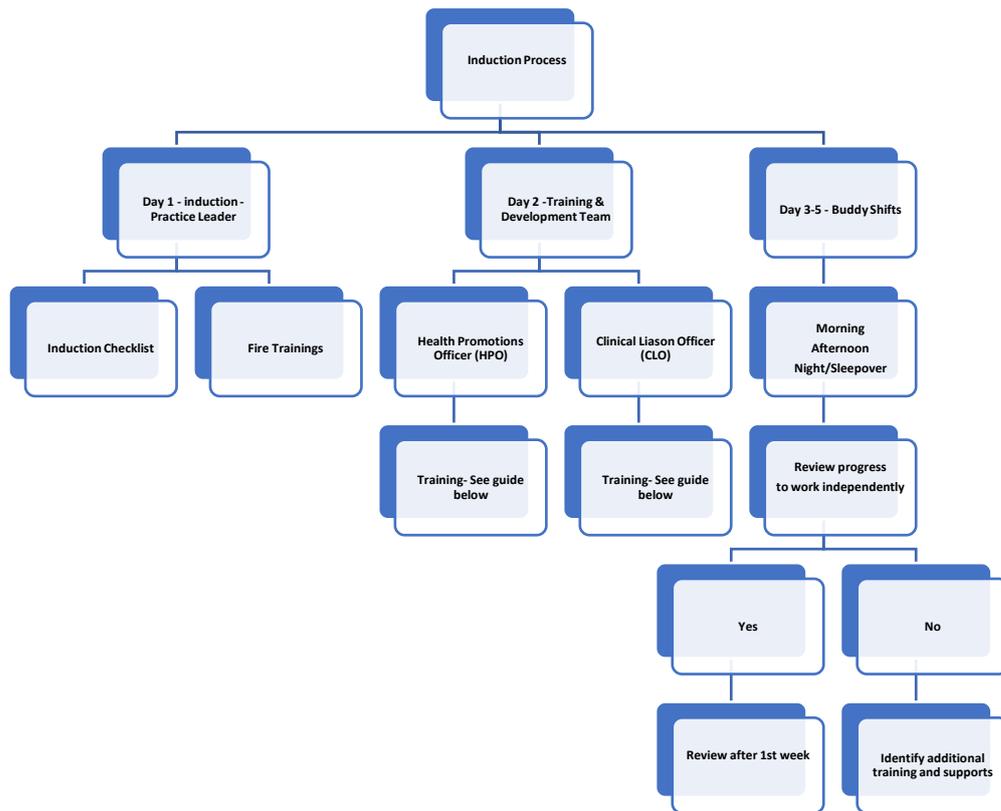
Thrive365 is committed to providing new staff with a sound induction training and orientation to equip them with knowledge and basic skills required to safely commence their duties.

Procedures

- Induction training and Orientation will be conducted by different management staff relevant to the program the staff is being inducted into. This is expected to last between a period of 3 – 5 days depending on the work site or house.
- The induction process will include informing the staff about their duties, supervisor and arrangements for supervision while on probation and after the successful completion of probation; the chain of command; Thrive365's policies, procedures, and practices especially the Staff Code of Conduct which guides their conduct in Thrive365 workplace; Key personnel; Employment conditions; Pay; Work environment; Trainings; and WHS.
- The orientation process will include:
 - introduction of the new staff member to the program office area and the facilities area and other Thrive365 premises they will visit in the course of their duties;
 - Introducing the staff member to existing program staff;
 - providing a mentor for the new staff member;
 - Completion of any mandatory training as outlined in the Induction Training Checklist (see **Appendix**)
 - providing the new staff member with adequate time to read the Thrive365 Employer Handbook, and to ask questions about the content if necessary.

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- At the conclusion of the induction period, the line manager and the new staff member each will sign the Induction checklist or form, including confirmation that they have received a Copy of Thrive365's Code of Conduct.
- Staff supporting participants with high intensity support needs will undergo specific trainings to meet the identified need of the participant prior to supporting the participant.
- The process is as documented in the flow chart below:



Appendix

Policy 5.4 Code of Conduct for Staff

Reference Documents

- NDIS (Code of Conduct) Rules 2018
- Policy on conflict of interest
- Policy on Vehicle safety

Date of CEO Endorsement: 21/11/2023

Last Review Date: 21/11/2023

Next Review Date: 20/11/2025

Policy Statement

1. Thrive365's Code of Conduct for Staff sets out the behaviours, attitudes and ethical practices that guide staff, students and volunteers on what the organisation expects of them in the workplace and as representatives of Thrive365 in the community.
2. The Code of Conduct applies to all paid staff, students and volunteers
3. Staff, students and volunteers are expected to operate according to the Code of Conduct at all times while engaging in duties in Thrive365 workplaces.
4. The NDIS Code of Conduct sets the standards for how the organisation carries out provision of NDIS supports and services.
5. The Code of Conduct incorporates the NDIS Code of Conduct

Procedures

All employees will be required to sign the Thrive365 code of conduct, which will be stored on the employees file. Students and volunteers will be informed of the code of conduct; however, they must sign their placement agreement which lists adherence to Thrive365 code of conduct, and also sign their course provider's code of conduct.

Code of Conduct

- All new staff will be introduced to the Code of Conduct and its implications for their behaviours and attitudes in the workplace and provided with their own copy as part of their induction into Thrive365.
- The Code of Conduct is accessible through the employees' profiles in Employment Hero HR.

- Staff at Thrive365 will:
- Act with respect for participant rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions
 - Respect the privacy of people with a disability
 - Provide supports and services in a safe and competent manner, with care and skill
 - Act with integrity honesty and transparency
 - Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with a disability
 - Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of people with disability
 - Take all reasonable steps to prevent and respond to sexual misconduct
 - Perform their duties as set out in position descriptions to the best of their abilities and with integrity, honesty and impartiality;
 - work co-operatively and courteously with other paid staff;
 - comply with Thrive365's administrative and work practices that relate to their area of work;
 - exercise a duty of care to protect their own health, safety and welfare in the workplace and that of other staff and Thrive365's Participants;
 - refrain from any behaviour that could be construed to be offensive and/or an infringement of any human rights of a colleague, including:
 - sexual harassment in any form (unwelcome physical contact, sexual remarks or jokes, bringing sexually explicit material into the workplace, making lewd or suggestive comments, requesting sexual favours, or sending lewd or suggestive emails etc)
 - racial discrimination or vilification in any form;
 - religious or political vilification in any form; and
 - intimidation, harassment (including gossip) and bullying in any form.
 - Comply with Thrive365's requirement of not being under the influence of alcohol or any substance capable of impairing one's sense of judgement and conduct while on duty, at Thrive365 premises, in Thrive365 vehicles, or while being accommodated in other premises for work purposes and in Participants' homes.

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- Be accountable for using the resources provided to help in carrying out duties at Thrive365 in a safe, effective and efficient manner;
 - Maintain confidentiality in relation to all personal and official information relating to participants, staff, students and volunteers, and Thrive365 itself. This includes refraining from any work discussions on any unapproved social media platform.
 - Disclose to their Line Manager their intention to engage in other employment while still an employee of Thrive365;
 - Refrain from taking up other employment while employed by Thrive365 when that employment could create a conflict of interest with their employment obligations at Thrive365;
 - Declare to the Director (for the CEO), the CEO (for Senior Management) and the Line Manager (Other staff) any actual or potential conflicts of interest between their role as a Thrive365 staff member and any other personal roles, as soon as that conflict or potential conflict becomes evident.
 - Refrain from making improper use of their position, or information gained through their position, as an employee to gain, directly or indirectly, an advantage for themselves or any other person, or cause detriment to Thrive365 or its participants;
 - Positively promote and represent Thrive365 in the community;
 - Dress in a manner that is appropriate to the duties being undertaken while on duty.
 - Refrain from accepting any gifts or remuneration for matters which relate to or impinge on their role as a Thrive365 staff member.
- Thrive365 managers especially the line managers will monitor staff compliance with the Code of Conduct. Any breach of the codes must be reported to the HR manager.
 - On appointment, staff are made aware of the possibility that a breach of the code of conduct (as it includes the NDIS Commission's code of conduct requirements) may have civil penalties (fines) applied.
 - The code of conduct is enforced at all times when activities pertaining to Thrive365 are being conducted.

Policy 5.5 Staff Training and Development

Reference Documents

- NDIS (Quality Indicators) Guidelines 2018
- Induction process
- Induction checklist
- Staff training program for complex health care modules and assisting with medication

Date of CEO Endorsement: 29/10/2023

Last Review Date: 29/10/2023

Next Review Date: 28/10/2025

Policy Statement

1. Thrive365 is committed to ensuring that staff have the necessary skills and knowledge to (a) meet requirements that are mandatory by law or funding contract and (b) be competent and safe in undertaking the duties of the position for which they are employed.
2. Thrive365 will provide ongoing opportunities for staff to participate in development activities that extend and enhance their capabilities and capacity for advancement within the organisation and to meet the needs of each participant they work with.
3. Thrive365 identifies training that is mandatory which includes training in relation to staff obligations under the NDIS Practice Standards and NDIS Rules.
4. Thrive365 will support staff to pursue further education or training that will contribute to the staff member's professional development, but which is not a requirement directly relevant to Thrive365's needs.
5. Thrive365 recognises the relevance of a range of training and development strategies and the expertise of a wide range of training providers to meet participant staff and the organisation's needs. This includes on-the-job training, internal or external courses, support for undertaking research or project work, attendance at conferences or seminars, and networking, coaching and mentoring programs.
6. Thrive365 will provide equity of access to professional development opportunities, taking into account the organisation's needs and the current competencies relative to the job that the staff member is able to demonstrate.
7. All staff will have opportunity to participate in a minimum of Eight hours of training and development activities each year.

8. Multi-skilling of staff across a variety of work is in the interests of both participant staff members who want to extend their skills and the organisation, because it builds a more skilled and flexible workforce, and is encouraged.

Procedures

Trainings are conducted for Thrive365 at different times, such as during induction; when there are new clients that have special needs or existing clients develop needs requiring skilled support; when the need arises such as when there is an incident; annually; as part of performance appraisal and performance management.

Induction Training

- All staff will undertake induction training that consists of but is not limited to:
 - Assist with Medication – Practical and Assessment
 - High Intensity Daily Personal Care Activities (Complex health care) such as Wound Care Training, Bowel training, Urethral and suprapubic care training, PEG training, Tracheostomy, subcutaneous injection training – Practical and Assessment
 - Diabetic and Insulin
 - Epilepsy management
 - Waste management
 - Infection prevention and control
 - Work, health and safety
 - Mild and Severe dysphagia management
 - Positive Behaviour Support training
 - Feedback and Complaints
 - Incident Management
 - Fire and safety and emergency procedures
 - Basic manual handling
 - Person centred active support training

Other trainings which may be client specific may include use of apnoea machine and nebulizer

Annual Training

- All staff will undertake annual training that consists of but is not limited to:
 - Positive Behaviour Support training/ Restrictive Practice
 - CPR

- Manual Handling
- Feedback and Complaints
- Incident Management
- High Intensity Daily Personal Care Activities (complex health care)
- Management of Infectious Diseases
- Handling of Waste and infectious Materials
- Person centred active support training

Performance Appraisals

- Performance Appraisals will be used as a means to encourage staff members to take an active role in their own ongoing development to identify their training and development needs in consultation with their line manager and explore the options available to address those needs.
- Where the HR manager decides, in consultation with the CEO, that it is necessary for a staff member to acquire a particular skill, or a specific qualification in order for them to carry out the duties attached to their existing position, Thrive365 will be fully responsible for all costs incurred in the staff member meeting that requirement.
- Where a staff member wishes to pursue further education or professional development that is not a requirement for their current position or the organisation's needs, Thrive365 will not directly contribute to the cost of the staff member's training.
- At the HR and CEO's joint discretion, and taking into account any impact on service delivery or other staff, the staff member may be:
 - permitted to take any annual leave or unpaid leave arrangements that would assist the staff member to participate in the development activity; and
 - granted up to two days study leave as necessary to attend examinations which may be paid or unpaid.
 - The number of days will be at the discretion of the CEO and HR.
- Staff will be actively encouraged to notify their Line Manager in Performance Appraisals if they are interested in extending their skills and enhancing their career development at Thrive365 by acting in temporary capacities when vacancies become available.
- All staff training will be recorded in the Staff management system which enables monitoring or required training refreshers.

Other training periods

- Where a staff has not delivered complex care support for a period of more than three months, or if a participant's support needs have changed and/or they have an updated support plan in place, the staff will be reassessed before supporting the participant and undertake refresher training if required.

Policy 5.6 Family Friendly and Flexible Work Practices

Reference Documents

- Policy on conflict of interest
- Flexibility in the workplace - Fair Work Ombudsman
- Fair work Act
- Carer Recognition Act 2010

Date of CEO Endorsement: 20/11/2023

Last Review Date: 20/11/2023

Next Review Date: 19/11/2025

Policy Statement

1. Anyone can request flexibility – but certain employees have a legal entitlement to request flexible working arrangements under the Fair Work Act (FW Act).
2. Thrive365 encourages staff to develop a healthy work life balance. The organisation will be as flexible as possible in providing work arrangements that support staff to achieve that outcome, while at the same time ensuring that service delivery needs of participants are the primary focus, that standards are maintained, and other staff are not adversely affected.

Procedures

- Thrive365 will ensure that staff are aware that they can request short- or long-term flexible working arrangements including working part-time, job sharing, leave without pay; and that they understand that the decision to support or not support their request will be made on the basis of any impact on participants and standard of services, fellow staff and then on the organisation.
- For short term emergencies, staff may:
 - access personal/carer's leave entitlements;
 - make flexible use of accrued annual leave or long service leave entitlements; and/or
 - make up time and time in lieu including through formal flexi time arrangements.
- Flexible working arrangements will be documented in participant staffing agreements.

- The participant staffing agreement will state that the arrangement is agreed to by Thrive365 only while it does not cause detriment to the organisation's capacity to provide participants with a timely service that is of good quality and does not have adverse consequences for other staff.
- All flexible working arrangements will be reviewed as part of the staff member's Performance Appraisal.
- Thrive365 will ensure that line managers and supervisors have the skills and confidence to lead a team in which members have different working arrangements.
- Thrive365 recognises that there might be occasions on which staff are unable to find alternative care arrangements at short notice when their normal arrangements for the care of a family member (e.g., a child or an elderly family member) breaks down. In such emergency circumstances, the family member may be brought to the workplace providing:
 - there is a safe place for them to be, away from contact with participants or the public;
 - they do not have a contagious illness;
 - they remain under the supervision of the staff member at all times; and
 - they do not behave in ways that disrupt other staff or the delivery of services.
 - Such arrangements are for emergencies only and generally for one day's duration.
- In situations where Thrive365 has urgent need for a skill on a temporary basis, the CEO may make adjustments to a staff member's working arrangement to meet the organization's needs. This must be done in agreement with the staff.
- A staff member is able to request for flexible working arrangements if they meet with the Fair work requirements below:
 - Full-time and part-time employees can request flexible work arrangements if they've worked with the same employer for at least 12 months and they:
 - ✓ are the parent, or have responsibility for the care, of a child who is school aged or younger
 - ✓ are a carer (under the Carer Recognition Act 2010)
 - ✓ are a person with disability
 - ✓ are 55 or older
 - ✓ are pregnant
 - ✓ are experiencing family and domestic violence, or
 - ✓ provide care or support to an immediate family or household member who is experiencing family and domestic violence.
 - Casual employees can request flexible work arrangements if:

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- ✓ they meet one of the above criteria (such as being a person with disability, being a carer or pregnant).
 - ✓ they've been working for the same employer regularly and systematically for at least 12 months.
 - ✓ there's a reasonable expectation of continuing work with the employer on a regular and systematic basis.
- The process for employees requesting and Thrive365 responding to a request for flexible working hours will be in line with Fair work recommendations.
 - Thrive365 will support staff who have flexible working hours in line with the state or territory laws. This will include in remunerations, working materials and equipment, training, and leave approvals.

Policy 5.7 Employee Leave

Reference Documents

- Leave - Fair Work Ombudsman
- National Employment Standards (NES)

Date of CEO Endorsement: 21/11/2023

Last Review Date: 21/11/2023

Next Review Date: 20/11/2025

Policy Statement

Employees are entitled to take leave for reasons such as to go on a holiday, because they are sick, to take care of sick family members, because of family and domestic violence, and when they become a parent.

Procedures

- The type of leave will depend on the situation, how long the employee has worked with Thrive365.
- To lodge a leave request, an employee must apply for the leave in writing or through email or through Employment Hero at least two weeks in advance of the requested time off for annual leave or as soon as they are able to if they are sick, or need compassionate leave.
- The supervisor of the employee must approve the leave request before the employee can proceed on the leave.
- The various leave requests an employee can request for include: annual leave, sick and carer's leave, compassionate and bereavement leave, parental leave, family and domestic violence leave, long service leave and community service leave.

Annual leave

- Thrive365 offers annual leave of 4weeks to its full-time and part time staff; shift workers may get up to 5weeks of annual leave per year. In line with the award, all employees (except for casual employees) get paid annual leave based on their ordinary hours of work.

- Annual leave accumulates from the first day of employment and throughout the year, and unused ones roll over. Its accumulation occurs when an employee is on:
 - paid leave such as: paid annual leave, paid sick and carer's leave, paid family and domestic violence leave
 - community service leave including jury duty
 - long service leave

Thrive365 does not recognize Paid Parental Leave Scheme as a paid leave in line with government recommendations.

Annual leave doesn't accumulate when the employee is on unpaid annual leave, unpaid sick/carers leave, and unpaid parental leave.

Sick Leave

- Staff will be provided the relevant sick and carer's leave entitlements in accordance with their employment award or agreement to enable them take time off to help them deal with personal illness, caring responsibilities, or family emergencies.
- All employees are able to have sick leave; however, full time staff are entitled to 10days paid sick leave per year while it is pro-rata for part time staff. Casual staff are exempted from having paid sick leave.
- Unused sick leave can be carried over to the next year.
- Evidence must be provided such as medical certificates or statutory declaration. They can be provided either by your General Practitioner or the local hospitals emergency department.
- Thrive365 can ask employees to provide evidence for as little as one day or less of work.
- Employees who provide evidence of their illness are protected from dismissal if they are using their paid sick leave or have been away for less than 3months.
- An employee is no longer protected from being dismissed because of their absence (even if they provide evidence) if they have used all their sick leave or have been absent for more than 3months.
- The process for leave request will follow the procedures above in line with fair work procedures.

Carer's leave

- Employees can take carer's leave (paid or unpaid) if they need to look after an immediate family member or household member.

- An immediate family member is a spouse or former spouse, de facto partner or former de facto partner, child, parent, grandparent, grandchild, sibling, OR child, parent, grandparent, grandchild or sibling of the employee's spouse or de facto partner (or former spouse or de facto partner) or step-relations such as step-parents and step-children.
- A household member is any person who lives with the employee.
- Paid carer's leave is available to full-time and part-time employees.
- All employees, including casual employees, are entitled to 2 days unpaid carer's leave. Full time and part-time employees can take unpaid carer's leave when they have no paid sick or carer's leave left.
- Process of requesting for carer's leave will follow Thrive365 procedure and fair work procedures.

Compassionate leave

- Employees can take compassionate leave if a member of their immediate family or household dies, or contracts or develops a life-threatening illness or injury; a baby in their immediate family or household is stillborn; they have a miscarriage, or their current spouse or de facto partner has a miscarriage.
- Employees are entitled to 2 days compassionate leave each time they meet the criteria.
- Employees don't accumulate compassionate leave and it's not a part of their sick and carer's leave entitlement. Employees can take compassionate leave any time they need it.
- If an employee is already on another type of leave (for example, annual leave) and needs to take compassionate leave, they can use compassionate leave instead of the other leave.
- Full-time and part-time employees receive paid compassionate leave while casuals receive unpaid compassionate leave. The paid ones are done at their base pay rate for the ordinary hours they would have worked during the leave.
- Evidence for the need of the leave must be provided.

Parental leave

- Parental leave is unpaid leave that can be taken after an employee gives birth, employee's spouse or de facto partner gives birth, employee adopts a child under 16 years of age.

- It includes different entitlements for both parents, such as partner leave and adoption leave. It may be called maternity leave or paternity leave.
- Employees are entitled to up to 12 months of unpaid parental leave. They can also request up to an additional 12 months of unpaid leave.
- Employees are able to take parental leave if they have worked for their employer for at least 12 months before the date of delivery or adoption of the child; and have or will have responsibility for the care of a child.

Family and domestic violence leave

- All employees including full-time, part-time and casual employees are entitled to 10 days of paid family and domestic violence leave each year.
- Family and domestic violence means violent, threatening or other abusive behaviour by certain participants known to an employee that both seeks to coerce or control the employee and causes them harm or fear.
- To access paid family and domestic violence leave, the participant known to the employee could be:
 - an employee's close relative such as:
 - the employee's spouse or former spouse, de facto partner or former de facto partner, child, parent, grandparent, grandchild, sibling, a member of an employee's household, or a current or former intimate partner of an employee.
 - an employee's current or former spouse or de facto partner's child, parent, grandparent, grandchild or sibling, or
 - a person related to the employee according to Aboriginal or Torres Strait Islander kinship rules.
 - a member of an employee's household, or
 - a current or former intimate partner of an employee.
- An employee's paid leave entitlement is available in full immediately and resets on their work anniversary. It doesn't accumulate from year to year.

Community service leave

- Employees, including casual employees, can take community service leave for activities such as voluntary emergency management activities or jury duty.
- With the exception of jury duty, community service leave is unpaid.

- An employee is entitled to take community service leave while they are engaged in the activity and for reasonable travel and rest time.
- There is no limit on the amount of community service leave an employee can take.
- The process for requesting for this leave, notices to be provided and length of the leave must be made available to the employee.

Long service leave

- An employee gets long service leave after a long period of working for the same employer. This varies from state to state.
- In some states and territories, long serving casuals are eligible for long service leave.
- Process for requesting for the leave and notices must be conducted in line with the relevant state recommendations.

Quantum leave

Shift workers are:

- (a) an employee who works for more than 4 ordinary hours on 10 or more weekends during the yearly period in respect of which their annual leave accrues; or
- (b) an employee who works at least eight 24-hour care shifts during the yearly period in respect of which their annual leave accrues.

Shift workers are entitled to an additional week's annual leave on the same terms and conditions.

Annual leave loading

- Thrive365 will ensure all staff receive the additional 17.5% of their ordinary pay as their annual leave loading. This will be added to their ordinary pay.
- For Shift workers, annual leave loading is calculated by:-
 - Applying 17.5% of their ordinary pay rate or
 - Applying shift penalties ordinarily received had they worked the shift, whichever is greater
- **Definition of Excess leave accrued**
- An employee who is not a shift worker is deemed to have an excess of annual leave when their annual leave balance reaches the equivalent of 8 weeks of leave based on their contracted hours.

- An employee who is a shift worker is deemed to have an excess of annual leave when their annual leave balance reaches the equivalent of 10weeks of leave based on their contracted hours.

Management of accrued excess annual leave

As annual leave constitutes a liability for Thrive365, the organization will utilize the following process to manage excess annual leave accrued.

1. Finance will identify on a monthly basis, employees who meet the threshold for excess annual leave accrued.
2. The information will be provided to HR who will inform the identified employees via email that they have excess annual leave and request dates they would like to take some of their accrued leave. Employees are required to provide a response within 7days of the email being sent.
3. Communication from HR will confirm: -
 - The amount of excess annual leave accrued
 - Company policy on managing accrued excess annual leave
 - The amount of annual leave the staff member needs to take to comply with company policy
 - How the leave can be taken – at intervals or at the same time within a particular period.
4. If an employee does not respond to HR communication within 7days, they will be contacted by HR to engage in a formalized discussion on the management of their excess leave.
5. If an agreement is reached on how the staff will proceed on leave:
 - HR will email the staff the minutes of the discussion
 - Staff will confirm the information by responding to the email.
6. If HR and the employee are unable to reach an agreement, HR will email the staff a written directive on the need to take some leave.
7. The directive will include:
 - a. The amount of paid annual leave the staff must take to comply with company policy
 - b. The timeframe in which the leave must be taken. As Thrive365 is a multicultural workplace, we will provide staff with 12weeks notice to commence annual leave instead of the mandated 8weeks notice as per the SCHADS award.
8. Any direction to take leave must not result in the employee having a residual balance of less than 6weeks of accrued annual leave.

Policy 5.8 Family Members as Participants

Reference Documents

- Policy on conflict of interest

Date of CEO Endorsement: 22/11/2023

Last Review Date: 22/11/2023

Next Review Date: 21/11/2025

Policy Statement

1. Thrive365 recognises that as a service provider within a small community, the organisation is sometimes the only available service provider for the family members of staff.
2. As far as possible, staff are to separate their roles as employees of Thrive365 and family members of a participant, to reduce any actual or potential conflict of interest.

Procedures

- Thrive365 prefers staff who have a family member supported by the company to not provide direct services to the family member.
- All staff are required to inform their line manager as soon as they become aware that a member of their family has been referred to Thrive365 for an assessment of eligibility for service.
- Staff or line managers' supervisors are to ensure that a staff does not conduct an assessment of needs and service eligibility in relation to a member of their own family or provide Thrive365 services to a family member.
- The same eligibility and other criteria must be met for all applicants for any Thrive365 service; no special provisions are available to staff members' families.
- Where a staff has a family member who is receiving support from Thrive365, the staff is required to provide care equally and according to approved support for the participants and not favour their own family members in any way.

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- Where there are concerns that the ability of a staff to provide care is conflicting with their relationship with the family member, the staff will be relocated to a different place of work.
- Where there are special circumstances that may affect implementation of this policy and procedures, the CEO will be required to take decisions on the best course of action.

Policy 5.9 Supervision and Performance Appraisal

Reference Documents

- Policy on Recruitment of Staff
- Policy on Retention and Disposal of Files and Electronic Records

Date of CEO Endorsement: 22/11/2023

Last Review Date: 22/11/2023

Next Review Date: 21/11/2025

Policy Statement

1. The regular supervision of staff and running of performance appraisals are strategies to support staff to perform at their best and ensure that Thrive365's Participants receive quality services from appropriately skilled staff.
2. Thrive365 will ensure that supervisors have the necessary skills to provide quality supervision and to lead effective running performance appraisal sessions with the staff for which they have supervisory responsibility.

Procedures

- All members of Thrive365 management are employed with basic managerial skills and expectations in their respective roles including performance appraisal of those they supervise.
- Where a manager in a supervisory role does not have the needed skills, they will be provided with an on-the-job training.
- The staff member and their supervisor share equal responsibility for ensuring that performance appraisals occur at least once each year.
- It is the responsibility of the staff member who is being performance appraised to participate openly and honestly in planning and assessing their own performance objectives and receiving feedback from their supervisor.
- It is the responsibility of the supervisor to familiarise themselves with the running performance appraisal process and to meet their responsibilities according to this policy.
- All supervisory and performance appraisal reports will be stored against the staff profile in our staff management system – Employment Hero except that of the CEO.

- Notes or supervisory reports or performance appraisal reports must be retained according to the requirements of the Retention and Disposal of Files and Electronic Records Policy.
- Salary and pay rate reviews can be made during performance appraisals.

For the CEO

- The CEO will have formal supervision by the Director in the first 3 months of their employment, and thereafter at least once per month, or more frequently at the discretion of the Director or at the request of the CEO.
- Notes will be made on key points raised and discussed in each supervision session with copies retained by the CEO and the Director, and brought to subsequent supervision sessions.

Management staff

- All management staff will have their formal performance appraisals conducted by their direct supervisors.
- For newly employed management staff, supervision will be conducted fortnightly for the first 3 months of employment, then monthly for the next 3 months up to their probation. Thereafter, it will be conducted as required.

➤ **Support Staff**

- All paid staff will have formal supervision once in the first month of their employment, and then at the end of their probation period; thereafter, it should be done as required by the supervisor or at the request of the staff member.
- Notes will be made on key points raised and discussed in a supervision session within the Thrive365 client management system.
- All paid staff will also complete annual performance appraisals.

Policy 5.10 Staff Accountability and Reporting

Reference Documents

- Position Descriptions of each employee
- Policy on Company structure and role of company Directors
- Policy on The Director and Chief Executive Officer Relationship
- Policy on The Chief Executive Officer’s Roles and Responsibilities
- Policy on Delegations

Date of CEO Endorsement: 11/10/2023

Last Review Date: 11/10/2023

Next Review Date: 10/10/2025

Policy Statement

1. Thrive365 places a high value on being an accountable, transparent and ethical organisation, and has accountability and reporting arrangements in place to support good standards of practice.
2. All employees is accountable to their direct manager and the CEO.

Procedures

- The CEO is accountable to the Director; all management staff report to their direct managers and the CEO while the support staff report to their direct managers in the operations team. However, support staff may be required to report to any manager in other teams.
- The CEO will provide a report to the Director in a format agreed between the Director and the CEO.
- Each senior manager will provide a report to the CEO on the 17th day of each month, with the information such as:
 - Property and vacancy updates
 - Creation and standardization of internal processes and system review
 - Client outcomes and organizational impacts

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- Financial positions and assessments
 - Risks, incidents and complaints/feedback
 - Client retention
 - Human resource management
 - Policy
 - Clinical updates
 - Monthly focus area
 - Partnerships
- Relevant managers are responsible for managing the day-to-day operations of our program and services, and for providing general directions on a daily basis to the staff they supervise.

Policy 5.11 Staff Grievances and Resolution Process

Reference Documents

- Safework NSW
- Safework Qld

Date of CEO Endorsement: 05/10/2023

Last Review Date: 05/10/2023

Next Review Date: 04/10/2025

Policy Statement

1. This policy applies to any grievances of a staff member or WHS issue identified by a staff member.
2. Thrive365 is committed to ensuring that all employees are free to lodge any grievance, to have that grievance addressed in a prompt and fair manner without fear of retribution by the organisation.
3. Thrive365 will have mechanisms in place to promote fast and fair resolution of workplace issues.

Procedures

- Although it is Thrive365's preference that staff will follow these procedures, it is recognised that they have the right not to do so, and to make their grievance to an appropriate external agency at any time during the grievance or resolution process. In this event, Thrive365 will be committed to working cooperatively with the external agency to achieve a resolution to the grievance as quickly as possible.
- It is the responsibility of managers to ensure that as far as possible; they identify, prevent and address potential problems before they become formal grievances.
- It is the responsibility of staff to ensure that they attempt to resolve any issues through their immediate supervisor and through internal processes at the earliest opportunity.
- No employee will be intimidated or unfairly treated in any respect if they utilise this policy to resolve an issue.

Part 1

- (a) When a health and safety issue arises either as a result of a risk assessment or a workplace assessment, or a problem is identified by a staff, it is the staff's responsibility to take immediate action to resolve or rectify the problem if qualified or competent to do so including ceasing the task if an immediate risk of injury is perceived. It is also the staff's responsibility to enter the issue into the Hazard report book/communication book in CTARs and advise their line manager, and the WHS representative if applicable.
 - (b) If the issue is between two or more staff, involved parties must have a conversation together to resolve the issue.
 - (c) If the issues are resolved, then no need for further action.
- If the issue cannot be resolved immediately, the matter is to be referred to their line manager who will take immediate steps to consult, investigate and resolve, or rectify the matter. Results of any resolution at this stage are to be notified to all the staff concerned.
- If the issue pertains to unsafe work, the staff can cease the work till resolution of the issue.
- If a support worker or middle management staff is involved and is dissatisfied with their line manager's response, then the issue will be raised with senior management staff and CEO. At this stage, it becomes a WHS issue which must be documented appropriately according to the WHS Act.
- Thrive365 management will appoint a representative to investigate the issue and resolve it. The representative will communicate findings and all information to the HR and/or CEO.
- Once the issue reaches the senior management and CEO and is resolved, a resolution should be communicated to the staff in writing.
- Failure to resolve the issue, it will be raised with the Director for consideration. If resolved, all parties will be communicated in writing.

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- Failing a resolution, an inspector from SafeWork (for NSW) or an inspector from WHS Queensland (for Queensland) may be requested to attend the workplace and assist in resolving the matter or provide advice.
- If unsuccessful in resolving the matter, it will be referred to Queensland Industrial Relations Commission (QIRC) for resolution (for Queensland) or SafeWork NSW for resolution (for NSW).
- Staff will be advised of the outcome in writing and all process documented and secured.

Part 2

- If the issue is on a senior management member, its resolution will commence from the level of the CEO.
- If the CEO is accused to be the cause of the conflict or grievance or issue, the resolution would commence from the level of the Director.
- If the issue pertains to the Director, then external agencies such as Safework NSW or Queensland Industrial Relations Commission will be involved if all internal avenues of resolution is exhausted.

Policy 5.12 Staff Exits

Reference Documents

Date of CEO Endorsement: 27/10/2023

Last Review Date: 27/10/2023

Next Review Date: 26/10/2025

Policy Statement

1. In any organization, staff will exit either through retirement, resignation, termination or redundancy.
2. As part of Thrive365's commitment to continuous quality improvement, Thrive365 values the feedback of staff who are leaving the organisation.

Procedures

- All staff who are leaving Thrive365 will be invited to participate in an exit interview with the HR and/or the CEO.
- The staff member's letter of resignation or a letter of termination will be placed on their personnel file.
- The Chief finance officer will prepare the staff member's eligible termination payment.
- If requested, and if appropriate to the staff member's performance and the circumstances under which they are leaving Thrive365, the staff member may be provided with a written statement of employment detailing the period of employment and type of work performed, and a reference.
- The HR will according to the position being vacated, identify if the staff member has property belonging to Thrive365, including keys, files, mobile phones, other materials and equipment. All identified items must be returned no later than the final date of employment.
- The HR will inform all staff about the exit of a manager or CEO.

Policy 5.13 Workplace dress code

Reference documents

- <https://humanrights.gov.au/quick-guide/12031>
- <https://www.worksafe.qld.gov.au/safety-and-prevention/hazards/workplace-hazards/slips-trips-and-falls/footwear>

Date of CEO Endorsement: 20/05/2023

Last Review Date: 20/05/2023

Next Review Date: 21/05/2025

Policy statement

1. Thrive365 employees are required to dress appropriately at all times while on duty or onsite at any premises where services are provided by Thrive365.
2. An appropriate dress is inclusive of WHS considerations, the type of work being performed and the client group whom we support.

Procedure

- Thrive365 recommends the type of attire its staff are expected to wear while on duty at any location. This extends to footwears, jewellery, hair presentation and body wears.
- The dress code recommendations do not amount to any form of discrimination and are in place for the safety and comfort of staff, the people we support and other stakeholders.
- Recommended attires are to allow staff perform their duties without risk of injury to themselves or to residents.
- Attires may be casual or formal depending on the role of the staff at that time.
- Staff should be well presented at all times with attention paid to personal hygiene, cleanliness and neatness of attire.
- Thrive365 workplace acceptable clothing include trousers, jeans (not ripped), skirts, blouses, shirts and tee shirts, and shorts (minimum knee length).
- Unacceptable staff attire include clothing that: -
 - reveals the cleavage, back, chest, stomach, or underwear.
 - has slogans or words that may offend others.
 - impedes the ability to perform their duties such as personal care due to being too tight or too short.

- is transparent such as some types of active wear.
- is ripped, stained or dirty.
- Jewellery can present a risk to both staff and residents.
 - Staff are asked to assess their jewellery to ensure it does not present a safety risk to themselves or the people they are supporting.
 - Items include large rings which can scratch and damage skin or pierce gloves and necklaces, and bracelets which can get caught in equipment or can be grabbed by residents with behaviours of concern.
- Long hair can present a safety risk to staff
 - It may get caught in equipment or can be pulled by residents with behaviours of concern.
 - Staff with long hair are requested to secure their hair prior to commencing a shift to minimise these risks.
 - Long hair described above includes hair that is at the level of the shoulder or longer.
- Thrive365 recommended type of footwears are such that:
 - Assist staff mobilize without discomfort
 - Slip resistant
 - Flat and enclosed
 - Well fastened and firmly grips the foot
 - Flexible with cushioned sole
 - Support and grip around the heel
 - Comfortable to wear throughout a shift
- Footwears that are not accepted include:
 - Open-toed such as Thongs
 - High heels
 - Slip on shoes
 - Slippers
 - Ugg boots
- Thrive365 recommends a change of footwears when they show signs that they are placing the wearers at risk of injury from slips, trips and falls. Such recommendations include shoes with:
 - treads that are regularly clogged with contaminants (tread not suited to the contaminant)
 - soles that are very smooth, but tasks and environment require moving across smooth, polished floors that may have contaminants

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- high heels with small contact areas when tasks require walking over uneven ground, sloped surfaces, handling heavy loads or rapid movements on contaminated floors
- loose fittings such as sandals or rubber thongs that are not well fastened around the foot.
- worn out treads or soles that no longer provide grip.

Policy 5.14 Staff Misconduct and Discipline

Reference Documents

- Thrive365 Code of Conduct
- NDIS Code of Conduct

Date of CEO Endorsement: 27/10/2023

Last Review Date: 27/10/2023

Next Review Date: 26/10/2025

Policy Statement

1. Thrive365 will maintain a fair and positive working environment for all staff members.
2. All incidents of staff misconduct are serious and unacceptable; however, some are more serious than others.

Procedures

Serious Misconduct

- Serious cases of misconduct might result in instant dismissal. Examples of serious misconduct could include, but are not limited to:
 - Physical or sexual assault of a participant or colleague, or other person associated with Thrive365;
 - Repeated episodes of verbal abuse towards participants, colleagues or other persons associated with Thrive365;
 - Falsification or misrepresentation of qualifications and experience;
 - Presenting at work under the influence of alcohol or other drugs, and other serious breaches of work, health and safety requirements;
 - Theft of property or funds from Thrive365;
 - Serious wilful damage to Thrive365 property;
 - Use of Thrive365's equipment and other resources for purposes that are unlawful or are otherwise proscribed in Thrive365's policies and procedure;
 - Failure to disclose a criminal record;

- Failure to comply with some elements of the Staff Code of Conduct;
 - Acceptance of inducements to disclose confidential information about a participant or Thrive365's operations;
 - Otherwise acting in a manner which brings Thrive365 into disrepute or threatens its ongoing viability, this includes utilising social media to discuss participants, colleagues or the organisation.
 - Breach of Thrive365 health and safety policies and protocols and your general health and safety responsibilities or any action that endangers the lives of, or may cause serious injury to, employees or any other person.
- Less serious cases of misconduct could include, but are not limited to:
- Persistently failing to present at work without notification of absence or a medical certificate, or persistent lateness;
 - Carelessness in the use of Thrive365 property;
 - Being verbally abusive, either indirectly or directly, to a participant or colleague, or other person associated with Thrive365;
 - Failure to comply with some elements of the Staff Code of Conduct;
 - Failing to disclose engagement in other employment when there is potential or actual conflict of interest with the position at Thrive365.
 - Any publication on social media that identifies and defames, bullies or harasses a participant, co-worker or Thrive365.

For serious misconduct

- A staff member has the right to make a Grievance under the Staff Grievance Policy, or to seek external advice independent of Thrive365 at any time in the management of a misconduct and disciplinary matter.
- Staff under investigation for serious misconduct are entitled to have an advocate of their choosing accompany them to meetings with the subcommittee investigating the alleged misconduct.

The process is as follows:

- Step 1 – Advise the staff member in writing
 - The staff member accused of serious misconduct shall be advised in writing of the serious misconduct allegation by HR. They will be suspended from employment during

the investigation, and until an appropriate penalty is determined (if the occurrence of misconduct is substantiated).

- Penalty could include instant dismissal and/or reporting the matter to the police.
 - If the outcome of the process is that instant dismissal is the deemed necessary course of action, the staff member will continue to be suspended until the HR has sought industrial advice to confirm that all requirements necessary to support a decision of instant dismissal have been met.
- Advise the staff member of the outcome
- HR will advise of the serious misconduct investigation and the CEO decision, whether that outcome is dismissal, other sanctions, or that the allegation has been dismissed.

For Other Misconduct

- Advise the CEO (or Director)
- Where the misconduct is deemed not to be serious misconduct warranting instant dismissal and/or the involvement of the police it will be reported to the CEO by the relevant manager and/or HR.
 - The matter will be managed by the HR in consultation with the Line manager.
 - If the allegation involves the conduct of the CEO, it shall be reported by another senior staff member to the Director, who will determine the appropriate process to investigate the allegation.
- Advise suspension of employment and provide the staff member with the opportunity to respond
- The HR will suspend the staff from employment pending investigation. The HR will provide the employee with a written letter with details of the allegation, providing fair notice period of invitation to a disciplinary meeting with the HR and Line manager. During this meeting the employee is given the opportunity to respond to the allegations of misconduct and may choose to seek advice before doing so. The staff member can request that the meeting be adjourned until they have sought the advice of an advocate and/or arranged for an advocate to be present at the continuation of the meeting.
 - The disciplinary meeting held by HR and Line manager will be documented and stored on the employee file.
 - If the allegations are substantiated, the outcome could be either of the following: Written Warning, Final Written Warning and Termination.

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- If misconduct is repeated, we will follow the same procedure until the outcome is reached.

Policy 5.15 Management of Poor Performance

Reference Documents

- Policy on Supervision and Performance Appraisal
- Policy on Bullying, discrimination, and sexual harassment

Date of CEO Endorsement: 24/10/2023

Last Review Date: 24/10/2023

Next Review Date: 23/10/2025

Policy Statement

1. Thrive365 is required to be confident that all employees have the knowledge, competencies and personal attributes to fulfil all the requirements of their role and position, and provide quality service.
2. Staff members may not perform their duties to an expected standard for reasons other than deliberate misconduct.
3. When a staff member is not performing to the required standards, Thrive365 will provide them with the opportunity to improve their performance to an acceptable level.

Procedures

- Step 1 – Advise the HR and Staff Member
 - When poor performance in a previously acceptable standard of performance is identified, the Line manager will first advise the HR of their concern.
 - Following this, the Line manager will advise the staff member that there is a problem with their performance, and the staff member will have the opportunity to respond to the Line Manager's concerns.
 - This process may be in writing with both the Line Manager and the employee signing off on outcomes, the paperwork is then forwarded to the HR and stored on the staff file profile in the staff management system.
- Step 2 – Provide the Opportunity for the Staff Member to Respond and Identify Reasons
 - The Line Manager will listen to the staff member's response to the concerns and identify the reasons for the poor performance with them, including, but not limited to

considerations such as conflicts with work colleagues, a health issue, a personal or family crisis, and deficits in the knowledge and competencies required for the job.

- If external reasons, such as health or a personal or family crisis, are identified as contributing factors to the poor performance, options for taking accrued leave or moving to alternative working arrangements such as reducing working hours on a short term temporary basis will be discussed with the staff member.
 - If relationships with others in the workplace, including issues such as bullying and harassment in any form are identified as contributing factors, the Line Manager will advise the HR who may intervene and implement Thrive365's bullying, harassment and violence policy and procedure.
- Step 3 – Develop a Plan to Help the Staff Member Rectify the performance concerns
- After consideration of the circumstances contributing to the poor performance the Line Manager and the staff member will decide the steps to be taken to improve performance (what Thrive365 will do and what the staff member is expected to do), the timeline over which performance will be monitored for improvement, and what the measurable indicators of improvement will be.
 - This agreement will be documented as a Performance Improvement Plan, and copies will be held by the HR, Line Manager and Staff Member.
- Step 4 – Review Progress
- Supervision meetings will be held as regularly as are needed to review the progress in their performance. Outcomes will be documented and attached to both copies of Performance Improvement Plan.
 - If at the agreed review date, the issues of concern have been resolved there will be no further action.
- Step 5 - Meeting with First Written Warning
- If the necessary supports have been provided (such as a move to reduced working hours, addressing workplace issues, providing training, etc) and the staff member's performance is still unsatisfactory, there will be a further meeting to discuss the concerns and the appropriate action to be taken.
 - This meeting may be attended by HR, the Line Manager, and the staff member; and if the staff member chooses, they can bring their nominated support person. At this meeting, the HR will inform the staff member the continuing concerns raised by the Line

manager and then provide the staff member a written warning stating that their performance is not meeting the necessary standards. This will be the first warning.

- At the conclusion of the meeting, the Performance Improvement Plan will be updated with copies to the HR Manager, the Line Manager and the staff member. The Plan will include the date for the next review, and the measurable indicators of improved performance that must be met.
- The staff member may also be provided with written advice by the HR Manager that failure to achieve improvement in performance by the set date could result in a final written warning that could lead to the termination of their employment.

➤ Step 6 – Review Progress

- Supervision meetings will be held weekly until the date of the next review and outcomes will be documented and attached to each copy of the Performance Improvement Plan.
- The next meeting will be attended by the HR Manager the Line Manager, and the staff member; and if the staff member chooses, their Support Person. If no improvement is noted, the HR will decide if it is reasonable for Thrive365 to implement more strategies to assist the staff member to meet the required standard of performance, or if a final written warning should be issued.
- If at the agreed review date, the issues of concern have been resolved there will be no further action.

➤ Step 7 – Final Written Warning

- If performance is still unsatisfactory, a final written warning will be issued by the HR manager, informing the staff member that their employment will be terminated if their performance does not improve by a specified date.

➤ Step 8 – Termination of Employment

- If a final written warning has been issued and there is still no improvement in the staff performance in the specified time, the HR will advise the CEO and work with the industrial advisors regarding the termination of employment.

Policy 5.16 Active Supervision

Relevant Documents

- Disability rights laws and safeguarding regulations.
- NDIS guidelines

Date of CEO Endorsement: 07/04/2025

Last Review Date: 07/04/2025

Next Review Date: 07/04/2027

Purpose

For participants

This policy ensures the safety, well-being, and inclusion of participants receiving service from Thrive365 by implementing active supervision strategies. It aims to prevent harm, support independence, and promote dignity while providing appropriate levels of care.

For staff

The purpose of this policy is to ensure that all staff employed by Thrive365 are effectively supervised to maintain high-quality care, safety, and compliance with relevant regulations. Active supervision fosters accountability, professional development, and continuous improvement in service delivery.

Scope

For participants

This policy applies to all staff, volunteers, and caregivers responsible for supervising participants receiving services from Thrive365.

For staff

This policy applies to all managers, supervisors, team leaders, and staff members providing disability support services with Thrive365.

Policy Statement

1. Active supervision is a proactive approach to monitoring and supporting NDIS participants living with disability. In active supervision, staff must:
 - Maintain a safe environment.
 - Engage with participants consistently.
 - Anticipate risks and prevent harm.
 - Respond promptly to incidents or distress.
 2. It is also used by Thrive365 as an organization to maintain a structured and proactive supervisory system for its staff to:
 - Ensure quality service delivery and adherence to policies.
 - Promote staff development and professional conduct.
 - Address challenges and provide ongoing support.
 - Maintain safety and accountability in all work environments all times
-

Procedures

For NDIS participants

➤ **Supervision Strategies**

- Positioning: Staff should position themselves at strategic areas to observe all participants effectively.
- Frequent Checks: Regularly check on participants, especially those with mobility or communication challenges.
- Engagement: Interact with participants to assess their well-being and needs.
- Environmental Safety: Remove hazards and ensure accessibility.

➤ **Risk Assessment**

- Identify participants who require higher levels of supervision (e.g., those at risk of wandering, falls, or self-harm).
- Implement personalized supervision plans based on needs and risks.

➤ **Staff-to-Participant Ratios**

- Maintain appropriate staff ratios based on disability type, mobility, and support needs.
- Adjust supervision levels during high-risk activities (e.g., swimming, outings).

- **Communication & Documentation**
 - Staff must document observations, incidents, and changes in behaviour.
 - Use clear communication strategies, including assistive technology if needed.
 - Report concerns promptly to management or guardians.

- **Emergency Response**
 - Staff must be trained in first aid and emergency procedures.
 - Emergency plans must be in place for missing persons, medical incidents, or behavioural crises.

- **Training & Continuous Improvement**
 - Staff receive training in active supervision techniques, risk management, and disability awareness.
 - Regular policy reviews ensure alignment with best practices and legal requirements.

- **Review**
 - This policy aligns with disability rights laws and safeguarding regulations.
 - Regular audits and feedback mechanisms ensure effectiveness.

For Supervisory Staff

- **Supervision Strategies**
 - Direct Observation: Supervisors regularly observe staff interactions with clients to ensure compliance with best practices.
 - Regular Check-ins: Scheduled meetings between staff and supervisors to discuss progress, challenges, and training needs.
 - Performance Monitoring: Ongoing assessment of staff competency, behaviour, and adherence to participant client care plans.

- Feedback & Coaching: Constructive feedback and coaching sessions to improve skills and performance.
- Ad hoc after hours supervision enables observation of staff adherence to policy and practice standards across different times of the day and week.

➤ **Levels of Supervision**

- Supervision will be tailored based on staff experience, performance, and risk factors:
- New Staff & Probationary Employees: Closer supervision with mentoring and shadowing.
- Experienced Staff: Periodic check-ins and self-directed accountability measures.
- High-Risk Situations: Increased supervision in high-risk environments, such as handling complex behaviours or medical needs.

➤ **Communication & Documentation**

- Supervision Records: All supervisory meetings, observations, and performance reviews must be documented.
- Incident Reporting: Any concerns or incidents must be reported following organizational protocols.
- Open-Door Policy: Encouragement of staff to seek guidance, report concerns, and request additional support.
- Active supervision checklist: this will serve as a guide to what supervisors should look at when they visit.

➤ **Staff Development & Training**

- Supervisors must provide ongoing training in active supervision, risk management, and best practices in disability support.
- Staff must complete mandatory training on safety, behaviour management, and emergency response.
- Continuous professional development opportunities will be provided.

➤ **Compliance & Accountability**

- Supervisors are responsible for ensuring staff adhere to organizational policies, NDIS guidelines, and legal requirements.
- Regular audits and reviews will be conducted to assess supervision effectiveness.

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- Non-compliance or performance issues will be managed through progressive discipline and support plans.

Policy 5.17 Human Resources Management

Reference Documents

- Induction checklist
- Staff training program

Date of CEO Endorsement: 08/10/2023

Last Review Date: 11/03/2025

Next Review Date: 11/03/2027

1. Purpose

This policy outlines the principles and procedures for managing human resources to ensure Thrive365 maintains a competent, well-supported workforce that meets the standards set by the NDIS Practice Standards and Quality Indicators.

2. Scope

This policy applies to all employees, contractors, and volunteers engaged by Thrive365.

3. Policy Statement

Thrive365 is committed to recruiting, supporting, and retaining qualified and capable staff to ensure the delivery of safe, respectful, and responsive services to NDIS participants.

4. Principles

- Compliance with the NDIS Code of Conduct, Fair Work Act 2009, and all relevant industrial instruments.
- Respect for diversity, inclusion, and equal opportunity.
- Commitment to staff development, supervision, and performance management.
- Focus on safeguarding participants through appropriate screening and training.

5. Key Areas

5.1 Recruitment and Selection

- All roles will have clear job descriptions and selection criteria.
- Recruitment will follow merit-based and non-discriminatory practices.
- All staff must have relevant qualifications and experience for their role.
- Mandatory checks include:
 - NDIS Worker Screening Check
 - Working With Children Check (if applicable)
 - Police Check
 - Reference checks
 - Other checks as required by the NDIS

5.2 Induction and Onboarding

- New staff will receive a structured induction program covering:
 - NDIS Code of Conduct
 - Rights of participants
 - Policies and procedures
 - Emergency procedures
 - Incident management
 - Complex care training
 - Manual handling training
 - Other trainings according to the induction checklist
- Role-specific training will be provided before independent work begins.

5.3 Training and Professional Development

- Ongoing training will be provided to ensure skills and knowledge remain current in line with staff training program.
- Staff will have access to professional development opportunities.
- Training will include:
 - Person-centred approaches
 - Infection control
 - Positive behaviour support (if relevant)
 - Cultural competency

5.4 Performance Management

- Annual performance reviews will be conducted.
- Informal feedback and supervision occur regularly.
- Poor performance or misconduct will be addressed promptly, fairly, and in accordance with disciplinary procedures.

5.5 Staff Support and Wellbeing

- Thrive365 promotes a safe and supportive work environment.
- Staff have access to debriefing, EAP (Employee Assistance Program), and support for managing workplace stress.

5.6 Records and Confidentiality

- Accurate HR records will be maintained securely in accordance with privacy legislation.
- Personal and employment information will be accessed only by authorized personnel.

5.7 Exiting the Organisation

- Exit interviews will be offered to gather feedback.
- Final entitlements will be paid in line with relevant awards or contracts.

6. Responsibilities

- Management: Ensures policies are implemented and resources provided.
- Supervisors: Support staff and monitor compliance with HR practices.
- Employees: Follow policies, complete training, and uphold participant rights.

7. Review

This policy will be reviewed every two years or earlier if required due to legislative or operational changes.

Policy 5.18 Right to Disconnect

Reference Documents

- Fair Work Act 2009
- Employee handbook
- Policy on Employee contracts

Date of endorsement by the CEO: 15 /09/2024

Name: Tiffany Coles

Signature: 

Next review Date: 15/09/2026

Policy Statement

1. Thrive365 recognises the importance of all employees being able to switch off and disconnect from work to obtain adequate rest. Rest and recovery are important to support employees' mental health and wellbeing and their productivity during working hours.
 2. Thrive365 is also committed to all employees achieving a work-life balance, including by reducing the risks of stress and burnout, and ensuring the health and safety of all employees in the workplace.
-

Purpose

This is to address all employees' right to disconnect as set out in the Fair Work Act in accordance with Thrive365's business needs and statutory obligations, and to provide rules and guidance to ensure:

- a culture where all employees feel that they can switch-off and disconnect from work outside of their usual working hours, and

- clear expectations about acceptable ways of communicating with clients, colleagues, employees, and managers at various times.
-

Procedures

Definitions

- The right to disconnect: is defined as an employee's right to refuse to monitor, read, or respond to contact or attempted contact from their employer, or a third party in relation to their work, outside of their ordinary working hours, unless it is unreasonable to do so. Examples of unreasonable refusal of contact could include but are not limited to where:
 - there is an emergency
 - a manager is contacting an employee about their welfare or fitness to work
 - an employee has agreed to be on-call, or
 - the nature of the employee's role and responsibilities include reasonable expectations that they be contactable outside of their ordinary working hours.
- 'Contact': this can include but is not limited to:
 - emails
 - telephone calls
 - text messages, or
 - social media or instant messaging chat (Facebook, Google, Slack, Teams, Swag, Employment Hero, and the like).
- Working hours: Thrive365 conducts its businesses 24hours a day, 7 days a week. Because staff perform work at different hours and have different patterns of work hours depending on their roles, the right to disconnect will apply to each individual staff's ordinary working hours as set in their contract or in the roster.

Thrive365 responsibilities

Thrive365 will take steps to ensure that all employees, regardless of their place of work, are:

- informed of what their normal working hours are reasonably expected to be.
- able to take relevant rest breaks and rest periods.

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- able to take annual leave, personal/carer's leave, other leave, or other authorised absences and not be asked to conduct work during these times.
- Not contacted outside of their working hours except as agreed by both parties or where circumstances require and it is reasonable to do so.

Steps that we may take include, but are not limited to, ensuring that:

- Employees are contacted by their managers, so far as possible, within employees' working hours and that managers do not make a habit of contacting employees outside of their working hours, unless circumstances require it.
- Employees required to monitor, read, or respond to contact or attempted contact outside of their ordinary working hours are directed to do so reasonably having regard to the reasons for the contact, method of contact, their pay, nature of their role, level of responsibilities, personal circumstances, and expected level of disruption or additional hours to be worked.
- Excessive communication or logging in on Thrive365 platforms excessively outside of working hours is raised with employees to discuss any barriers to switching off.
- Meetings are scheduled during employees' ordinary working hours (except for rest and meal breaks), except where this is not reasonably practicable, for matters directly relevant to an employee's work.
- All employees are respectful of each other's schedules and working hours to allow others to disconnect from work matters when they are not at work. Staff are advised not to communicate with each other in work-related capacities outside of work hours. Any staff engaging in such has no authorization from Thrive365.
- Issues concerning excessive workloads or difficulties switching off from work are discussed between employees and their managers.
- Managers take note of, approach, and discuss with employees engaging in regular communication or work outside of their usual working hours.
- Less favourable treatment or other adverse action towards employees who exercise their right to disconnect is not tolerated.
- Where excessive workloads or difficulty switching off from work or difficulty completing work at requested deadlines arises, or there is a potential need for an employee to be contacted or respond to a contact outside of their working hours, this should be discussed between the employee and their manager. A solution and an agreement must be established, and same documented and communicated to the HR/admin team.

- Employees are only contacted outside of agreed working hours where circumstances require and it is reasonable to do so. Unless business and operational needs dictate that an immediate response is required, employees are not expected to read or respond to this contact until they start their next working hours.

Staff responsibilities

Thrive365 expects staff to:

- manage their own working time efficiently to ensure that tasks, duties, and projects are completed within reasonable timeframes and ordinary working hours.
- take reasonable care to ensure their own health and safety, and the health and safety of others in the workplace.
- be mindful of colleagues', clients', customers', and any other person's working hours when contacting or attempting to contact them and when setting deadlines.
- follow all lawful and reasonable directions about working hours, whether working onsite, remotely, or from home, including a direction to log off or to record working time.
- avoid scheduling meetings, calling, chatting, sending emails or messages to colleagues outside of their ordinary working hours, especially about work matters.
- turn off company-issued devices such as laptops, mobile phones, or any other device used for communicating or accessing work matters remotely, outside of their ordinary working hours, as applicable, and unless otherwise directed by their manager after an agreement between and manager and the employee has been reached.
- check or send emails or work-related messages or calls only during normal working hours. Due to differing patterns of work for the different roles, some employees may send communications at times which are inappropriate for other employees, e.g., weekends or outside of working hours. The sender should give due consideration to the timing of their communication and potential for disturbance, and the recipient should understand that they will not be expected to respond until they next start their working hours unless otherwise agreed between the parties.
- discuss with their manager about excessive workloads, inability to complete work within requested deadlines, inability to take or difficulty with taking rest or meal breaks, or difficulties with disconnecting from work, and

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- report to their manager about any concerns with their “right to disconnect”.

SECTION 6: WORK, HEALTH AND SAFETY

Policy 6.1 Workplace Health and Safety

Reference documents

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Strategy 2010 - 2020
- Convention on the Rights of People with Disability
- Compliance and Enforcement NDIS Quality and Safeguards Commission Policy
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and quality Indicators 2020
- NDIS Quality and Safeguarding Framework
- Work health and safety laws | WorkSafe.qld.gov.au
- Code of practice – how to manage work health and safety risks (nsw.gov.au)
- Health and safety representatives and work groups | Safe Work Australia

Date of CEO Endorsement: 17/10/2023

Last Review Date: 24/04/2025

Next Review Date: 24/04/2027

Policy statement

Thrive365 considers the work, health and safety (WHS) of all staff within its service, including the residents, employees, volunteers, contractors and visitors to be of great importance. In line with legislation, Thrive365 will ensure its workplaces and homes are safe and without risk to health.

Procedure

Responsibilities

- Thrive365 management is responsible for developing, promoting, implementing, maintaining, and evaluating the work, health and safety programs.

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- The CEO will ensure that Thrive365 meets its obligations under Work Health and Safety Legislation by using all due diligence to understand the nature of the work and associated hazards and ensures appropriate resources are allocated to control any identified risk.
 - It is not mandatory for a Thrive365 to have a WHS representative unless requested by staff. If staff makes a request for one, he/she will be elected by the staff and will be a member of the WHS committee.
 - The managers will ensure that this policy and any WHS program developed, is effectively implemented in all houses they manage and areas of their control, and hold relevant staff (practice leaders and/or WHS representative) accountable for their specific responsibilities.
 - The WHS committee comprising of the managers, practice leaders, clinical liaison officers, and the WHS representative (where present) are responsible, and will be held accountable, for taking all practical measures to ensure that:
 - WHS programs are complied with in their areas of control.
 - Staff are trained and supervised to meet all standards under these programs.
 - WHS risk are identified and control measures implemented.
 - Staff are consulted on issues which affect their health and safety; and any concerns they may have adequately addressed in a timely manner and/or are referred to management.
- All staff including volunteers, Thrive365 staff and contractors are expected to:
- Carry out work as stipulated in Thrive365 WHS Policy and programs. This is to ensure that both their health and safety and that of others are protected in Thrive365 workplaces and homes.
 - All Thrive365 staff will receive induction training and task specific training where necessary.
 - All Staff are expected to comply with any reasonable instructions from managers. These requirements will be written into contractor and agency contracts.
 - Take reasonable care for their own health and safety.
 - Report health and safety hazards.
 - Report all injuries and incidents.
 - Use safety equipment and personal protective equipment as instructed.
- All residents and visitors in our workplaces and Thive365 homes (including the resident's home and community environments) have a responsibility to ensure that their

actions or inactions do not put themselves or staff at risk, and to follow any reasonable instruction given by management. This includes providing all relevant information to management and allowing for relevant risk assessments to be done.

WHS Programs

Implementing the provisions of this policy requires a program of activities and procedures to be set up, updated regularly and effectively carried out. The programs will relate to all aspects of work health and safety including:

- WHS training and education.
- Supervision of staff.
- Risk assessments and reporting of hazards.
- Development of safe work procedures.
- Emergency procedures and drills.
- Development of lone Staff safety guidelines.
- Provision of WHS equipment, services and facilities.
- Regular inspections and evaluations.
- Reporting and recording of incidents, accidents, injuries and illnesses.

WHS Planning

Routine activities

- Induction training will be provided to new staff.
- Procedures will be reviewed and amended as appropriate, in the event of an incident.
- Incidents will be investigated.
- Hazard reports will be received, and hazards corrected and/or feedback provided.
- Plant and equipment, buildings, grounds, personal protective equipment will be fixed or replaced as appropriate on report of faults/breakages.
- Return to work (RTW) plans will be reviewed on an ongoing basis by RTW coordinator.

Monthly activities

WHS committee meets monthly and the standing agenda includes minutes of previous meeting, new hazards reported for the month, incident trends for the month, additional matters to be reported/discussed, next meeting.

The committee provides a monthly report to the CEO who then provides this to the Director as part of standard monthly reporting.

Quarterly activities

- WHS committee will conduct and review risk assessments, incident reports, hazards register, first aid register.
- The committee will check the First Aid Kits and personal protective equipment at the houses and vehicles and restock as appropriate.
- They will conduct emergency and lockdown procedures and drills and be debriefed.
- WHS training will be conducted as appropriate.
- Quarterly reports will be presented to the CEO and management.

Yearly activities

- The WHS committee will review Thrive365 WHS Policy and associated procedures and forms.
- The committee will be responsible for addressing issues that affect job and workplace, conducting routine site inspections, WHS training where necessary and applicable etc.
- Together with Thrive365 policy officer, review WHS laws with latest information and technical innovations.
- The need for staff training will be reviewed.
- Preventative maintenance schedule for equipment, buildings and grounds will be undertaken.
- Budgeting for WHS will be undertaken

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- Monthly reviews of our risk assessments, incident reports, hazards register, first aid register will be conducted by the committee and reviewed by the CEO and management.
- Staff compensation claims will be reviewed prior to policy renewal.

Every Two Years

- Where a WHS representative is functional, the activities of the role will be reviewed.
- Independent audit of WHS management system will be undertaken.

Policy 6.2: Infection prevention and control

Reference documents

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Strategy 2010 - 2020
- Convention on the Rights of People with Disability
- Compliance and Enforcement NDIS Quality and Safeguards Commission Policy
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and quality Indicators 2020
- NDIS Quality and Safeguarding Framework
- Infection Prevention and Control Policy (nsw.gov.au)
- Infection prevention | Queensland Health
- Transmission-Based Precautions | Basics | Infection Control | CDC”
- Occupational Health and Safety 1984 Updated Regulations 1996, Equal Opportunity Act 1988
- Advice to residential disability care facilities (RDCF) - COVID-19 (Coronavirus) (nsw.gov.au)
- Guideline for management of occupational exposure to blood and body fluids (health.qld.gov.au)

Date of CEO Endorsement: 30/10/2023

Last Review Date: 18/04/2025

Next Review Date 18/04/2027

Policy statement

1. Thrive365 will take necessary steps to protect its staff, residents, and persons within its work environment from infectious diseases.
2. Staff working in any of Thrive365 work environments have a duty of care to take all reasonable steps to safeguard Participants, other staff, and members of the public from infection.

3. Residents, visitors, and anyone within Thrive365 work environment must comply with all infection prevention and control measures taken by the company to safeguard themselves and others.
 4. Thrive365 will implement government's health policy, guidelines and directives on any infectious disease as it relates to the disability industry and NDIS.
 5. This policy will be updated routinely or as required once there are changes in government's policy on infection prevention and control.
-

Procedures

Responsibilities

➤ Management

- Thrive365 will ensure every resident is assessed to determine whether the resident is a potential risk to staff, other residents, and visitors. This will be done while onboarding the resident to Thrive365's care, when the resident is in the hospital or when there are concerns of the resident having an infectious disease. The assessment will be done by a health professional.
- Thrive365 through its Training and Development team will ensure its staff are educated on infection prevention and control. This will be done during induction, special trainings, annual refresher trainings, through health promotion posters, company information dissemination channels such as Employment Hero, emails etc.
- Management will ensure residents, visitors, staff, and contractors are provided with the necessary information to prevent the transmission of multi-resistant organisms and communicable diseases through channels such as health promotion posters.
- Thrive365 will ensure that necessary materials and PPE such as gloves, disposable gowns, required for infection prevention and control are provided.
- Supervision of staff activities will be done by all levels of management coordinated by the health team to ensure compliance with Thrive365 infection prevention and control policy.
- Thrive365 will ensure that if residents are to attend an event, the organizers have proper infection prevention and control protocols in place, and also that they are compliant and do enforce any current public health order.

- Thrive365 will ensure that residents and their guardians receive information on state recommended immunizations and vaccines against known infectious diseases and they make informed decisions on receiving them.
- The Health team will implement and evaluate systems, guidelines and directives to prevent and manage infections in accordance with relevant state laws.

➤ **Residents**

- Residents, their guardians, and families are required to always follow Thrive365 infection prevention and control policy, guidelines, strategies, and protocols.
- Residents and staff are required to follow government health policies on mandatory immunizations or vaccinations required to protect them and staff in line with government health policy.

➤ **Other participants**

- Participants such as visitors, contractors or third-party staff must comply with Thrive365 infection prevention and control policy and procedures.
- They will not act or take any action that will predispose Thrive365 residents and/or its staff to any infectious disease.

Preventive measures

➤ **Standard precautionary measures**

Thrive365 workplace or home must always apply standard precautionary measures to prevent and control infection. These should be done when caring for all residents and when handling all body substances, secretions, and excretions; non-intact skin; and mucosal membranes, including the eyes. The measures include:

- Performing hand hygiene with hand sanitizer or with soap and running water.
- Appropriate and correct use of personal protective equipment (PPE).
- Safe use and disposal of sharps
- Performing routine environmental cleaning.
- Cleaning and reprocessing of shared resident's equipment.
- Respiratory hygiene and cough etiquette.
- Safe handling and disposal of waste and used linen or laundry.

As part of its precautionary measures, Thrive365 recommends that all staff receive vaccinations against covid-19, influenza, Hepatitis B and C, tetanus and any government recommended or NDIS recommended vaccination which will protect staff while performing their roles.

➤ **Transmission based precautionary measures**

- Source control
 - for airborne or droplet precautions, resident will be encouraged to use a facemask. Where a resident is unable to do so, staff and other participants supporting the resident will be required to use a facemask or other recommended PPE.
 - Proper resident placement: resident must be restricted temporarily in their room and shared spaces avoided if possible. Depending on the type of infection and risk involved, resident may be limited from coming into physical contact with other residents or other staff except for his/her direct supporting staff.
- Use of appropriate personal protective equipment (PPE) such as gowns, gloves, and facemasks by staff. Wearing appropriate PPE prior to entering the infected resident's room and properly discarding them before exiting the room is done to contain pathogens or after ending contact with the resident.
- Limit transport and movement of residents outside of the room, shared spaces and for non-medical purposes. When transport or movement is necessary, cover or contain the infected or colonized areas of the resident's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting residents on Contact Precautions. Wear clean PPE to handle the resident at the transport location. For droplet precautions, if transport or movement outside of the room or group home is necessary, direct resident to wear a mask and follow respiratory hygiene/cough etiquette.
- Susceptible staff or resident should be restricted or limited from coming in contact with an infected resident.
- Use disposable or dedicated resident equipment: (e.g., blood pressure cuffs). If common use of equipment for multiple residents is unavoidable, clean and disinfect such equipment before use on another resident.
- Prioritize cleaning and disinfection of the rooms of residents on contact precautions ensuring rooms are frequently cleaned and disinfected focusing on frequently touched surfaces and equipment in the immediate vicinity of the resident.

- Immunize susceptible persons if required following unprotected contact.
- **During a pandemic or increased rate of spread of diseases:**
 - Staff may be required to work only in Thrive365 workplaces or homes and not with any other company or workplace. This is to reduce the risk of spread of infectious disease from one company or group home to another.
 - Staff working in any Thrive365 group home will not work across another Thrive365 group home unless cleared by the management and Thrive365 health team.
 - Strict use of appropriate PPE will be required at all times as recommended by the Health team.

Infected staff/resident/third-party

- **Staff with an infectious disease/exposure**
 - If any staff has an infectious disease or is exposed to one, he/she will be required to isolate at home and not attend to Thrive365 workplaces or homes.
 - Staff will be required to notify their manager about such illness or exposure immediately they have symptoms and/or confirm the disease or immediately they learn about the exposure. This is to enable the managers have sufficient time to replace their shift and take proactive measures to protect other staff and residents.
 - If exposed, Staff will be required to perform tests and show verified evidence of tests conducted to prove they are not infected to be able to attend work physically.
 - If exposed to an infection whose virulence is unknown, staff will be required to isolate; and if needed to attend work, will have to present a medical report indicating the exposure will not place any other staff or resident at risk.
 - If infected, Staff can only report to work with a medical report to prove their illness and confirm full recovery; and in addition, show they are not infectious anymore. This will be documented, and the report stored.
- **Resident with a suspected infectious disease/exposure**

Once a resident is suspected to have an infectious disease while at the group home, the following steps will be taken:

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- Support staff will isolate the resident from other residents, staff, and visitors as needed following government or medically recommended guidelines.
- Support staff will inform the practice leader or manager.
- The line manager or support staff will inform the resident and explain company protocols that will need to be followed.
- The line manager will inform family members and notify them of the actions that need to be taken.
- The resident's GP or specialist will be notified and a health check booked immediately.
- Advice, recommendations or management plans from health professionals (GP or specialist etc) will be implemented as soon as possible.
- Every staff supporting the resident must be notified.
- PPE station will be set up by the side outside of the resident's door.
- Only staff already attending to the resident will be allowed to attend to him/her.
- Appropriate PPE must be used at all times when attending to the resident.
- Staff supporting the resident must not attend to any other resident or visit any other Thrive365 home or workplace.
- Affected resident will be limited from movements outside the facility in accordance with health guidelines or using same transport system used for other residents to avoid risk of exposure to other residents or staff.
- If affected resident needs to be transported unavoidably from one location to another, appropriate infection control measures such as cleaning of the transport system pre- and post-movement, strict use of PPE and proper disposal immediately after use, must be done.
- All materials and equipment used by the affected resident must be limited to his/her own use. If they unavoidably need to be shared by others, they must be disinfected before and after use.
- Any staff or resident who has been in contact with the infected resident or staff will be required to isolate and follow Thrive365's policy and procedure.
- Increased cleaning of the resident's environment, room, clothing, and personal items with appropriate cleaning and or disinfectant agents must be done in accordance with recommendations from health experts.
- Depending on the nature of the infectious disease, and as advised by health professionals, the resident may or may not share spaces like bathroom, washing machines etc with other residents.

- If resident needs to be moved to an isolation centre, this will be done following relevant state health policy and recommendations.
- Visitations can only occur in line with government health guidelines.

If a resident visits their family and is suspected to have or is exposed to an infectious disease:

- The resident will be required to isolate at the family home and not return to the group home until it is proven he/she is no more infectious. This can only be by a medical report from the GP.
 - Thrive365 will continue to maintain their support for the resident unless otherwise advised by health professionals. Thrive365 will ensure staff are trained and have adequate materials to protect themselves from an infection.
 - If the resident is in his/her own home, and not in a shared accommodation or sharing support staff with other residents, he/she can return while adhering to infection prevention and control. However, if the infection is such as would place the health of the support staff or the resident at high risk, alternative temporary measures such as isolating in a hospital can be explored.
- **Non-Thrive365 staff, or visitors with an infectious disease**
- No visitor, family member of resident, contractor or volunteer will be allowed into any of Thrive365 workplaces or homes if the participant has an infectious disease, is exposed to an infectious disease, or is suspected to have an infectious disease.
 - If a non-Thrive365 staff or visitor has an infectious disease and is required to attend any of Thrive365 operated sites, he/she or their organization is required to notify Thrive365 in advance prior to the participant attending the site. The manager will confirm from Thrive365 Health team it is safe for the participant to attend the site.

Routine cleaning

- A regular cleaning and maintenance schedule is necessary to maintain a safe environment.
 - At least, a twice daily environmental cleaning and maintenance schedule are done using bleach and detergent to maintain a clean and safe environment.
 - Cleanings are also conducted on a clean-as-you-go basis.

- Night shift staff perform general cleaning using a checklist.
- Standard precautions must be implemented when cleaning surfaces and facilities.
- Staff must wear suitable gloves and other protective clothing appropriate for the task. Protective eyewear must be worn where splashing is likely to occur.
- Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required.
- Cleaning methods for these items should avoid generation of aerosols.
- Surfaces should be cleaned on a regular basis using only cleaning procedures that minimize dispersal of micro-organisms into the air.
- Floors should be cleaned daily or as necessary with a vacuum cleaner or damp dusting or cleaning with a dust-retaining mop.

Routine surface cleaning should proceed as follows:

- Clean and dry work surfaces before and after usage or when soiled.
- Spills should be dealt with immediately.
- Use detergent and warm water for routine cleaning.
- Where surface disinfection is required, use in accordance with manufacturer's instructions.
- Disinfectants should be utilized where and when necessary.
- Empty buckets after use, wash with detergent and warm water and store dry; and mops should be cleaned in detergent and warm water then store dry.

Other Preventive measures

- All residents must have their own feeding and bathing materials which should be stored separately from other resident's own.
- Each residents clothing or bedding materials must be washed separately and properly dried before use.
- All left over meals or drinks if not properly labelled and preserved, must be discarded once discovered.
- All used feeding materials must be washed immediately after use.
- All residents will be encouraged to stay in well-ventilated environments.
- Any resident having a respiratory tract infection will be encouraged to spend time in well-ventilated environments.

Procedure to Manage Exposure to blood and/or body fluids and needlestick injury

➤ Exposed person

Immediately an participant is exposed to blood or body fluids, he/she should undertake the following steps as soon as possible:

- Place the wound and skin sites that have been in contact with blood or body fluids under running water.
- Apply sterile dressing as necessary and apply pressure through the dressing if bleeding is still occurring.
- Do not squeeze or rub the injury site.
- If unbroken skin is in contact with blood, wash well with soap and water.
- Irrigate mucous membranes and eyes (remove contact lenses) with water or normal saline.
 - if eyes are contaminated, rinse while they are open, gently but thoroughly (for at least 30 seconds) with water or normal saline.
 - if blood or body fluids gets into the mouth, spit them out and then rinse the mouth with water several times.
- If clothing is contaminated, remove clothing and shower immediately if possible.

NB: *The application of strong solutions (for example, bleach or iodine) to wounds or skin sites is not recommended.*

- Inform the line manager as soon as possible after the exposure.
- If the exposed participant is a staff, an incident report must be completed.

➤ RN duties

- The RN should assess and document the risk as soon as possible.

This should include:

- information about the exposure:- date and time of the exposure; and type of exposure including blood or body fluid involved

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- information about the source person:- the Blood Borne Virus (BBV) status of the source participant; and demographic factors e.g. gender, country of origin etc.
- information about the exposed person:- the status of the exposed person with respect to BBVs, including vaccination; pregnancy risk and lactation; and medical history.

Exposure classification	Risk factors	Follow up
Exposure	<ol style="list-style-type: none"> 1. Any skin penetrating injury e.g. <ol style="list-style-type: none"> a. with a needle contaminated with blood or body fluid. b. which causes bleeding and is produced by an instrument that is visibly contaminated with blood or body fluid c. mucous membrane or conjunctival contact with blood d. human bite or scratch with blood exposure 2. Prior (not fresh) wound or skin lesion contaminated with blood or body fluid 	<ol style="list-style-type: none"> 1. Advise exposed person to visit their GP for Post-Exposure Prophylaxis (PEP) and blood tests and obtain evidence of tests and treatment. 2. Assess the status of the source person (HIV, HBV and HCV status) to adequately determine risk to the exposed person. 3. If the status of the source participant is unknown at the time of the exposure: <ol style="list-style-type: none"> a. Explain to the source person the incident and discuss tests b. Obtain informed consent and refer the source person to their GP for base line testings for HIV antibody (HIV Ab), HBV surface antigen (HBsAg) and HCV antibody (HCV Ab). c. Follow the GP advice

		<p>4. Inform the practice leader/manager and the Return-to-work coordinator.</p> <p>5. Ensure confidentiality is maintained at all times</p> <p>NB:</p> <ul style="list-style-type: none"> - <i>The on-call performs these duties during afterhours and hands over to the RN during work hours.</i> - <i>The manager or practice leader performs these roles when the RN is unavoidably absent.</i>
Doubtful exposure	<ol style="list-style-type: none"> 1. Intradermal ('superficial') injury with a needle considered not to be contaminated with blood or body fluid. 2. A superficial wound not associated with visible bleeding produced by an instrument considered not to be contaminated with blood or body fluid. 3. Prior wound or skin lesion contaminated with a body fluid other than blood and with no trace of blood e.g. urine. 4. Human bite with no blood exposure (e.g. saliva). 	<ol style="list-style-type: none"> 1. Advise the affected staff to visit their GP to conduct baseline screening tests. 2. GP recommendations should be adhered to. 3. Advise affected staff that follow up at 3 months may be indicated based on risk assessment.
Non-exposure	<ol style="list-style-type: none"> 1. Intact skin visibly contaminated with blood or body fluid. 2. Needlestick with non-contaminated (clean) needle or sharp. 	<ol style="list-style-type: none"> 1. No further follow-up. 2. Clean needlestick injuries should be documented only in the Register of injuries, to allow facilities to identify all causes

		<p>of needlestick injury to facilitate appropriate risk management.</p> <p>3. Affected staff may need counselling.</p>
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- When a source is known to be positive for a BBV, or their status is unknown, testing of the exposed or affected staff for HIV Ab, HIV Ag, HBsAb and HCV Ab should be undertaken with appropriate pre- and post-test discussion and consent. If the exposed staff is not immunised for HBV, then a course of vaccination should be offered.
- During the follow up period, the exposed or affected person is not required to take any special precautions while at work to prevent secondary transmission other than following standard precautions as recommended for all healthcare workers.

➤ **Return To Work (RTW) coordinator:**

- Document in the Register of Injuries in CTARs.
- Other process will follow as per Thrive365 Return to work policy.
- RTW to follow-up on exposed staff according to RTW policy.

➤ **Practice leader/manager**

- Takes the staff off the roster and replaces with another staff for the shift.
- Performs some RN duties where an RN is not present or available.
- Informs the RTW coordinator and Health team.

➤ **Health team**

- Assesses and determines why the injury occurred.
- Advises the management if more training on infection prevention and control is needed by the affected person or involved person.
- Together with the Training and Development team conducts infection prevention and control training where and when needed.

Policy 6.3 Waste management

Reference documents

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Strategy 2010 - 2020
- Convention on the Rights of People with Disability
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS Practice Standards and quality Indicators 2020
- Work Health and Safety (WHS) Act 2011
- WHS Regulation 2017
- Protection of the Environment Operations (POEO) Act 1997
- Poisons and Therapeutic Goods Act 1966
- Poisons and Therapeutic Goods Regulation 2008
- Clinical and Related Waste Management for Health Services (nsw.gov.au)
- Waste Reduction and Recycling Act 2011
- ESR/2015/1571 Guideline: Clinical and related waste (des.qld.gov.au)

Date of CEO Endorsement: 31/10/2023

Last Review Date: 18/04/2025

Next Review Date 18/04/2027

Policy Statement

1. Thrive365 will meet a minimum standard for waste management. Specific waste streams will be managed in line with NSW and Queensland legislation, licensing, waste management contract and waste minimization practices. Thrive365 will ensure infection prevention and control is implemented in management of its wastes to protect its residents and staff from harm.
2. Thrive365 management will ensure that all materials and equipment needed for proper waste disposal such as PPE, colour-coded waste bins appropriate for the type of wastes generated, and emergency spill kits are made available. Also, management will ensure staff receive training in waste management and infection prevention and control and monitor these to ensure the right procedures in waste management is followed.
3. Thrive365 staff will ensure they use appropriate PPE in disposing of different types of wastes generated. Also, staff must ensure wastes generated are segregated

properly and disposed of in appropriate bins and also maintain a healthy environment.

Definitions

- Anatomical waste: Identifiable human body parts such as limbs, organs, placenta and recognizable or large pathological specimens resulting from investigation or treatment of a patient. It does not include deceased bodies
- Clinical sharp waste: any clinical object capable of inflicting a penetrating injury which may or may not be contaminated with blood and or body substance. This includes needles, blades and any other sharp objects or instruments designed to perform penetrating procedures.
- Clinical waste: are wastes with the potential to cause injury, infection, or offence. This includes Unrecognizable human tissue (excluding hair, teeth, nails, and anatomical waste), bulk blood or other body fluids (or body substances), material and equipment visibly stained by blood or body fluids (includes incontinence pads and disposable nappies that come from an infectious patient). When general wastes are contaminated with blood or mucous or body fluids of infected persons, they become clinical wastes.
- Cytotoxic waste: Material contaminated with residues or preparations containing materials toxic or otherwise harmful to cells. This includes any residual cytotoxic drug or laboratory chemical and any discarded material or clinical waste associated with the preparation or administration or excretion of cytotoxic drugs.
- Radioactive waste: Waste material, including sharps and clinical waste contaminated with a radioisotope which arises from the medical or research use of radionuclides, e.g. during nuclear medicine, radioimmunoassay and bacteriological procedures, and may be in solid, liquid or gaseous form, and which emits a level of radiation above the level set by regulatory authorities.
- Pharmaceuticals or other chemical substances specified as regulated goods in the Poisons and Therapeutic Goods Act 2008. Includes any substance specified in a Schedule of the Poisons List under the Act, as well as any therapeutic good which is unscheduled Includes expired or discarded pharmaceuticals, filters or other material contaminated by pharmaceutical products.
- General waste: includes waste outside chemical waste, cytotoxic waste, radioactive waste, clinical waste, anatomical waste, sharps waste and pharmaceuticals and poisons or wastes that have not been in contact with infectious agents, hazardous chemicals or radioactive substances or does not pose a sharps hazard.

Procedure

Waste management strategies

➤ Waste minimization

- Waste Avoidance: some type of waste are avoided where possible by altering housekeeping processes without compromising work, health and safety standards. For example, utilizing reusable materials instead of disposable ones such as reusable plates, cups, cutlery.
- Waste Reduction: Where possible, this is done through modification of some processes. For example, 2-sided photocopying, using emails more rather than fax.
- Re-useable items: are preferred to disposable items wherever and whenever it is clinically appropriate, environmentally sound, practical and cost effective. For example, re-using cartons and packing material rather than new cartons and packing materials.

➤ Waste segregation

- General wastes should be disposed of into the general waste stream (red lid-coloured bins or yellow lid-coloured bins) depending on if they are recyclable.
- Clinical waste should be disposed of in clinical waste streams (yellow bins).
- Pharmaceutical wastes such as expired drugs, unused medication, and contaminated medication must be returned to the pharmacy in line with Thrive365 medication policy.

Location of bins

- Appropriately sized bins will be located in strategic areas of waste generation and storage such as the kitchen, residents' room, and waste storage designated areas around the house.

Handling of wastes

- Waste should be handled with appropriate PPE such as gloves.
- PPE used in waste handling should be disposed of appropriately.
- Used PPE is considered general waste unless contaminated with blood and or body substances e.g., mucous. If PPE is contaminated, it becomes a clinical waste.

- After handling wastes, and disposing used PPE, hand hygiene using the hand sanitizer or hand washing with soap under running water must be implemented.

Handling of waste bags

- Clinical wastes such as wound dressing materials or body fluid soiled materials must be discarded into bags held away from the body, closed and then placed in bins appropriate for the waste. Yellow bags are strictly for clinical wastes.
- General wastes must be discarded in white or opaque bags in the appropriate bins.
- Waste bags must not be filled to more than two-thirds of their capacity and contents are to be secured within the bag when closing. Excess air is to be excluded without compaction, prior to closure at the point of waste generation. The bag is not to be secured with sharp protuberances e.g., staples.
- Appropriate PPE must be worn when closing the bags and placing them into the bin.
- Sharps must never be placed in waste bags.

Waste storage/management

- Clinical wastes should be discarded in yellow bin bags and disposed of in clinical waste bins.
- Sharps should be dropped in sharp containers that are resistant to impact, penetration, and leakage, are stable, have integrity of the handles/other carrying features and closure device, and have a capacity indicator (fill line) marked on the outside wall of the container must be used.
- All general wastes are to be contained in white or opaque bags. They should be separated into recyclable or compostable streams and disposed of in allocated inscribed bins.
- Recyclable materials are stored in bins with yellow lid covers while non-recyclable materials are stored in bins with red lid covers.
- The holding area for the mobile garbage bins must be located away from food and clean storage areas, be inaccessible to the public, and have rigid impervious flooring.
- Storage areas for the bins must be cleaned regularly.

Waste disposal

- All wastes generated in the home will be emptied into the appropriate mobile garbage bins every day or once the bin bags are two-thirds full.

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- Bins must be dropped off at designated collection spots for disposal of the wastes a night before the waste servicing agencies arrive; and after emptying, the bins should be returned to storage areas.
- Mobile garbage bins will be emptied by the local garbage or waste servicing agencies according to laid down protocols and regulations.
- Waste collection times must be routine to facilitate effective housekeeping and waste disposal practices.
- Wastes such as nappies must be disposed of in the nappy bins. These will be collected by relevant waste servicing companies as specified in the contract.
- Clinical wastes will be emptied at adhoc basis by designated waste servicing companies unless otherwise stated.

Work health and safety

- Hygiene and cleaning: Thrive365 complies with NSW health policy and Queensland health policy directive on infection prevention and control policy (see policy on infection control)
- All bin areas will be cleaned on a daily basis or as the need arises.
- All internal bins will be regularly cleaned at designated areas including equipment used to contain and transport waste.
- Appropriate PPE must be used as required.
- Large mobile garbage bins should be gripped with both hands and handled one at a time.
- Wheeled bins should not be lifted
- Needle stick injuries or exposures to blood and/or body fluids must be reported internally to the line manager and health team according to Thrive365 infection prevention and control policy on exposure to blood, body fluids and needlestick injuries.

Waste management evaluation

- Thrive365 evaluates its waste management using the waste management checklist in **Appendix** every 3 months or as the need arises.

Emergency plan for management of clinical wastes

- Where the clinical waste is little such as a drop of blood or body fluids, perform spot cleaning.
 - Put on disposable gloves.
 - Wipe up spot immediately with paper towel.
 - Apply bleach to the spot and its surrounding and clean with a paper towel.
 - Discard contaminated materials in clinical waste bag (yellow).
 - Drop in the clinical waste bin (yellow bin).
 - Use your hand sanitizer or wash hands thoroughly with soap under running water.
- Where the clinical waste spill is bigger in size, you will require the spill kit:
 - Collect appropriate spill kit from designated location.
 - Wear appropriate PPE such as disposable gloves, eye-protection, facemask and apron.
 - Remove the bulk of the blood/vomit/body substances with absorbent material and drop in the clinical waste bag for disposal into the clinical waste bin.
 - Perform hand hygiene.
 - Mop the area with a detergent solution and bleach.
 - Clean and disinfect all materials and equipment used such as mop and bucket.
 - Remove the gown and gloves and dispose of them in the yellow bin bags
 - Re-usable eye-protection and apron should be cleaned and disinfected after use.
 - Disposable PPE eye protection should be disposed of while the face mask should be removed following infection and prevention control procedures.
 - Apply hand sanitizer or wash hand with soap under running water.
 - Dry your hands and wear a fresh glove.
 - Close the yellow bin bag and discard into the clinical bin.
 - Discard the used glove, replace any used items and return the spill kit to the designated location.
- If any solid material becomes contaminated by blood or body fluids, it becomes a clinical waste and will be either disposed of in the yellow bin bag or sterilized. Other procedures are as listed above.
- Any incident regarding bulk blood must be reported to the RN for appropriate action.
- Any physical contact with blood or body fluids must be reported to the RN.

Waste servicing companies

Type of Waste	Type of waste bin	Servicing schedule	Agency
Clinical wastes	Medical/clinical waste bin (Big yellow bin)	As required	Eco Hygiene
Soiled nappies	Nappy bins	Routines depend o accommodation	Eco Hygiene
Clinical sharps	Sharps container (Small yellow bin)	As required	Thrive365 returns it to pharmacy.
General wastes	General waste bin (Big grey bin with red cover)	Routines depend of accommodation	Local Council or Suez
Recycle wastes	Recycle waste bin (Big grey bin with red cover)	Routines depend of accommodation	Local Council

Policy 6.4 Vehicle safety

Reference documents

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Strategy 2010 - 2020
- Convention on the Rights of People with Disability
- Compliance and Enforcement NDIS Quality and Safeguards Commission Policy
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and quality Indicators 2020
- NDIS Quality and Safeguarding Framework
- Breakdown Safety Strategy - A way forward (September 2012) (nsw.gov.au)
- vehiclebreakdowncrashreporting.pdf (hpw.qld.gov.au)
- Vehicle safety (idfsw.org.au)
- Australian Standards: AS/NZS 10542.1 and AS/NZS 10542.2
- Disability Standards for Accessible Public Transport

Date of CEO Endorsement:

Last Review Date: 30/08/2024

Next Review Date 29/08/2026

Policy statement

This policy is provided to guide staff of Thrive365 on the use of the company's vehicles or any vehicle on behalf of the company, and actions to take to minimize issues which may affect the company, staff or residents. It provides guidelines for staff that are required to drive, such as:

1. All drivers shall hold current driving licenses for the class of vehicle(s) they are to drive. Any license cancellation or suspension is to be reported immediately to the Manager who will advise the CEO.

2. Staff with restricted licenses are to drive vehicles in accordance with their license class.
 3. Staff must not drive under the influence of alcohol, medication or drugs, or any substance that may impair their ability to control the vehicle or their sense of judgement.
 4. Drivers must abide by all road traffic regulations.
 5. Drivers must make the safety of their passengers a priority, and duty of care must be upheld at all times.
 6. Drivers must follow Thrive365 policies and all State regulation before, during and after driving.
-

Procedure

Responsibilities

➤ Management responsibilities

- Ensure staff members and volunteers have valid State drivers license. This must be verified annually.
- Ensure that all staff who can drive have competency or receive training in the use of emergency equipments or supplies.
- Ensure that vehicles obtained for use for the company are pre-checked and put in order before being deployed for staff use.
- Assess the nature of road risks in areas of vehicle operations including road risks during seasonal extremes.
- Review the appropriateness of vehicle types and training to match the risks in the area intended for use.
- Ensure that there are documented procedures for responding to a vehicle breakdown, for responding to a crash or related incident and for assisting others.
- Ensure alternative vehicles are available to convey residents in event of a vehicle breakdown.
- Ensure all company vehicles are registered and insured before commencement of use.

- Ensure a roadside assistance scheme is in place.
- Review and analyse all vehicle incidents.

➤ **Practice leader/WHS representative responsibility**

- Ensure staff have properly maintained vehicles and all vehicles are checked prior to use.
- Ensure staff are fully trained to meet the levels of risk encountered within their local driving environments.
- Escalate to the manager identified concerns about a vehicle and ensure staff capabilities are appropriately matched to the driving hazards.
- Ensure all vehicles are supplied with equipments such as first aid kits, fire extinguishers (where required), reflective vests, reflective triangles, emergency contact numbers, torch and other required emergency supplies.
- Review and analyse all vehicle incidents with the manager.
- Ensure their staff are trained on the proper use of wheelchair securement systems and occupant restraints, and operating the lifter etc. This is to prevent accidents and ensure all procedures are followed.

➤ **Staff Responsibility**

- Staff who have Provisional (P) licenses are not to drive any of Thrive365 modified vehicles irrespective of the location and state where Thrive365 operates.
- Staff with full or provisional licenses are able to drive Thrive365 unmodified vehicles in accordance with relevant state laws related to their licenses.
- Staff must apply normal driving hazard and risk management techniques in their day-to-day work.
- Before starting to drive any vehicle, its condition must be checked; and emergency materials must be confirmed to be present prior to commencing any journey. Thrive365 uses the “Before you drive checklist in CTARs” to accomplish this.

- Certain driving environments will present a greater hazard than others. Staff must take all necessary steps within Thrive35 policy and NSW law to manage the risks. Some of them will include but not limited to:
 - Having a valid drivers license
 - Not to drive under the influence of drugs, alcohol or substances that may affect the mental state or sound judgement of the driver.
 - Conduct a safety check of the vehicle before use
 - Report any identified vehicle problem or safety issue to the practice leader or manager or WHS representative.
 - Ensure resident is appropriately seated and secured.
 - Follow all applicable road rules at all times.
 - Take regular breaks of at least 30mins after driving continuously for a minimum of 2hours.
 - Not to drive 2WD in off-road environments
 - Report any vehicle accidents or incidents immediately
 - Always inform the practice leader or the Manager or the WHS representative when entering areas where there is an increasing potential for vehicle immobilization.
 - Report immobilization events including your recovery from bogging as a WHS incident to enable better information to be gathered regarding the suitability of vehicles and the training provided to staff.

Vehicle, staff or resident's Safety

Ensuring the safety of people within a vehicle is important. Vehicles driven by different people need to be checked regularly to ensure optimum performance and safety. The following are some recommendations.

➤ **Vehicle check**

- Ensure adherence to the manufacturer's specified service schedule.
- Inspect all external lights regularly - grime can reduce their effectiveness by up to 40%.
- Inspect wiper blades to ensure they clear the windscreen effectively.

- Clean the windscreen and rear window. It may seem clean until you head into the sun and glare makes it impossible to see.
- Check all fluid levels - engine oil, transmission fluid, brake fluid, power steering fluid, windscreen washer fluid and the radiator coolant.
- Check radiator hose condition and that hose clamps are tight.
- Check the tyre pressure and condition prior to use.
- Ensure mirrors are present and oriented correctly for your use.
- Ensure the seatbelts are functioning properly. If any of them are starting to show signs of wear and tear (frayed, not retracting back) the vehicle needs to be seen by an authorized repairer.
- Check the condition of ramps, lifts, wheelchair securement systems and restraints, and ensuring that all components are functioning correctly.
-

➤ **Driver/passenger**

- **Seat belts**
 - All occupants of a vehicle must wear seatbelts at all times including those on a wheelchair.
 - A resident must have doctor's approval not to wear a seat belt. This approval must be carried when and while transporting the resident.
- **Mobile Phones**
 - Hand-held mobile telephone must never be used when driving; there are heavy fines for doing so.
 - Turn your phone to voice mail before setting off.
 - When transporting a resident, ensure you go with the vehicle phone.
 - Pull over to receive or make calls or send/receive SMS when absolutely necessary.
- **Speed:** drive only at speeds that suit the road, vehicle, weather conditions and your driving experience while ensuring that the applicable speed limit for the road used is not exceeded.

➤ **Transporting a resident**

- A risk assessment must be done to determine if residents are fit to be transported, if additional staff is required to provide support on the way, and the mechanism for transport.
- Generally, residents with behaviours of concern should not be seated behind the driver and must wear a seat belt.
- Only the recommended number of residents can be transported all at once.
- When two or more residents with behaviours of concern or high-risk residents are being transported, two or more staff are required to accompany them in the vehicle.
- Use good manual handling techniques when transferring mobility restricted residents or handling wheelchairs or equipment.
- Whilst head restraints for residents is not a legal requirement, it is a good practice where possible.
- In event of an uncontrollable behaviour or action from a resident while being transported, assess the situation and return the resident to the group home. Inform the practice leader or manager for evaluation of the cause of the behaviour. Complete an incident report. Document in the communication book.
- In event of a medical emergency while transporting a resident, park at a safe place and assess the condition. Give first aid. Call 000 for ambulance services if need be and follow their instructions. Inform the practice leader or manager and follow their instructions.
- Complete an incident report and document in the communication book to inform other staff.

➤ **Wheelchairs**

- Vehicles must be modified to accommodate motorized wheelchairs safely. This may include the installations of ramps, lifts, and securement devices. They may also include features such as lowered floors, modified seating arrangements, and specialized restraint systems.
- These modifications must comply with the Australian Design Rules, and relevant state and territory regulations.
-

- Wheelchair Tie-Downs: wheelchairs must be securely fastened to the vehicle using approved tie-down systems. These systems typically involve four-point restraints that prevent the wheelchair from moving during transit.
- Occupant Restraint Systems: In addition to securing the wheelchair, the person using the wheelchair must be restrained with a seatbelt or harness that meets Australian safety standards. This is crucial for reducing the risk of injury during sudden stops or accidents.
- Staff only are required to direct the operation and movement of wheelchairs (both manual and electric) while residents are being onboarded into the vehicle, inside the vehicle, and while residents are leaving the vehicle.
- As a falls risk prevention strategy, residents using wheelchairs are required not to operate them except with staff directive. Those with electric wheelchairs are required to switch it off while in the vehicle or on the lifter until advised by staff to switch it on and operate them.

➤ **Driving fatigue management**

- Fatigue or sleepiness at the wheel can occur at any time while driving and must be recognized.
- Some of the signs include drowsiness, feeling weakness, blurred vision, difficulty keeping your eyes open, head nodding, excessive yawning, repeatedly drifting out of lane.
- Immediate action to take include parking at a safe place. Then take any of the actions below:
 - Change drivers
 - Take a short break
 - Take a short walk
 - Drink tea / coffee
- If staff does not take appropriate action, or passenger observes signs of fatigue/sleepiness in the driver, he or she can require the driver to stop driving.
- Staff who are driving more than 40,000 km or 400 hours per year are likely to be driving an excessive amount and managers / practice leaders are required to

review with the staff member means to reduce the amount of driving being undertaken.

Tickets/fines/damages

- Any ticket or fine incurred for over-speeding, wrong parking, or holding a hand-held mobile telephone or for breaking any state driving law will be paid by the offending staff or staff or deducted from the wages.
- Any vehicle or vehicle equipment damage caused by carelessness of the driver or by not following Thrive365 policy and the relevant state driving law will be repaired and all expenses paid by the offending staff or deducted from the wages.

Vehicle breakdown

- Stop and park the vehicle in a safe place as far off the road as practical.
- Avoid stopping around blind corners, just over crests, on bridges or where roads are very narrow.
- Use hazard lights to warn other road users.
- In poor light, activate the parking lights.
- Obtain the contact details of roadside assistance providers from information contained within the vehicle's glove box or emergency bag.
- Do not attempt to repair the vehicle.
- Inform the practice leader and manager immediately.

If the breakdown occurred while alone in the vehicle,

- If it is safe to do so, leave the vehicle and move behind a safety barrier if available. It is safer for the driver and passengers to keep away from the road and well clear of the vehicle, while waiting for help to arrive. If it is not safe to leave the vehicle, stay in the vehicle and buckle up the seatbelt.
- Exit the vehicle on the passenger's side. It is safer for the driver and passengers to exit the vehicle via the passenger side.
- Close the vehicle's bonnet once help has been arranged. If other drivers see an open bonnet they may stop to render assistance which could further compromise everyone's safety.

If the breakdown occurred while transporting a resident,

- Stay with the resident and continue reassuring him/her.
- Ensure the resident's seatbelt is buckled.
- If it is not safe to stay in the vehicle, use utmost care to move the resident to a safe location.
- Continue to provide active support for the resident till help arrives.

Policy 6.5 Workplace bullying, harassment, sexual harassment and discrimination

Reference documents

- Anti-Discrimination Act 1977 (NSW)
- Age Discrimination Act 2004 (Commonwealth)
- Sex Discrimination Act 1984 (Commonwealth)
- Racial Discrimination Act 1975 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- Sex Discrimination Regulations 2018 (Commonwealth)
- Disability Discrimination Regulations 2019 (Commonwealth)
- Guide for preventing and responding to workplace bullying (safeworkaustralia.gov.au)
- Public Service Commission Positive and Productive Workplaces Guideline
<http://www.psc.nsw.gov.au/Workplace-Culture---Diversity/WorkplaceCulture/positive-and-productive-workplaces>
- Prevention and Management of Workplace Bullying in NSW Health
- Workplace bullying | Your rights, crime and the law | Queensland Government
(www.qld.gov.au)
- Protection from discrimination at work - Fair Work Ombudsman

Date of CEO Endorsement: 13/11/2023

Last Review Date: 13/11/2023

Next Review Date 12/11/2025

Policy statement

1. Thrive365 is committed to providing a safe and equitable workplace for all staff, where everyone's contribution is valued and respected. As part of this commitment, workplace behaviours such as workplace bullying, harassment, sexual harassment and discrimination will not be tolerated.

2. This policy directive provides the mandatory requirements for the prevention and management of bullying, harassment, sexual harassment and discrimination in Thrive365 company including outside of work hours / locations where there is a connection to the workplace and covers the following persons: full-time, part-time and

casual employees, probationary employees, apprentices and trainees, and participants employed for fixed periods of time or tasks.

3. All employees are expected to contribute to the achievement of a positive and productive workplace culture by carefully considering their own behaviour and its possible effects on others as stipulated in the Thrive365 code of conduct.
4. The CEO and Managers are responsible for fostering a work environment that is free from bullying, harassment or discrimination and promotes the company's core values. In addition, they must take all reasonable steps to identify, assess and eliminate or minimise the potential for workplace bullying.

Procedure

Definitions

- **Bullying:** Defined by Safe Work Australia as: "Repeated and unreasonable behaviour directed towards a Staff or a group of Staff that creates a risk to health and safety."
- **Discrimination:** according to NSW law involves treating someone less favourably on the basis of protected attributes than another person in the same or similar circumstances. Such grounds include race, colour, sex, sexual orientation, age, physical or mental disability, marital status, family or carer's responsibilities, pregnancy, religion, political opinion, national extraction, social origin, breastfeeding, gender identity, intersex status.
- **Harassment:** Covers a range of behaviours that intimidate, offend or humiliate a person. It is intrusive behaviour that tends to focus on a personal characteristic of another person as its object. Harassment can be against the law when it is based on protected attributes under the anti-discrimination legislation (see definition of 'Discrimination'), or when it includes conduct of a sexual nature (see definition of 'Sexual harassment'). Examples include: making offensive jokes about a particular racial or religious group in front of a person from that group, Making derogatory comments or taunts about a person's disability or sexual orientation.

- **Sexual harassment:** Unwelcome conduct of a sexual nature by which a reasonable person would be offended, humiliated or intimidated. Such will include Unwelcome sexual advances, Requests for sexual favours, Leering or sexual comments about a person's body, Sending obscene communications or displaying sexually suggestive materials, (including using electronic devices to send inappropriate messages or images), Sexually explicit jokes, Intrusive questions or suggestive remarks about a person's sexual or private life, Unwelcome touching, stalking, Sexual assault (including unwelcome touching of genitals or breasts).

Rights and responsibilities

- **Thrive365 management**
 - Create a work environment that is free from unacceptable workplace behaviours and where staff are treated with dignity, courtesy and respect.
 - In relating with staff, Thrive365 will ensure any adverse action it embarks on is lawful and not discriminatory, and is in line with the Fair work Act. It will not engage in any adverse action such as threatening, doing or organizing any of the following:
 - dismissing an employee
 - injuring an employee in their employment
 - altering an employee's position to their detriment
 - discriminating between one employee and other employees
 - refusing to employ a prospective employee
 - discriminating against a prospective employee on the terms and conditions
 - Implement training and awareness-raising strategies to ensure that staff have knowledge and understanding of their rights and responsibilities with respect to unacceptable workplace behaviours.
 - Identify factors which may increase the risk of workplace bullying occurring and eliminating or minimising these factors as far as is reasonably practicable.
 - Provide effective complaint management based on the principle of procedural fairness.
 - Encourage the reporting of behaviours that breach the policy where one-to-one resolution processes are not appropriate or have not been successful.
 - Treat all complaints in a sensitive, confidential, procedural, correct and timely manner.
 - Take action against anyone who victimizes someone for making a complaint.
 - Promote and enforce appropriate standards of conduct at all times.

- Where management becomes aware of a WHS risk, they have a responsibility to intervene and eliminate or minimize the risk.

➤ **Staff responsibilities**

- Take reasonable care for their own health and safety.
- Take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons.
- Comply with reasonable instruction and policy or procedure.

Prevention of workplace bullying

- Identifying and assessing risk: Practice leaders and Managers must consult with staff and their representatives to identify and assess the potential for bullying to create risk in the workplace.
- Implementing risk controls: some of these will include:
 - Ensure staff have an awareness of their workplace conduct requirements as outlined in the Thrive365 Code of Conduct in accordance with the law.
 - Promote a positive workplace culture and safe working environment by modelling appropriate conduct and behaviour.
 - Ensure that information about what types of behaviours do, and do not, constitute workplace bullying is communicated to all staff, with a particular emphasis on any high-risk areas identified through a risk assessment process.
 - Ensure that Thrive365 and NSW Health policy in relation to grievance resolution is communicated to all staff.
 - Encourage and support staff in the self-resolution of low-level conflict and workplace grievances by providing appropriate information and training where necessary, e.g. conflict resolution
 - Provide a clear and simple process for reporting workplace bullying.
 - Ensure they are equipped to, and do, respond promptly and effectively to complaints related to workplace bullying.
 - Ensure induction programs include the organisation's commitment to zero tolerance of workplace bullying.

Managing a complaint

- Process for managing a complaint
 - Confidentiality: All staff have rights and responsibilities in relation to confidentiality. Information about a bullying complaint must only be provided to management on a 'need to know' basis and must not be provided to third parties with no legitimate involvement in the process. Inappropriate release of information relating to a complaint will be dealt with as a misconduct.
 - Making a complaint: Complaints should usually be made to the practice leader and/or relevant manager. Where the complaint is against the practice leader and/or manager or where there may be a perceived conflict of interest, the complaint is to be made to the next more senior manager. Where this is not feasible, the complaint should be referred to Human Resources for appropriate action.
 - Staff requests no action to be taken: the staff will be advised of options to resolve the matter and reporting obligations of management. If bullying was done, management may use its reporting obligations such as:
 - Reissuing and reinforcing the organisation's anti-bullying policy
 - Reminding Staff of their obligations under WHS legislation and relevant NSW Health policies
 - Requiring Staff to attend bullying prevention briefings or training
 - Emphasising that all complaints will be taken seriously
 - Consulting with the potentially affected Staff and their representatives
 - Anonymous complaints: these are not encouraged; however, where they are received, they need to be assessed and appropriate action taken where necessary.
 - Compliant via the Staff compensation claim: management must follow the process in this Policy to manage the bullying complaint. The management and Recovery at Work Coordinator will work together to ensure the resolution of the Staff's complaint and the management of the Staff's injury.

- Assessing a complaint:
 - Initial assessment: this will be done to
 - Assess the nature of the complaint (e.g. grievance, bullying, harassment, sexual harassment, discrimination, assault)
 - Assess the potential seriousness of the matter
 - Reduce the likelihood that significant time and resources are allocated to frivolous or vexatious complaints
 - Determine whether any immediate action needs to be taken

This will enable appropriate action to be taken. E.g. addressing the complaint under performance review, or staff grievances or misconduct.

- Risk assessment of a complaint: this is to evaluate if there are potential ongoing risks to all parties involved with the complaint in respect to current work arrangements. If there are, temporary action such as are below will be considered:
 - Increased supervision
 - Making appropriate arrangements to manage any necessary work interactions between the parties.
 - Alternative working arrangements (work location, reporting line, shift arrangements) in line with delegation to approve
 - Suspension from duty which must be done in line with NSW Health Policy

Also, the risk assessment may conclude that a complaint is frivolous, misconceived, reckless, vexatious, or malicious, in which case no further action is required in relation to the substance of the complaint.

If the alleged behaviour involves violence, for example actual or threatened physical or sexual assault, it must be reported to the police consistent with NSW Health Policy

- Notifying the person against whom a complaint is made: The person against whom a complaint is made is to be provided with the substance of the complaint as soon as it is safe and appropriate to do so (for e.g. notifying the person against whom a sexual harassment / assault complaint is made may jeopardise a NSW Police investigation). They must be given reasonable opportunity to respond to the allegations.

- Conducting an investigation
 - This is done where the facts are not clear enough to make a decision
 - the practice leader and/or manager will conduct an investigation unless there is a bias where the management handles the investigation.
 - Where the complainant or respondent has left the facility, the complaint must be actioned and the outcome communication to both the complainant and the respondent.

- Responding to outcome of a complaint
 - Where a complaint is substantiated, the following actions may be taken:
 - Gaining commitment that the behaviour is to cease – this is a non-negotiable first point in any management response to a substantiated complaint □
 - Requiring an acknowledgement from the person who has engaged in workplace bullying to the person who has been subjected to the behaviour, of the impact of that behaviour and offering an apology
 - Counselling the person against whom a complaint is made
 - Ongoing performance management and monitoring
 - Transfer of the person against whom the complaint is made to a different role / location.
 - Reinforcing the requirement for all staff to refrain from conduct that constitutes bullying
 - Providing training in what constitutes workplace bullying, appropriate communications skills, managing workplace relationships, giving feedback, etc
 - Disciplinary action if warranted.

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- Where a complaint is not substantiated, the matter may be laid to rest and efforts made to strengthen and close any gaps encountered or observed. If the complaint is observed to be malicious, management will treat it as a case of misconduct in line with NSW health code of misconduct.

- Documentation: All assessments, actions and all information which transpired must be documented and filed in a confidential file.

Review and evaluation:

This policy will be reviewed every 2years or as required in event of changes in state or industrial law.

Policy 6.5.1 Sexual harassment

Relevant documents

- Sexual harassment in the workplace - Fair Work Ombudsman

Date of CEO Endorsement: 13/11/2023

Date of Review: 13/11/2023

Date for Next Review: 12/11/2025

Policy statement

1. Everyone has the right to a workplace that is safe and free from sexual harassment.
2. It is unlawful for a person to be sexually harassed or for a person to sexually harass another.
3. Thrive365 does not tolerate any form of harassment within its work environment or outside its work environment while undertaking any Thrive365 related duties.
4. Thrive365 has a legal responsibility to take all reasonable steps to prevent and eliminate sexual harassment in the workplace and will promote workplace practice that eliminates sexual harassment.
5. The principle of sexual harassment is not the intent of the alleged harasser but rather how the behaviour is received. Some forms of sexual misconduct, which are considered harmless or innocent by some people, may be perceived as offensive to others.
6. This policy covers employees of Thrive365, contractors, subcontractors, volunteers, potential employees, third parties, including clients and customers.

Procedures

1. Sexual harassment includes but is not limited to the following:
 - (a) Spoken or written harassment such as:
 - Risqué or smutty jokes and innuendo.
 - Sexual or obscene remarks.
 - Propositions or requests for sex.
 - Unwanted invitation to go out on dates

- Sexual compliments.
 - an insult or a taunt of a sexual nature
 - Stated or implied employment advantage or reprisal as a result of sexual advances.
 - Comments that have a sexual component about a person's private life, such as their marital status, sexual activity, sexual preference, morality or physical appearance.
- (b) Visual harassment which includes:
- Leering, staring or gesturing in a sexual way.
 - Presence of suggestive or sexual magazines, pictures, posters, pin-ups or cartoons in the work environment, either displayed in a public place or in a person's work area which is accessible by others or may even include those contained in a person's belongings at work.
- (c) Physical harassment includes any act of touching, patting, fondling, brushing, slapping or grabbing in a sexual manner.
- (d) Electronic harassment which includes:
- Sending of lewd pictures, posters or cartoons (Internet, e-mail or screensavers) in the work environment.
 - Sexually suggestive comments, obscene messages or jokes sent via e-mail; Invitations or requests for sex sent via e-mail.

Sexual harassment is not behaviour based on mutual attraction, friendship, and respect. If the interaction is consensual, welcome, and reciprocated it is not sexual harassment.

2. **Victimisation:** Victimisation includes any unfavourable treatment such as adverse changes in the working environment, denial of training or promotion, making negative or belittling comments, restricting access to information necessary to perform one's work or exclusion by peers.
Complaints of victimisation related to a sexual harassment complaint will follow the flow chart and be dealt with in the same manner as a complaint of sexual harassment and may result in disciplinary action.
3. Sexual harassment in connection with the workplace can be committed by "all workers", including employees, contractors, subcontractors, outworkers, apprentices, trainees, students and volunteers as well as prospective workers and third parties such as clients and customers.
4. Sexual harassment does not necessarily have to take place in the workplace to be unlawful. Sexual harassment in the course of employment can occur during work hours,

at work-related events such as training or social events, between people sharing the same workplace, or even between colleagues engaging in Thrive365 related duties.

5. A single incident is enough to constitute sexual harassment – it does not have to be repeated. If substantiated, sexual harassment is considered serious misconduct under the Fair Work Act and can amount to a valid reason for termination without notice.
6. Thrive365 will utilize the following measures to prevent any form of sexual harassment and discrimination.
 - Updating and enforcing its policies and procedures: our policies are reviewed every two years unless there are changes in government policies in this regard. Thrive365 policies are made available to all staff to ensure everyone has access to information.
 - Conducting risk assessments: as part of Thrive365 employment process, background checks are conducted by the Australian police to identify participants with past criminal records or sexual offences who if employed may pose a risk to the NDIS participants or anyone working within Thrive365 workplace. For NDIS participants with history of behaviours of concern related to sexual misconducts, behaviour support plans are developed for them by the Behaviour support practitioners; and staff providing support to them are informed of these behaviours and trained on strategies on how to manage the behaviours.
 - Thrive365 creates and provides regular education and training on sexual harassment to its staff during its staff meetings in addition to other trainings.

Information on sexual misconduct and how to get help are made available to everyone through posters placed at strategic areas within Thrive365 operated homes and workplaces.

All Thrive365 operated homes are actively supervised by the house managers on a day-to-day basis.

Thrive365 operated homes and workplaces have surveillance cameras located at strategic areas to aid monitoring and surveillance of the workplace and homes.

- Thrive365 has an adequate complaint framework for all its staff, non-staff and NDIS participant who experiences any form of sexual misconduct. Such framework includes the ability for the complainant to provide information anonymously.

7. In event of any form of sexual harassment,
 - Participants are encouraged to speak up to Thrive365 management or use Thrive365 complaint system to raise concerns on any form of sexual harassment to NDIS participants, Thrive365 staff or non-staff.
 - Every complaint is reviewed within 48hours and investigation commenced.

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- If the allegation was made against a Thrive365 staff, he/she will be suspended pending investigation and if proven, may face disciplinary measures, termination and/or the law enforcement.
- If the allegation was against a third party, Thrive365 will investigate the allegation and may involve the law enforcement if proven to be true.
- If an allegation was made against an NDIS participant, Thrive365 will notify all staff providing support for the participant. Investigation into the allegation will be conducted and if proven to be true, the support coordinator and guardian will be informed. Professional support such as the behaviour support practitioners will be sought for.
- Thrive365 will support affected participants to seek help from a psychologist.

Policy 6.6 Return to work

Reference documents

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Strategy 2010 - 2020
- Convention on the Rights of People with Disability
- Compliance and Enforcement NDIS Quality and Safeguards Commission Policy
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and quality Indicators 2020
- NDIS Quality and Safeguarding Framework
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2017
- Guidelines for workplace return to work programs | SIRA: Workers compensation claims management guide (nsw.gov.au)
- Starting your recovery | WorkSafe.qld.gov.au

Date of CEO Endorsement: 12/09/2023

Last Review Date: 12/09/2023

Next Review Date: 11/09/2025

Policy statement

1. Thrive365 is committed to supporting its staff who has work related injury to recover and return to work.
2. The RTW policy and procedures will be coordinated by the RTW coordinator.
3. Thrive365 will ensure its policy on RTW complies with the guidelines as stipulated by law.
4. Thrive365 will ensure that all relevant stakeholders are involved.

Procedure

1. Appointment or employment of a Return-to-Work coordinator
 - Thrive365 will employ or appoint a RTW coordinator who will carry out the day-to-day duties of the RTW program, and is the link between the staff and their support team.

- The RTW coordinator must have relevant training, skills and experience to perform the role and functions of a RTW coordinator, and have competencies such as: effective communication skills, the ability to consult with and influence stakeholders, negotiation and conflict resolution, being organized and skilled in time management, the ability to think and solve problems, knowledge of NSW staff compensation legislation and the roles and responsibilities of stakeholders in the system, and an understanding of the legal obligations of NSW employers.
- Role and functions: the RTW coordinator must have the authority to represent and make decisions for the employer in relation to the functions specified below.
 - Compiling the initial notification information.
 - Coordinating staff's recovery at work, including identifying suitable work opportunities.
 - Preparing, monitoring and reviewing a recover at work plan (in consultation with key parties) that documents the staff's capacity and the duties available.
 - Liaising with external stakeholders, such as the nominated treating doctor, insurer, treatment providers, union and workplace rehabilitation provider
 - Implementing the RTW program
 - Supporting the redeployment of staff (internally or externally) into suitable work when they cannot return to their pre-injury duties
 - Keeping injury and recover at work statistics
 - Keeping confidential case notes and records in line with laws and guidelines
 - Promoting the health benefits of good work to the workforce
 - Contribute to the improvement of relevant policies and systems.
- If the RTW coordinator is employed for this purpose,
 - Thrive365 will ensure it will not disadvantage its staff.
 - If necessary, the workforce will be consulted before proceeding with the employment.
 - Management will ensure, there is no perceived or actual conflict of interest for the person being engaged.
 - The RTW program details the arrangements, including the person's name, qualifications and experience.
 - The suitability of these arrangements is reviewed every two years as part of the RTW program review.
 - Thrive365 will bear the cost of paying the participant.

2. Return to work program

➤ Thrive365 management

- Thrive365 management is committed to regularly reviewing its WHS policies and procedures to identify gaps and opportunities for improvement.
- Thrive365 management will consult where necessary with staff or their representative (practice/team leader) on issues regarding the RTW program.
- Thrive365 has nominated “EapAssist” as its workplace rehabilitation provider; however, staff has the right to accept, refuse or request a change of provider from the one nominated, or recommended by the doctor, or insurer.
- Management has appointed the RTW coordinator to handle all liaisons on account of this including providing reasonable access to the workplace.
- The management will ensure all staff are informed and trained on the RTW program during induction or special trainings, and informed of their rights and obligations.
- Management will ensure the affected staff receive due medical attention from the nominated medical doctor or personnel and follow recommendations by the medical personnel.
- Management will follow recommendations from the workplace rehabilitation provider.
- Management will ensure the insurer develops an injury management plan for the affected staff and ensure he/she receive due compensation from the insurer according to staff compensation guidelines without delay.
- This program will be reviewed every 2years by the management with the staffs’ representative and any union representative present.

➤ Thrive365 Staff

Thrive365 staff are obliged to:

- Notify their employer as soon as possible after a work-related injury occurs.
- Participate and cooperate in establishing an injury management plan.
- Carry out the actions such a plan requires of them.
- Authorise their nominated treating doctor to provide relevant information to their insurer or employer using the certificate of capacity, claim form or other form of authority.
- Make all reasonable efforts to recover at work.

Staff have the right to:

- Nominate their own treating doctor
- Employment that is both suitable and, so far as reasonably practicable, the same as or equivalent to their pre-injury employment
- Be consulted and involved in identifying suitable work and developing their recover at work plan
- Privacy and confidentiality
- Access mechanisms for resolving complaints and disputes.

➤ Following an incident

- Affected staff will receive medical attention.
- The practice leader and/manager will be notified immediately.
- The RTW coordinator will be informed.
- Incident form will be filled.
- Incident of the injury will be documented in the register of injuries.
- Affected staff will obtain a work capacity certificate (for Queensland) or Certificate of Capacity (for NSW) from the doctor/hospital and submit to Thrive365 management. For Queensland, the hospital may send the Work capacity certificate to WorkCover who will find out if the staff wants to lodge their claim.
- The RTW coordinator and management will ensure that the insurer will be notified within 48hours of the incident.
- Either the affected staff or Thrive365 will Lodge the claim with WorkCover (Queensland) or with Thrive365 insurer (NSW).
- For notifiable incidents, the Management will ensure the WHS regulator (WHS Queensland or Safework NSW depending on the state) is informed as soon as possible.

➤ Staff support

- Management and the RTW coordinator will ensure affected staff receive medical attention, is rehabilitated where necessary, and receive appropriate compensation.
- Management will explain to the staff the need for consent, and obtain the consent to investigate and share their information regarding the work related injury and recovery at work. This information will be treated as confidential

except where required by law. Also, management will explain implications for not consenting.

- The RTW coordinator and management will maintain contact with the affected staff and ensure whatever support needed for recovery is given as recommended by the medical doctor, workplace rehabilitation provider.

➤ Recovery

- Thrive365 management together with affected staff, will develop an participant plan for him/her.
- The management will offer affected staff suitable work, where reasonably practicable, so they have the opportunity to recover at work.
- The employment may be either full time or part time and, where reasonably practicable, the same as or equivalent to the staff's pre-injury employment.
- This will be done while developing an participant plan.
- If staff is assessed to not being able to return to their pre-injury work, due to the injury, Management will support the staff in retraining and job placement.
- If there is need for dismissal of the affected staff because of the injury, the management and RTW coordinator will inform him/her of the rights under the staff compensation law.

➤ Dispute prevention and resolution

- To prevent any dispute on the incident, the management will investigate the incident by seeking for witnesses, and CCTV recordings if any, and through any reasonable means.
- At any stage of the incident, support and recovery, any dispute will be discussed at different managerial levels to settle. If the senior management is unable to settle, the relevant agencies will be called to wield in.
- All parties and stake holders will be notified of the dispute and resolution.

Policy 6.7 Smoking/vaping in the workplace

Reference documents

- PROGRESSION OF THE NSW HEALTH SMOKE FREE WORKPLACE POLICY (C2004/51) (PD2005_375)
- <https://www.health.nsw.gov.au/tobacco/Pages/no-smoking-the-4-metre-law.aspx>
- Smoke-free Health Care Policy - Tobacco and smoking (nsw.gov.au)
- Retailers-ban-on-display.pdf (nsw.gov.au)
- E-cigarettes - Tobacco and smoking (nsw.gov.au)
- <https://www.qld.gov.au/health/staying-healthy/atods/smoking/laws/new-smoke-free-public-places>
- Smoking laws in Queensland | Health and wellbeing | Queensland Government (www.qld.gov.au)

Date of CEO Endorsement: 27/09/2023

Last Review Date: 27/09/2023

Next Review Date: 26/09/2023

Policy statement

1. Thrive365 recognises the hazards caused by exposure to environmental tobacco smoke and vape smoke. It shall be the policy to provide a smoke-free environment for all staff, residents and visitors.

Procedure

- No smoking of tobacco products, non-tobacco products, or E-cigarette will be allowed within any of Thrive365 home or workplace at any time.
- Tobacco product means tobacco, or a cigarette or cigar, or any other product containing tobacco and designed for human consumption or use while non-tobacco smoking product means any product (other than a tobacco product) that is intended to be smoked, and includes any product known or described as herbal cigarettes. E-cigarette means an electronic device for the inhalation of a vapour (whether or not containing nicotine) that is meant to produce an experience similar to smoking.
- The decision to provide designated smoking areas outside of the building will be at the discretion of local management. In the case of a resident's home, contracts for

services will include a provision that the resident is not to smoke in the same room as the Staff.

- All materials used for smoking in this area including cigarettes butts and matches will be extinguished and disposed of in appropriate containers. Practice leaders will ensure periodic inspection and clean-up of the designated area. If the area is not kept to a suitable standard the provision of the area may be revoked.
- Thrive365 prohibits smoking in any of its work-related vehicles.
- Staff will be advised of this policy through signs posted throughout the building and in vehicles and through the Staff handbook and induction training program.
- Residents and visitors will be advised of the policy at initial referral or through signage and information provided by Thrive365.
- Thrive365 will assist any employees or residents who want to quit smoking by helping them to access quit smoking programs and appropriate material in addition to linking them Nicotine replacement therapy.
- Residents who desire to smoke while at Thrive365 houses will be provided designated areas outside the building to smoke. Such areas must not endanger staff or other residents to second hand smoke.
- Staff are not permitted to smoke while at work whether within the workplace or outside the workplace.
- Staff can smoke outside Thrive365 houses ONLY at designated places in accordance with state legislation, using any of their break periods.
- When outside Thrive365 houses, residents can ONLY smoke at designated smoking areas in accordance to state legislation.
- Areas prohibited to smoking includes:
 - Enclosed public places.
 - Within 4 metres (for NSW) and 5 metres (for QLD) of the pedestrian access point to public and commercial buildings (NSW).
 - Bus stops and cab ranks, where people queue or gather.
 - Within 10 metres of children’s play equipment.
 - In commercial outdoor dining areas.
- Thrive365 policy on smoking will be enforced within 4 metres (for NSW) and 5 metres (for QLD) of the pedestrian access point to Thrive365 managed commercial buildings.
- There will be no smoking in any of Thrive365 vehicles, or staff vehicles used on behalf of Thrive365 for work during work hours.
- Thrive365 will provide No smoking signs in all of its vehicles.

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- Thrive365 will not provide extra breaks for staff to smoke.
- Any violations of Thrive365 or NSW policy by staff will be handled through the standard disciplinary procedures.

Policy 6.8 Thermal comfort

Reference documents

- Maintaining thermal comfort in indoor work environments | SafeWork NSW

Date of CEO Endorsement: 26/09/2023

Last Review Date: 26/09/2023

Next Review Date: 25/09/2025

Policy statement

Thrive365 will ensure a working environment that has conducive temperatures for staff and residents.

Procedure

- Thrive365 will maintain a thermal conducive working environment for at least 80% of staff through the use of Air conditioning, fans, electric heating, open windows, building insulation, layout of workstations, direct sunlight control, controlling airflow and the source of draughts.
- Thrive365 will ensure there are mechanism or technology to monitor the temperature of the environment such as a thermostat.
- Thrive365 will ensure that:
 - Workplaces incorporate good ventilation and air flow
 - insulate around heat or cold generating plant and pipes
 - isolate heat-producing equipment to limit exposure to radiant heat
 - relocate workstations away from hazard areas, such as direct sunlight
 - redesign the job to remove an affected Staff from a hazard area
 - Where PPE is required, ensure they are not used more than necessary as they increase risk of exposure to thermal discomfort.
- Thrive365 will provide clean drinking water at all times that is safe for consumption, cool and palatable. This is necessary when the temperature is hot. Drinking water will

be from outlets that are separate from sanitary and hand washing facilities to avoid contamination.

- When workplaces are temporary, remote or mobile, and employers are unable to provide drinking points, they will be provided access to water containers for employees to take with them.
- Staff will be encouraged to wear appropriate clothing that suits the weather to prevent thermal discomfort during working hours.
- Discuss with staff about anything that could result in them being exposed to thermal discomfort. Are they positioned in direct sunlight; under an air-conditioning vent or skylight; or near an open door or heat-generating equipment? Is there adequate airflow? Are any objects or fixtures impeding airflow? Do they have any personal factors to consider?
- Services may be cancelled if the temperature is 39°C or above. Staff may be relocated to more suitable work in an appropriately cooled setting.
- Staff will ensure residents are adequately protected from thermal discomfort by:
 - Not going out during extreme weather conditions unless unavoidable
 - Residents are adequately clothed in extreme weather conditions
 - Have frequent baths in hot weather
 - Receive frequent cold drinks in hot weather

Policy 6.9 Fire safety and emergency policy and procedure

Reference documents

- Environmental Planning and Assessment Act 1979
- The Environmental Planning and Assessment Amendment Regulation 2006
- Occupational Health and Safety (OHS) Act 2000 And Regulation 2001, As Amended
- Building code of Australia
- Fire safety in buildings - (nsw.gov.au)
- Small business fire safety - Fire and Rescue NSW
- Fire Safety in Health Care Facilities (nsw.gov.au)
- <https://www.qfes.qld.gov.au/community-safety/smokealarms/documents/QFES-InfoSheet-SAMaintain.pdf>
- Queensland Fire and Emergency Services (qfes.qld.gov.au)
- https://www.hpw.qld.gov.au/__data/assets/pdf_file/0012/4332/mp6.1commissioningmaintenancefiresafetyinstallations201108.pdf.pdf
- <https://www.qfes.qld.gov.au/buildingsafety/documents/CP-FSMP.pdf>
- <https://www.qfes.qld.gov.au/buildingsafety/documents/QFES-FSMP-Example.pdf>
- Thrive365 Organization Risk management and Business continuity plan
- Policy on Emergency and Disaster management

Date of CEO Endorsement: 02/11/2023

Last Review Date: 02/11/2023

Next Review Date: 01/11/2025

Policy statement

1. Thrive365 is committed to protecting the health and ensuring the safety of its residents, staff, visitors, and contractors by implementing clear and effective fire safety and emergency procedures.
2. Thrive365 will comply with fire protection, health and general safety laws, regulations and standards that apply to any premises it owns or operates.
3. Thrive365 will ensure that its staff and residents are protected from fire risk while delivering or receiving services outside the premises.
4. Services funded to provide personal care, support, and case management services to people living in the community have a key role in relation to the safety and

welfare of residents. Thrive365 will support residents to improve their safety and resilience through promoting personal emergency planning.

Procedures

1. Thrive365 workplaces

- Thrive365 will ensure its premises meet relevant building local laws, regulations, or legislation in force at the time of construction, lease, or purchase.
- All Thrive365 workplaces must have fire safety certifications.
- Thrive365 will ensure it has an adequately serviced and functional fire alarm system such as remote serviced alarm systems, sprinkler systems, thermal or smoke alarms etc suited for the property.
- Fire extinguishers, fire blankets and first aid materials will be located at accessible areas of the workplace including vehicles.
- Thrive365 will ensure it has evacuation plans which are displayed at conspicuous areas of its workplaces.

2. Operational Readiness

Thrive365 management will ensure that appropriate operational readiness measures are developed, implemented, and reviewed. This includes (but is not limited to):

- Fire safety audit are periodically done
- Fire emergency management and evacuation procedures.
- Training of staff to implement the procedures developed.
- Maintenance of all the fire safety systems and any deviations through an alternative solution.
- Preparation for, response to, and recovery from fire emergencies following its Emergency and disaster policy and its Organization Risk management and Business continuity plan.
- Alternative plans for vulnerable care recipients to exist if service delivery is interrupted in the event of an emergency following its Emergency and disaster policy and its Organizational Risk management and Business continuity plan continuity plan.
- In the event of an emergency, Thrive365 will ensure essential services are maintained as far as is practicable in line with its business continuity plan.
- Any fire incidents and false alarm reports will be lodged with the Fire and Rescue NSW in accordance with Thrive365's incident management policies and procedures.

3. Resident support

- Thrive365 will actively work to improve the safety of vulnerable people in emergencies through encouraging and supporting residents to undertake personal emergency planning. Where there is recognised bushfire risk, specific bushfire planning will be undertaken in addition to basic personal emergency planning.
- Thrive365 will also comply with recommendations from the Fire and Rescue NSW that increases the safety of the residents and services.

4. Emergency Plans

- Thrive365 management will prepare and test an Emergency Plan for the service, covering:
 - Contact details for key staff who have specific roles or responsibilities under the emergency plan.
 - Contact details for local emergency services, for example police, fire brigade and the poison information centre.
 - A description of the mechanisms for alerting people at the workplace to an emergency or possible emergency, for example sirens or bell alarms.
 - Evacuation procedures including arrangements for assisting any people with hearing, vision, or mobility impairment.
 - A floor plan of its workplace(s), illustrating the location of fire protection equipment, emergency exits and assembly points.
 - Each Thrive365 workplace will have a wall mounted localized evacuation diagram giving a graphical representation of the floor or area of the facility.
 - Testing of emergency procedures, including the frequency of testing.
 - Information, training, and instruction to relevant staff in relation to implementing the emergency procedures.
- Thrive365's Emergency Plan, or a summary of key elements of the plan, will be readily accessible by staff.
- These will be tailored to specific service locations and circumstances, in consultation with local health and emergency services.
- They must be implemented in an emergency.
- Directions from emergency services workers must also be complied with.
- Review of the plan must be done:
 - At least annually.
 - When there are changes to the workplace such as re-location or refurbishments.

- When there are changes in the number or composition of staff including an increase in the use of temporary contractors.
- When new activities have been introduced.
- After the plan has been tested.
- The Emergency Evacuation Plans will be displayed prominently in Thrive365 premises indicating its current location, exit locations and assembly area.
- This information will also be included in inductions of staff and residents.
- Fire drills will be conducted at least every six months.

5. Fire Emergency

- The Management will ensure that fire equipments are installed, suitable for risks specific to Thrive365's workplace and readily available in accordance with the relevant Australian Standards.
- The Management will install signage within Thrive365 premises, so people can find fire equipment quickly and identify what type of fire it can be used on.
- Emergency exits will be kept unlocked, unblocked and all exit signs will be maintained and kept illuminated.
- Fire extinguishers will be placed away from heat sources and regularly maintained.
- All staff will be trained in how to use fire equipment and know what type of fire extinguishers to use for different types of fires.
- The Management will ensure fire equipment is regularly tested by the relevant fire equipment and material inspector.
- Staff will ensure that no source of ignition is introduced to a confined space if there is a likelihood of fire or explosion in that space.
- If the maintenance or repair of any structure or plant used for the storage or handling of dangerous goods involves the use of welding, cutting or other processes that generate heat or introduce ignition sources, the Management will ensure that the risk of a fire or explosion involving the dangerous goods is eliminated, or reduced so far as is reasonably practicable if it cannot be eliminated.
- For services provided to a resident in their own primary residence (whether leased or owned by the resident), Thrive365 expects that the resident or their representative (and where appropriate, the owner of the premises) will have responsibility for their own fire safety and ensure that the premises meet all relevant building local laws and regulations or legislation.

6. Emergency Response Assessment

In case of a fire or one sees a smoke, and in assessing the initial fire emergency response, the following acronym, RACE, is used:

- **Remove** (persons in immediate danger if safe to do so)
- **Alert** (Inform occupants and facilities emergency number)
- **Confine** (the fire and smoke by closing all doors if safe to do so on exit)
- **Extinguish** (the fire if safe to do so)

7. Evacuation procedure

Evacuation procedures will follow specific building evacuation plans. However, general principles such as those below will be employed in event the evacuation plan is not accessible at that point in time.

- **Alert:** alert the practice leader/manager/on-call, staff, and residents. Ensure the emergency services have been notified (ring 000 and ask for Fire, Police or Ambulance)
- **Assemble:** direct all staff and residents which assembly areas are to be used.
- **Evacuate:** all residents, staff and visitors should be evacuated in the following order:
 - Out of immediate danger (e.g., out of room)
 - Out of compartment (e.g., through the fire doors or smoke doors) or to a lower level of the building. This can be achieved using the evacuation chairs for participants that are immobile.
 - Total evacuation of the building.
- **Check:** all rooms, especially change rooms, toilets, behind doors, storage areas etc should be checked if it is safe to do so.
- **Records:** Save as many records as possible if it is safe to do so.
- **Head count:** do a head count of all residents, staff, contractors, and visitors.
- **Report:** report to the manager/on call and notify emergency services of any people unaccounted for.

8. Prevention of fake fire alarms

- To prevent generation of fake fire alarms, all workers must be inducted into the workplace processes, ensuring appropriate isolation of Automatic fire alarm systems and responsible workplace activities.
- The management of Thrive365 must ensure regular maintenance of Automatic fire alarms.

9. Monitoring and Review

This policy and procedure will be reviewed at least annually by Thrive365's Policy officer and the management team. This process will include a review and evaluation of:

- Current practices and service delivery types and locations.
- The Incident Register; policies and procedures.
- The Complaints and Grievances Register.
- Staff, resident, and other stakeholder's feedback.
- Policy on emergency and disaster management
- Organizational risk and Business continuity plan
- Thrive365's Continuous Improvement Plan will be used to record and monitor progress of any improvements identified and where relevant feed into Thrive365's service planning and delivery processes.

10. Smoke Alarm Maintenance

- Once a month: test your smoke alarm batteries every month by pressing and holding the test button for at least five seconds until you hear the beeps.
- Every 6 months: vacuum dust off your smoke alarms every six months.

Keeping your smoke alarm free of particles to help reduce false alarms and ensure smoke can easily reach the internal sensor.

- Annually: replace lead or alkaline batteries every 12 months.

Every 10 years: replace all smoke alarms with new 10-year lithium powered smoke alarms every 10 years, or earlier if specified by the manufacturer.

Policy 6.10 Hazard Risk Assessment and Management

Reference Documents

- Work Health and Safety Regulations 2017
- Work Health and Safety Act Queensland
- Work Health and Safety Act NSW 2011
- Slips/trips/falls (idfnsw.org.au)

Date of CEO Endorsement: 20/08/2023

Last Review Date: 20/08/2023

Next Review Date: 21/08/2025

Policy statement

1. Thrive365 takes seriously its responsibility to identify, analyse, prioritise and manage all hazards associated with the provision of supports. A risk is any internal or external situation or event that has the potential to have a negative impact on Thrive365 by causing harm to people associated with the organisation, preventing the organisation from successfully achieving its outcomes and delivering its services, reducing its viability and/or damaging its reputation.
 2. The responsibility for identifying and managing risks is ultimately that of the Director. However, the most effective risk management occurs when the Director, the CEO, staff are all involved and share a commitment to creating an organisation that is proactive in identifying and evaluating hazards and taking mitigation action according to the nature of the risk. Thrive365 therefore expects that the Director, CEO, and staff will act responsibly to minimise the risks to themselves and others, and will report hazards and other risks immediately as they are noticed.
-

Procedures

Identification of hazards

- Workplace/site inspections
 - Internal workplace: the line manager/practice leader will conduct a workplace inspection using specific and general inspection checklists as required and complete the maintenance book or hazard report form for corrective action where necessary. The results of the inspection will be provided to the WHS Committee for review.
 - External workplace: this will be done at least every two years or as required by the WHS committee member with the line manager. They will ensure that all corrective actions are implemented. Reports on identified issues and the actions implemented should be submitted to the WHS Committee for review.
- Home Inspections: prior to in-home support service provision, a home inspection must be done to identify potential risks and will be repeated annually or as required. This will be conducted by a member of the WHS committee.
- Participant assessments: all residents referred to the service will undergo an initial assessment to identify any risks or hazards they are likely susceptible to as a result of their health or disability. Subsequent assessments will be done yearly or as required.
- Activity checks: Some activities for which a risk assessment will be undertaken include:
 - Community outings
 - Special events such as fun days
 - Use of hazardous plant/equipment e.g. lawn mower, hoists
 - Hazardous manual tasks

Assessment of risks

- Where a hazard is identified for any activity undertaken and control measures are not readily identified, a risk assessment must be completed to determine the frequency of injury or disease that could result, the duration of exposure to injury or disease sources and the likely severity of injury or illness.

- Assessed risks must be documented on a risk assessment form.

Control measures

- If a risk is identified, suitable control measures should be taken to reduce the hazard and risk from the activity. A hierarchy or preferred order of control measures ranging from most effective to least effective should be considered. see **Appendix**
- Where the activity will take place in a fixed location, a venue risk assessment may be obtained from the controller of the premises/service provider. If unavailable, an alternate location may be sort for, or any member of the WHS committee will pre-visit the location to conduct a venue risk assessment using the community-based risk assessment document.

Some Standard risk control processes include:

- First aid:
 - First Aid kits must be located at each Thrive365 participant residential site, activity centre, office, and vehicle.
 - First aid kits must be carried in every vehicle and during community visits.
 - First aid kits are to be inspected quarterly by Thrive365 RN (CLO) or practice leader.
 - All Thrive365 staff must have First Aid and CPR training
- Chemicals
 - Only approved chemicals such as detergents, handwashes etc. are to be used in any Thrive365 workplace or office.

Reviews

The WHS committee will review all risk assessments as required.

Safe Work Procedures

Arising from risk assessments, safe work procedures should generated and documented.

Spot action to take once a potential hazard is identified

- A Hazard report form must be filled to report any identified potential health or safety issue and sent directly to the line manager or WHS Committee.

Alternatively, staff can inform the line manager verbally or through email or through text messages.

- Following the Hazard report, the line manager (or WHS Committee member) will investigate the issue, and determine the best action needed to resolve the issue.
- Depending on the hazard, the line manager will recommend corrective measures to the WHS committee. Once approved, the corrective measure will be implemented as soon as possible, and feedback given to the staff who made the report. Where corrective action is not possible or difficult to determine, this will be discussed further with the WHS committee.
- The relevant manager will maintain a hazard register or participant risk assessments so that hazards, their risk rating and control strategy can be documented and the effectiveness monitored and reviewed on a regular basis.

Spot action to take for any accident or dangerous occurrence

- Document any accident or dangerous occurrence at the workplace in the incident report form and send to the line manager within 24 hours.
- The incident will be investigated by the line manager and the results will be recorded on the form as well as any corrective action recommended/taken.
- Any accident with the potential for medical treatment/insurance claim should also be recorded in an insurer Accident Report and emailed to the insurer immediately.
- Thrive365 is required to notify the Regulator (e.g. WorkCover NSW) of any accidents involving its staff or others which result in an in-patient treatment, or dangerous incidents such as gas escape or explosion, building collapse or land subsidence.
- The line manager and WHS Committee will review the Incident reports received to ensure that adequate corrective action has been implemented.

Policy 6.11 Falls prevention and management

Reference Documents

- Work Health and Safety Regulations 2017
- Work Health and Safety Act Queensland
- Work Health and Safety Act NSW 2011
- Slips/trips/falls (idfnsw.org.au)
- Residential Care Facility Post Fall Clinical Pathway | Queensland Health

Date of CEO Endorsement: 18/10/2023

Last Review Date: 18/10/2023

Next Review Date: 17/10/2025

Policy statement

1. As part of its commitment to the safety and well-being of its staff, residents and third parties such as visitors and contractors, Thrive365 will actively engage in activities to prevent falls, slips, or trips.
2. Thrive365 will put all necessary measures in place to ensure all residents who are at risk of falls have strategies and necessary materials or equipments to prevent any “reasonably foreseeable” falls, trips, or slips, and prevent or minimize any injuries that may emanate in event such occurs.
3. Thrive365 will ensure its staff have necessary training in preventing, managing, and reporting the falls of residents, staff, and third parties.

Procedures

1. **Prevention of falls:** these will be done in accordance with legislative requirements.
 - Management responsibilities
 - Thrive365 will ensure its workplaces and houses have safe access. The floors must be designed and maintained to be safe without risks of slips, trips or falls. There must be adequate lighting provided for safe movement.

- All residents or participants at risk of falls at any time will be identified by the relevant health or allied health professional. Such participants include people living with epilepsy, the elderly, poor use of lower limb muscles.
 - Staff must be trained in falls prevention and management during induction or ongoing routine training.
 - Safe means of movement must be provided for example, lifts should be available for residents at risk of falling on the stairs.
 - A secure physical barrier will be used if necessary, only in accordance with the law.
 - Staff and management should ensure a fall arrest system is in place and that:
 - Anchorage points are tested before first use and on a regular basis; and if - faulty are made inoperable, and
 - Any harness, safety line or other component of the device that shows wear or weakness is not used, and
 - All persons using the device have received induction and training, and
 - Adequate provision is made for the rescue of a person whose fall is arrested by the device (including scheduled practice in the rescue procedure).
- Staff responsibilities
- Practice leaders, WHS representative and managers will ensure regular WHS inspections and good housekeeping practices to eliminate or control risks.
 - Identify risk of falls which include:
 - Tasks that create floor contaminants, either wet (e.g., water, oil) or dry (e.g., dust, paper).
 - Floor surface or illumination level not suitable for activities.
 - Footwear not appropriate to the task or work environment.
 - Inadequate cleaning arrangements/procedures/products.
 - Uneven floor levels, loose floor coverings and joints between flooring materials.
 - Storage of objects in walkways and traffic routes.
 - Distractions in the workplace.
 - The need to rush tasks.
 - Environmental factors (e.g., Wet weather, frost, heat, or cold stress).
 - Participant factors (e.g., Eyesight, medical conditions, certain medications, response to heat/cold/noise/stress).
 - Heights such as climbing stairs, unstable or poorly fixed balcony railings

- Address identified risks and put in risk control measures such as:
 - Using appropriate safety signposts at appropriate times and places to notice residents or staff of danger e.g., using the Wet floor sign in places where the floor is wet.
 - Limiting the movement of staff and residents in areas with high risk of falls such as wet floors
 - Ensure appropriate footwear are worn always to suit type of work or floor.
 - Ensure that for every work-related inter-house movement at odd hours such as in the night, staff have alternative lights such as torches to use where illumination is low
 - Ensure there are torches to use when visiting client homes or on community access when illumination may be low
 - Remove possible trip hazards before commencing work e.g., rug over cord, move boxes from corridors etc.
 - Ensure regular cleaning of floor contaminants in safe work procedures and housekeeping practices.
 - Reinforce the need to watch where walking on a regular basis.
 - Monitor residents who have a higher risk of falling such as the elderly or those diagnosed of epilepsy or at risk of seizure.
 - Provide proper support using recommended devices or equipments or materials for residents who are unable to bear weights.
- WHS representative, practice leaders, managers must implement Thrive365 Risk Management Policy to identify, assess, eliminate, or control, monitor and review slip and trip hazards in the workplace.
- The Hazard report form in CTARs or the physical form should be used for the identification and prevention of slips, trips and falls. Alternatively, staff can provide their managers with hazard information verbally, via emails or text messages.

2. Falls management.

- Witnessed fall (without trauma to the head)
 - Commence DRSABCD (Danger, Response, Send for help, Airway, Breathing, CPR, Defibrillate - if available)
 - Provide reassurance.
 - Do not leave the participant.
 - Call for assistance.
 - Do not move the participant until assessed for injuries and safety.

- Observe for symptoms of head and / or muscular skeletal injury e.g., any change in behaviour, change in level of consciousness, headache or vomiting, any deterioration.
 - Call 000 for ambulance services if necessary and follow their instructions.
 - Inform the manager/on-call and practice leader.
 - Make an incident report
 - Indicate in the skin integrity aspect of the shift note the areas of injury
 - Put the information in the handover note
- Unwitnessed fall/witnessed fall with trauma to the head.
- Commence DRSABCD and call for assistance.
 - Do not leave the participant.
 - Do not move the participant if there are physical injuries identified (unless airway is compromised)
 - Call 000 for ambulance services and follow their instructions.
 - Inform the manager/on-call and practice leader.
 - Make an incident report
 - Indicate in the skin integrity aspect of the shift note the areas of injury
 - Put the information in the handover note

3. Incident reporting

All cases of falls MUST be reported in CTARs using the incident log report.

Policy 6.12 Emergency and disaster

Reference Documents

- Thrive365 Pty Ltd Risk Management and Business continuity plan
- Thrive365 pandemic response plan
- Fire and safety management policy
- Covid-19 outbreak management plan
- Emergency Planning Committee Scope and Terms of Reference

Date of endorsement by the CEO:

Name: Tiffany Coles

Signature: 

Last Review Date: 08/04/2025

Next review Date: 08/04/2027

Policy Statement

1. Thrive365 recognizes that emergencies and disasters can occur at any time and these are common in Australia. These can directly and indirectly impact on participants living with disability or experiencing some discomfort.
2. Thrive365 will prepare and manage all emergency and disaster incidents following professional guidance and in conjunction with relevant organizations and agencies and ensure that there is continuity of service delivery to its clients.

Procedures

Responsible persons

Name	Position	Responsibilities	Contact details
Tiffany Coles	CEO	Directs Thrive365 Emergency planning committee's response to emergencies	0432154374

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		and maintains contact with all external government agencies relevant to the emergency.	
Chantelle Dicapri	General manager Operations	Ensures and coordinates implementation of emergency plans with the accommodation managers and practice leaders; reports to the CEO.	0478118776
Usoh Onyedikachi	Health promotion/ policy officer	Develops emergency related policies and plans. Reviews emergency plans with the CEO according to new state guidelines. Coordinates the activities of the CLOs together with the operations team. Reports to the CEO.	0423215076
Tahlia Rose	Human Resource manager	Coordinates recruitment of staff and coordinates the admin unit's activities. Reports to the CEO.	0403806265
Teddy Anyanga	IT supports and Property Maintenance	Oversees building preparedness including sandbagging, battery/generator back up supply, availability of food, water, sanitation measures and communication capacity. Reports to CEO and GM Operations	0432084571
Mitchell Spoel	Business development manager	Utilizes the information and strategies of the EPC in addressing emergency concerns to bring in new businesses for Thrive365. Reports to the CEO	0424076205
Gurdeep Masson	Chief finance officer	Directs the finance unit; evaluates and advises the CEO on the financial	0438480800

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		implications of the emergency or implementation of the emergency plan. Reports to the CEO.	
Accommodation managers	Accommodation managers	Works with the operations manager to ensure implementation of the emergency plan for the range of houses they are supervising. Reports to the Operations manager	
Practice Leaders	Practice leaders	Works with the operations managers and accommodation managers to ensure implementation of the emergency plan for a focused house. Reports to the operations manager and accommodation manager.	
Clinical liaison officers	Clinical liaison officers	Works together with the HPO and operations team to manage any health-related issue during the emergency.	

Emergency service organizations

Organization	Duties	contact
Police	To maintain law and order; and protect life and properties.	Dial “000”
Ambulance services	To manage all health-related emergencies.	Dial “000”
Fire brigade	To manage bush fires.	Dial “1800 679 737”
State Emergency Services	To manage floods and storms.	Dial “132500”

Disasters and emergencies Thrive365 and its clients may encounter:

1. Flood

2. Bushfires
3. Heatwave
4. Snow
5. Storms or cyclones
6. Pandemic
7. Others

Thrive365 Properties

Thrive365 operates exclusively from SDA properties. These are modern and well built and are equipped with water tanks and emergency back up power supplies such as solar powered batteries and generators.

All properties are equipped with fire protection equipment including smoke and thermal detectors, fire panels, fire hoses and sprinklers.

We do not occupy properties in flood prone zones or areas of bush fire risk

Thrive365 Staff

All Thrive365 support staff are certified to provide first aid and CPR. All staff are trained and competent in complex care and are employed as flexible shift workers meaning they are able to perform shifts across various times of day and for longer durations when required.

Thrive365 also employs clinical staff who are able to provide health related advice and support during an emergency event.

Thrive365 employs property maintenance and IT staff who are able to provide property preparedness advice, physically assist staff to prepare properties and can provide advice and assistance on establishing and maintaining communication modalities during an emergency.

Thrive365 Participants

Thrive365 will consult with all participants regarding emergency management procedures and preparedness. This includes participant consultation with participants who are likely to be impacted by an emergency event to provide them with information regarding Thrive's emergency response. We will also share any concerns or feedback we may have regarding supporting the participant through a specific weather event and work with the participant to develop and participate in management response.

This includes discussing participant support needs, any identified concerns regarding our ability to meet the participant's support needs during or after an adverse event and possible options or alternatives available to the participant such as relocation to a property less likely to be impacted by the event, relocation to a health facility or remaining insitu with specific supports in place.

Management plan

Emergencies and disasters fall into 2 categories.

1. Emergencies/disasters that occur without notice eg house fire, storm, earthquake
2. Emergencies/disasters that may occur with some notice eg cyclone, bushfire, pandemic.

Emergency/Disaster with little or no notice

Emergencies or disasters that occur without notice will often provide for limited or no preparation time with organisational response focussed on securing the immediate safety of residents and staff and then assessing where and what resources need to be deployed after.

In the event of an emergency with little or no notice Thrive365 will do the following:-

1. Contact emergency services immediately if the situation is life threatening. All Thrive365 staff have been trained to contact emergency services in the first instance and then oncall or management staff secondly, in a situation that presents an immediate threat to life.
2. The CEO will convene a meeting of the emergency management committee. This will be done virtually to enable all management staff to remain in their current position of safety.
3. The emergency management committee consists of the people/positions responsible as listed above.
4. Key tasks will be allocated to each available position and will cover off the following:-

- Immediate participant safety
- Immediate staff safety
- Immediate emergency/medical/evacuation responses required
- Liaison with emergency services
- Available communication pathways with insitu staff
- Communication with families/guardians

When immediate health and safety needs have been addressed, the Emergency Committee will:-

- Send Practice Leaders to their sites if it is safe to do so, to provide support and assistance to staff and participants and establish clear communication channels with the Emergency Committee.
- If it is not safe to do so, the Emergency Committee will continue to provide remote support and assistance to staff in situ until it is safe to deploy direct assistance.

When the initial crisis has passed the Emergency Committee will:-

- Determine which sites need to be evacuated as a whole
- Which participants may need to be evacuated due to their needs
- Which sites can remain operational with assistance or resources

Should a site be rendered unoperational, the emergency committee will consider alternative sites available with reference to the participant's support needs. This may include other SDA accommodation occupied by Thrive365 or other vacancies as identified by our SDA partners.

Any evacuation and relocation will be conducted with reference to the participants participant personal evacuation plan and in consultation with the person and their decision maker.

Participants with complex support needs may not be able to be accommodated in alternative accommodation and may need to be transported to the nearest health facility. This will be done in consultation with the person and their decision maker.

Thrive365 will also liaise with families/friends should they wish to provide temporary accommodation for the participant.

Sites may be able to continue running with additional supports. Management staff will be deployed to these sites to determine what additional resources are required and these will be sourced by the emergency committee.

Staffing

Thrive365 will revert to 12-hour staffing shifts to reduce staff turnover. Thrive365 will also utilise its casual pool and agency staff as required to maintain staffing levels which ensure client and staff safety.

All relevant staff are provided with a briefing of the emergency management plan that has been enacted and specific contacts for the duration of the event.

Ongoing Support and Information sharing

The emergency management committee will provide a single point of contact for families, friends and stakeholders and provide regular updates on the health and wellbeing of the participant and the status of the person's accommodation and supports.

Thrive365 Management staff will provide 24-hour on-call assistance to staff and inform the CEO of any changes in participant support needs or changes in the status of their accommodation.

Emergency/Disasters with some notice

In the event of a potential disaster/emergency such as a cyclone the CEO will continue to monitor all advice from emergency services to determine likelihood.

If it is determined that there is a likelihood that Thrive365 properties and services will be impacted by an event the CEO will call a meeting of the Emergency Management Committee.

The Committee will conduct a risk assessment of each property and participant who is likely to be impacted by the forecast event to determine which properties and participants should be readied in situ and which should be relocated to other sites or health facilities.

The Property and IT staff member will then be deployed to properties to be prepared for the event.

Preparing properties and residents for an adverse event

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Preparations for an adverse event such as cyclone or bushfire may include:-

Building readiness	Participants	Staffing
Sandbagging and securing windows	Are aware of Thrive365 emergency preparedness and have made an informed decision to either stay insitu or relocate	Thrive will revert to rolling 12 hour shifts to promote continuity of supports
Clearing projectiles from outdoor areas	Have access to non-perishable foods which meet dietary and swallowing requirements	Thrive will provide staff with access to meals and sleeping arrangements if it is likely that the event will make it unsafe for staff to travel
Check back up power systems are operational	Have access to drinking water and basic sanitation e.g. continence wipes should water sources become contaminated	Ensure that a minimum of 2 staff are rostered at all houses during the event irrespective of normal staffing ratios.
Vehicles are fully fuelled	Have at least 2 weeks supply of medications, continence aids, dressings etc	Maintain on call services and supports to staff and participants on a 24-hour basis
Back up drinking water is available	Have fully charged batteries and back up batteries if possible for mobility devices	Provide staff with access to EAP if required
Back up communication is available eg power banks for phones	Are supported to remain in contact with family/friends/loved ones	Replace staff on duty as soon as possible after the event has passed

Post Event

Thrive365 will work with external providers to support participants to get back to normal routine as quickly as possible.

This may include supporting providers to work with the participant at home if community access is not accessible or safe following a significant weather event.

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Our health team will work with medical and allied health professionals to reschedule any appointments missed during the event.

We encourage family/friends and loved ones to have contact with participants following and adverse event and will monitor the participant for signs of anxiety, depression or stress following an event.

Thrive365 will also assess the effectiveness of its response during an adverse event from both a staffing and participant perspective and make any changes required to its readiness plans for future events.

Site Fire and Pandemic

Fire – Refer to Thrive365 Fire and Safety Management Policy

Pandemic – Refer to Thrive365 Pandemic response policy and plan.

Policy 6.13 Inspection, Testing and Tagging of electrical equipment

Reference documents

- AS/NZS 3760: 2010
- Electrical safety Act 2002 (QLD)
- Electrical Safety Regulation 2013 (QLD)
- Testing and tagging of electrical equipment | WorkSafe.qld.gov.au
- Electrical inspection and testing | SafeWork NSW

Date of CEO Endorsement: 20/10/2023

Last Review Date: 20/10/2023

Next Review Date: 19/10/2025

Policy statement

1. Thrive365 will ensure its electrical equipments and materials are safe for usage by ensuring they are regularly, inspected, tested and tagged by a competent person to identify damage, wear and detect electrical faults.
2. Residents who choose to utilise their own personal electrical equipment will be responsible for ensuring that their electrical equipments are inspected, tested and tagged.
3. Thrive365 will support residents to test and tag their personal equipment by providing the details of a registered test and tagging service and booking this service if requested by the resident

Procedure

- The affected electrical equipments and materials covered by this policy include those that are:
 - Supplied with electricity through an electrical socket outlet ('plug in' equipment)
 - Are fixed safety switches
- Inspection, testing and tagging will be conducted by a competent person according to the Electrical Safety Regulation.

- Record of testing results: a record of all testings are kept for a minimum of 7 years in accordance with Thrive365’s data management policy.

The record of testing specifies:

- the name of the person who carried out the testing
- the date of the testing
- the outcome of the testing
- the date on which the next testing must be carried out.
- The record may be in the form of a tag attached to the electrical equipment tested.

- Frequency of testings

- Intervals for testing specified electrical equipment

Type of work and/or equipment	Testing and tag interval
Office work only	5 years
Residential areas	2 years

- Intervals for testing Type 1 and Type 2 safety switches

Type of work	Fixed safety switch	
	Push button user test	Operation time/current test
Office work	At least 6 months	At least 2 years
Residential areas	At least 6 months	At least 2 years

Policy 6.14 Manual Handling

Reference Documents

- Work Health and Safety Act 2011 (Cth)
- Safe Work Australia's Code of Practice: Hazardous Manual Tasks
- NDIS Practice Standards and Quality Indicators

Date of CEO Endorsement: 06/05/2025

Next Review Date: 28/04/2027

Purpose

The purpose of this policy is to ensure all staff employed by Thrive365 perform manual handling tasks safely and in accordance with legal and regulatory requirements. This policy is particularly relevant to handling and assisting NDIS participants, to ensure their dignity, safety, and comfort.

Scope

This policy applies to all employees, contractors, and volunteers of Thrive365 who are involved in manual handling tasks during the provision of supports and services to NDIS participants.

Definitions

- **Manual Handling:** Any activity requiring the use of force to lift, carry, push, pull, or otherwise move a person or object.
- **Hazardous Manual Tasks:** Tasks that require repetitive or sustained force, high or sudden force, repetitive movement, awkward posture, or exposure to vibration.

Policy statement

Thrive365 is committed to ensuring NDIS participants receiving its service receive manual handling support in a safe, dignified and respectable manner.

Procedure

1. Responsibilities

➤ Management

- Provide staff with training on safe manual handling.
- Ensure risk assessments are conducted and regularly reviewed.
- Provide appropriate equipment (hoists, slide sheets, etc.).
- Ensure involvement of allied health practitioners such as occupational therapists when required
- Investigate any manual handling incidents

➤ Staff

- Complete required training and refreshers.
- Use provided equipment and techniques.
- Report hazards or injuries immediately.
- Follow individual participant's manual handling care plans.

2. Risk Assessment and Control

- Risk assessments must be conducted prior to performing any new manual handling tasks or when participant needs change.
- Where manual handling risks are identified in relation to the needs of an individual, an occupational therapist must develop a participant specific manual handling plan
- Controls may include:
 - Use of mechanical aids (e.g., hoists)
 - Team lifts
 - Adjusting participant environments
 - Clear documentation of handling plans

3. Participant Care Plans

Each participant requiring manual handling will have a personalised care plan that outlines:

- Specific transfer needs
- Required equipment
- Assistance level
- Handling preferences

Plans must be:

- Reviewed at least annually or when needs change
- Developed in consultation with participants and/or their representatives
- Developed by a registered occupational therapist

4. Training

All staff involved in manual handling must complete:

- Induction training covering safe manual handling techniques
- Practical manual handling training
- Regular refresher training (at least annually or as needed)
- Additional client specific manual handling training as required

5. Incident Reporting

All manual handling incidents must be reported immediately and documented according to the organisation's Incident Management Policy.

Post-incident reviews may lead to updated risk assessments or care plans.

6. Continuous Improvement

- Monitor and evaluate manual handling practices.
- Regularly audit participant care plans and risk assessments.

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- Seek feedback from staff and participants to improve practices.