



POLICY AND PROCEDURE MANUAL

Headstart values:

Support
Commitment
Professionalism
Care

Please note: the word “client” and “participant” are interchangeable throughout this document unless identified otherwise. Generally, for ease of reading, the word “client” has been used.

This document is an ongoing continuous improvement activity—it is continually reviewed to make improvements.

<https://www.headstartis.com.au/>

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SECTION 1 – ABOUT US

Mission statement

Headstart Intervention Services provides affordable, quality psychological interventions, speech pathology and occupational therapy for children, adolescents and adults. We value: “support, commitment, professionalism and care” and aim to achieve the highest standards in all we do.

Quality Management System (also see section 10)

This policy and procedure manual outlines the Headstart quality management system.

Please note: the Headstart Intervention Services Controlled Document Register (Excel file) provides a list of our controlled documents with hyperlinks to each documented in the system. Other key documents in our system is this document 3-Headstart Policy and Procedure Manual, which outlines our policies and procedures.

Please see the Practice Manager for access to documents uploaded to PracSuite.

Practice culture

Headstart works to ensure that our culture is inclusive and respectful. We have a culture of:

- Excellent working relationships with minimal conflict in a supportive and caring environment
- Shared management responsibilities and decision making between all staff
- Enthusiastic, energetic and effective;
- No discrimination;
- Empathy and safe (emotionally and physically);
- Commitment to excellence;
- Job satisfaction and long term commitment. Value each staff member and their contribution;
- Warm and welcoming atmosphere;
- Commitment to integrity, confidentiality and efficiency.

Practice background

Headstart Intervention Services commenced operations in 2007 at 69 Goodwood Road and moved to 78 Goodwood Road, Wayville in December 2008. In July 2018 Headstart moved to 43-51 Goodwood Rd, Wayville. SA 5034.

A northern satellite branch was opened in 2011 at 27b Adelaide Road, Gawler. A new Gawler location was opened in 2021 at 21-23a Twelfth St, Gawler.

An additional location at 687 South Rd, Black Forest was opened February, 2015 which then closed and combined in new Wayville building in July 2018.

Headstart Intervention Services Pty Ltd is a company operating as a discretionary trust.

Practice profile

Name of practice	Headstart Intervention Services
Street address	43-51 Goodwood Road, Wayville SA 5034
In hours phone number	08 8373 4531
Email address	admin@headstartis.com.au
Web address	www.headstartis.com.au

Practice team (consultants)

All Headstart clinicians, psychologists, speech pathologist and occupational therapists can be found on the website: www.headstartis.com.au

For the purpose of this manual all the professional practitioners representing Headstart will be referred to as “consultants”. This includes Clinical Psychologists, Registered Psychologists, Provisional Psychologists, Speech Therapists, Occupational Therapists, and Therapists.

As explained on the title page persons seeking health management and their families and extended families are referred to as “clients” (note a client can also refer to NDIS participants and their representatives.)

Practice services

Headstart Intervention Services offers psychology, speech pathology and occupational therapy services to people of all ages. Our friendly and professional team are committed to providing treatment to those experiencing any psychological or communicative issues. We currently have 22 Psychologists, 7 Speech Pathologists and 4 occupational therapists working in the practice, all of whom bring their own areas of expertise. While many of the consultants available to Headstart specialise in autism, others provide skills in learning/ability assessments and fitness to plead assessments. In addition, we can assist with depression, mood and sleep disturbances, anxiety, self-harm and other disorders of a psychological or developmental nature.

Multidisciplinary programs are available for the development of social skills (including social communication), behaviour management and parenting support. Our team of Speech Pathologists can offer 1:1 support and treatment for speech concerns, language difficulties, stuttering and literacy.

Headstart conducts Autism Spectrum Disorder Diagnostic Assessments for individuals of all age groups.

Practice hours

Monday to Friday 9.00am – 5.00pm

Practice consultation fees

An up-to-date copy of our schedule of fees is located:

- Headstart’s Website
- at reception;
- in the new client appointment confirmation forms.

SECTION 2 – PRACTICE ADMINISTRATION

Practice contacts

Service Provider	Name	Phone
Roswel IT	Andrew	0408 085 780
Smartsoft	Technical Support	1800 181 820

New client registration

Practice procedure

All new clients are sent a confirmation pack. The online confirmation pack contains the below information and the client is asked to complete and submit two weeks prior to first appt.

1. practice address and telephone numbers;
2. client info form;
3. consultation fees;
4. appointment details (date, time & location);
5. information on referrals needed for Medicare rebates;
6. consent forms;
7. questionnaires.

Client telephone contact

Communication with clients via telephone must be conducted with appropriate regard to the privacy and confidentiality of the client and their health information.

Ongoing education and training on confidentiality is provided to all admin staff and is included in the admin manual.

If a person calls to ask if a family member or friend is or has been at our practice, they must be advised that our practice abides by a strict privacy and confidentiality policy and therefore no such information is disclosed. If the query is pursued, the caller must be advised that a message will be taken and a consultant will return their call as soon as convenient.

The procedure for consultants receiving and returning telephone calls is to take the message for the consultant and immediately send an email detailing the client's message. If it is deemed an emergency the consultant is to be contacted immediately and personally by reception detailing the situation. Receptionists will consult one of the practicing consultants to take the telephone call if immediate contact with the out of office consultant is not made.

If the client is unable to clearly communicate with the consultant and other clinical staff, arrangements must be made to enable mutual understanding. For example, communication could be facilitated through the:

- National Relay Service (NRS) for Clients who are deaf;

- Translation and Interpreter Service (TIS) for clients who speak languages other than English;
- On Site Interpreting Service Ph: 1300 655 082 Fax request to 1300 654 151 (Free for GPs) Forms at front office;
- Hearing Impaired Interpreters Deaf Society SA Inc. Ph: 8223 3335.

Further information about translating through bilingual staff members, family and/or friends, is **provided in Interpreter services.**

Client electronic contact

Practice policy

It is not the normal Practice Policy to communicate electronically with clients concerning their personal health. However in the event of communication use the following recommended guidelines.

Refer to CEJA Opinion 5.026 - The Use of Electronic Mail

1. Inform client about privacy issues.
2. Clients know about who besides addressee processes messages during addressee's usual business hours and during addressee's vacation or illness.
3. Whenever possible and appropriate, consultants retain electronic and/or paper copies of e-mails communications with clients.
4. Establish types of transactions (appointment scheduling, payment of accounts etc.) and sensitivity of subject matter permitted over e-mail.
5. Instruct clients to put the category of transaction in the subject line of the message for filtering: appointment, medical advice, billing question.
6. Send a new message to inform client of completion of request.
7. Maintain a mailing list of clients, but do not send group mailings where recipients are visible to each other. Use blind copy feature in software.
8. Avoid anger, sarcasm, harsh criticism, and libellous references to third parties in messages.
9. Explain to clients that their messages should be concise.
10. When e-mail messages become too lengthy or the correspondence is prolonged, notify clients to come in to discuss or call them.
11. Remind clients when they do not adhere to the guidelines.
12. For clients who repeatedly do not adhere to the guidelines, it is acceptable to terminate the e-mail relationship.

Incoming mail

Correspondence relating to a client needs to be seen by the treating consultant or in their absence, another nominated consultant. Client correspondence must not be filed or scanned without having been seen and the appropriate action recorded. There must be an audit trail which identifies the reviewing consultant (e.g. initials, computer audit trail) and action statement (e.g. scan, retain, etc.).

Practice procedure

In our practice, we file all correspondence relating to clients in their personal files in PracSuite and the consultant has access to this. Our practice procedure for handling incoming mail is as follows:

- separate the mail based on advertising, personal and client information;
- record the date that the mail was opened by stamping with Received stamp, dating and initialling by receptionist;
- insert the mail in the consultant's in-tray;
- ensure the consultant signs and records the document type and any action, as indicated on each piece of mail before filing or scanning into client's electronic health record.

Appointment management

Practice policy

A flexible appointment system with the ability to accommodate client's needs and ongoing care is essential in our practice.

Consultation length

Practice policy

Reception staff are trained to have the skills and knowledge to help determine the most appropriate length and time of consultation at the point of booking, and procedures must be in place and every endeavour made to allocate the appropriate time. New reception staff will be taught such skills in their induction as well as receiving ongoing education and training with other staff members. These issues are addressed in Induction of new staff members.

To facilitate appropriate care and to prevent delays, reoccurring appointments need to be allocated, as soon as indicated by the treating consultant.

Wait times and making a booking

Practice policy

On arrival for their appointments, clients need to be informed if there is a significant wait time.

Waiting clients need to be frequently monitored by reception staff and be informed periodically of any further delays.

For excessive wait times, it is preferable that clients are contacted approximately ½ hour prior to their scheduled appointment.

Practice fees

For details about the practice fees please see Section 3 and our website..

Practice procedure

Our practice procedure for booking appointments is as follows:

1. ask the client when they would like an appointment. Determine if the appointment is urgent or non-urgent;
2. ask the client which consultant they would like to see or whom they would normally see;
3. Receptionist is to outline the different types of appointments available and their length;
4. provide the nearest available time for the client to see their preferred consultant;
5. provide the client with a time and date for the appointment;
6. record the client surname and given name in the agreed timeslot, record any further details for the treating consultant on the appointment summary;
7. inform new clients of practice location, parking, costs and payment methods (if applicable). Obtain phone number and other demographics as required. Post New Client information and Appointment Confirmation Forms;
8. reconfirm the appointment time and date and the client's phone number.

Clients attending scheduled appointments

Practice procedure

Our practice procedure for clients attending scheduled appointments is as follows:

1. greet clients warmly by saying 'Good morning/afternoon, how can I help you today?' - with a smile;
2. greet clients personally if you know them by name;
3. ask the client if any of their details have changed, such as their Medicare number, address or phone numbers;
4. inform the client if the consultant is running late;
5. mark in the appointments schedule that the client has arrived and complete any other tasks associated with the client's arrival. Inform the consultant that their client has arrived.
6. monitor the waiting area;
7. provide individual clients with periodic updates regarding waiting times.

Did not attend appointments

Practice policy

Not every cancellation or DNA must be followed up – it is dependent on the clinical significance of the appointment, and notably, this is something that only the consultant can decide.

Cancellations and missed appointments need to be marked accordingly in the Appointment System, with the system reviewed by the consultant to see if follow-up is required. All attempts to contact clients that cancel and/or DNA must also be clearly documented. 50% cancellation of DNA fee may be charged if 24 hours' notice is not given.

Practice procedure

In our practice, it is the consultant's responsibility to record multiple cancelled and/or DNA appointments in their progress notes.

Our practice procedure for identifying and following up clients who cancel or DNA is as follows:

1. mark in the appointment system that the client cancelled or did not attend;
2. check with consultant if any follow up is needed for DNA or cancelled appointments;
3. record in the client's progress notes, progress in contacting the client including whether contact was successful and if so, when an appointment was made;
4. record in the appointments schedule the new appointment date;
5. Consultant to record in the progress notes if they deem appropriate and necessary DNA or cancelled appointment, but that no further action was required (if applicable).

Access and parking

Practice policy

Access to practice facilities and services is of importance to clients and as a result consultants and staff need to consider the ways in which they can help facilitate reasonable access.

When considering what is reasonable, practices need to review the needs of clients with a disability. Clients with a disability also need to be able to park their vehicles within a reasonable distance to our practice.

Our practice takes a range of steps to assist clients with a disability including having:

- signage that is picture based (for clients with an intellectual disability).

Our practice complies with the *Federal Disability Discrimination Act 1992* and legislation regarding the right to access general practices. Details can be found on the [Human Rights and Equal Opportunity Commission](#) website.

Car parking

Practice procedure

Our practice provides adequate car parking facilities within a reasonable distance from our practice for clients.

SECTION 3 – CLIENT MANAGEMENT

Client Orientation Documentation

Practice policy

Headstart have a variety of forms dedicated to client intake, safety, choice and quality supports (6g Client Orientation Documentation). Each consultancy space has specific documents that align with the therapies provided and are designed to ensure a comprehensive and informed provision of supports.

Practice procedure

Our client Information and consent form is sent out for any therapy or assessment booked:

- a. [6d] Under 18 = CHILD client information and consent form
- b. [6c] Over 18 = ADULT client information and consent form

Corresponding Questionnaires to appointment:

- a. Psychology Child = [18h] Psychology therapy - parent questionnaire
- b. Psychology Adult = DASS21
- c. Speech Therapy or assessment Child = [18g] speech pathology therapy CHILD
- d. Speech therapy or assessment adult = [18d] speech Pathology Therapy ADULT
- e. Feeding Therapy (only children are ever booked in) = feeding therapy – parent questionnaire
- f. OT therapy or assessment child (including FCA) = OT Assessment – parent questionnaire
- g. OT therapy or assessment adult (including FCA) = OT therapy adult questionnaire
- h. Psych Ed Child = psych ed – parent questionnaire + psych ed - teacher questionnaire
- i. Psych Ed Adult = psych ed - adult questionnaire
- j. ASD Assessment Child = ASD Assess Questionnaire – [18] Parent + ASD Assess Questionnaire – [18a] Teacher
- k. ASD Assessment Adult = ASD Assess questionnaire - Adult + RAADS

Corresponding Information pack (info packs only provided to the below assessments/ therapy):

- a. ASD child = [18c] ASD Info Pack + [18b] ASD assessment information for your child
- b. ASD Adult = [18c] ASD Info Pack
- c. Psych ed = Psych ed Info pack
- d. FCA = Functional Capacity Assess Info Pack
- e. Feeding therapy = feeding therapy checklist + Feeding therapy Flyer

If ongoing appointments booked; appointment schedule is sent out:

NDIS Information:

- a. NDIS service agreement
- b. [18i, 18j] A service booking is sent after the initial interview

Forms that clinicians send out when needed:

- [6a] Consent to Disclose Information
- [6b] Consent to Videotape and Photograph Sessions
- [6e] Telehealth Consent Form - Speech Pathology
- [6f] Telehealth Consent Form - Psychological Service

Forms that admin/clinicians use – note client does not see these forms:

- [18f] Therapy Intake Form - admin
- [1a] Assessment Intake Form - admin
- [18m] Initial Interview Therapy - clinician
- [18p] Psyche Initial Interview Session- clinician

Child safe environment

Practice policy

Our Child Safe Environments policy has been developed to demonstrate the strong commitment of Headstart to children's safety, protection and wellbeing and emphasise the importance for the organisation of maintaining child safe friendly environments. The following outlines the roles and responsibilities for everyone involved at Headstart.

Commitment to the safety of children and young people:

All children and young people who attend Headstart have right to feel and be safe.

Headstart is committed to the safety and well-being of all children, young people and adults accessing our services and safety will always be our first priority. We aim to create a child safe and friendly environment where all children are valued and feel safe.

Scope:

This policy applies to all employees, volunteers, administrators and consultants involved within the organisation in a paid or unpaid capacity. It applies to all activities at Headstart which involve, result in or relate to contact with children.

We ensure our actions and processes comply with:

- Children and Young People (Safety) Act 2017 – Chapter 8;
- Child Safety (Prohibited Persons) Act 2016.

Children and young people's participation:

Headstart encourages children and young people to express their views, and make suggestions, especially on matters that directly affect children and young people. Headstart values and respects the views of children and young people and actively encourage children who use our services to 'have a say' about those things that are important to them. We use age-appropriate language to clearly communicate how children and young people can report and concerns or provide feedback. We value diversity and do not tolerate any discriminatory practices.

Headstart listen to and act on any concerns children, their parents or carers raise with us. We inform children what they can do if they feel unsafe.

Code of Conduct

All Headstart staff and volunteers **will**:

- act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with relevant laws and conventions;
- respect the privacy of people with disability;
- remember to be a positive role model to children and young people in all conduct with them;
- ensure children and young people understand their rights and explain to the child or young person in age-appropriate language what they can expect during the consultations;
- 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 might have an impact on the quality and safety of supports provided to people with disability;
- take all reasonable steps to prevent and respond to all forms of violence, exploitation, harm and risk of harm of people with disability;
- take all reasonable steps to prevent and respond to sexual misconduct;
- raise any concerns, problems or issues with management as soon as possible;
- record and act quickly, fairly and transparently on complaints of abuse or other serious complaints made by a child, young person or their parent/guardian;
- notify the Child Abuse Report Line on 13 14 78 as soon as practicable if staff have a reasonable suspicion that a child or young person has been or is being harmed or at risk of being harmed.

All Headstart employees **will not**:

- take part in any unnecessary physical contact with a child or young person;
- discriminate against any child or young person because of age, gender, race, religion, vulnerability or sexuality;
- act in any way that breaches child protection rights, laws and ethics.

At Headstart we will be:

Inclusive

We welcome and support people of all backgrounds, race, ethnicity, culture, national origin, sexual orientation, gender identity and expression.

Considerate

We work collaboratively with our colleagues and others to ensure that we deliver appropriate, high quality, safe and compassionate support to enable people to make choices and feel valued.

Confidential

We promote and uphold the privacy, confidentiality and dignity, rights, health and wellbeing of our clients.

Committed

We continually improve the quality of our services through personal development and contributing to the development of colleagues. We are:

- open, respectful communication with each other and the clients using our services;
- transparent in our approach;
- provide a safe environment for our colleagues, clients, families and visitors;
- aware and declare conflicts of interest as they arise.

Compliant

Act with integrity and honesty and uphold the Code of Conduct principles and practices

Keep informed about relevant legislative requirements including:

- Complaint Management;
- Incident Reporting;
- Advocacy;
- Violence Abuse Neglect Exploitation and Discrimination (VANED);
- Information Sharing Guidelines;
- Risk Management;
- Quality Management.

Practice procedure

All staff at Headstart receive training on, and comply with the Headstart's Code of Conduct.

Recruitment practices

Headstart takes all reasonable steps to ensure that it engages the most suitable and appropriate people to work with children in meeting the requirements of the Child Safety (Prohibited Persons) Act 2016. We employ a range of screening measures and apply best practice standards in the screening and recruitment of staff and volunteers. These measures include:

- written applications and face-to-face interviews;
- referee and qualification checks;
- probationary periods and on-the-job observations;
- clear and concise position description;
- working with children checks (<https://screening.sa.gov.au/home>);
- RRHAN-EC Training, CSE Training.

Supervision, training and support for employees and volunteers

Headstart provides support to employees and volunteers to maintain child safe environments. We have strategies in place to supervise, train and support employees and volunteers, including:

- induction process which includes copies of all policies and procedures including this CSE policy;
- regular performance reviews with management and supervisors;
- Headstart training register monitored and updated;
- CSE and RAN training courses mandatory and supported.

Reporting and responding to the suspicion that a child or young person may be at risk

Headstart will ensure children and young people are kept safe from harm and will not tolerate incidents of child abuse, we ensure that:

- all Headstart staff and volunteers must have current Working With Children Check as per Child Safety (Prohibited Persons) Act, 2016;
- all Headstart staff and volunteers must complete mandatory CSE (child safe environment) and RRHAN-EC (report abuse and neglect) training;
- a mandated notifier will notify Child Abuse Report Line on 13 14 78 as soon as practicable if staff have a reasonable suspicion that a child or young person is being harmed or at risk of being harmed;
- record and act quickly, fairly and transparently on complaints of harm or other serious complaints made by a child, young person or their parent/guardian;
- train all stakeholders to know that child protection is everybody's responsibility;
- all staff and volunteers of Headstart are supported and encouraged to report any suspicion that a child or young person is, or may be at risk regardless of whether they are legally obligated to;
- Headstart ensures all staff and volunteers read and understand the South Australia Mandatory Reporting Guide;

Even after a report is made, Headstart still plays a role in supporting the child or young person. This support includes:

Referrals to other appropriate services

Continuation of provision of services and monitoring their circumstances Displaying information about services that can assist children and their families (such as the Kids Helpline 1800 551 800 and Youth Healthline 1300 131 719) in areas at Headstart that are accessed by children, young people and their families.

Employees must also report to management any reasonable suspicion that a child has been harmed or at risk of being harmed by another employee. Headstart staff have a duty of care to report any concerns about the behaviour of a staff member to management even if they are not mandated notifiers under the Child Safety (Prohibited Persons) Act 2016.

Reporting and responding to complaints

Headstart values children and young people and want them to feel safe and comfortable to report any complaints they may have. Any complaint made against a staff or volunteer at Headstart will be dealt with promptly and in a sensitive and fair manner to protect the child or young person. We ensure that:

- all staff and volunteers at Headstart must immediately report any concern or complaint relating to the behaviour or conduct or another person towards or affecting a child or young person;

- all staff and volunteers must follow Headstart's complaint policy;
- our policy is available to all children and young people that access services. The policy states that all complaints must be listened too and recorded on Headstart's complaint register;
- any required action regarding the complaint must be taken and if needed consultation with Child Abuse report Line will be recorded;
- all actions and decisions to be recorded and stores securely.

Risk Management

To maintain a safe environment for child and young people Headstart regularly reviews and updates the following documents:

- 5-Risk Assessment Chart (and strategies);
- Incident Emergency Policy;
- Work Health, Safety and Wellbeing Policy;
- Work Health, Safety and Wellbeing Register;

All Headstart staff and volunteers are required to abide by this practice's Child Safe Policy.

Staff are made aware of and are responsive to the needs and vulnerabilities of children and young people, such as age, language barriers, developmental capabilities, disabilities, mental health, trauma or abuse.

Staff provide clear age-appropriate or developmentally appropriate explanations to children and young people about the consultation and allow for questions prior to examination.

Communication

Headstart will ensure that everyone to whom this policy applies is aware of and has had an opportunity to read the policy and agree to abide by the policy.

As per Chapter 8 (Section 114(5)) of the Children and Young People (Safety) Act 2017, at the request of a parent or caregiver Headstart will produce a copy of the Child Safe Environment policy and procedure prepared by the organisation.

Responsibilities

Practice Manager:

The manager is responsible for ensuring:

- appropriate review of incidents and overseeing implementation of recommendations;
- up to date policies are in place and communicated across Headstart;
- referee checks are undertaken on employees and their previous employment is checked;
- complete child-related employment screening in relation to all employees and volunteers who work with children;
- staff receive a copy of the Child Safe Environment policy;
- staff and volunteers undertake Child Safe Environment training.

Employees, consultants and volunteers are responsible for:

- compliance with this Child Safe Environment policy;
- make a notification if they suspect on reasonable grounds that a child is or may be at risk;
- they listen to children and attend to their needs;
- complete Child Safe Environments training (that incorporates mandatory reporting requirements).

Related Policies & Procedures

Headstart utilises this Child Safe Environment policy in conjunction with the following Headstart policies:

- Code of Conduct;
- Risk Management;
- RAN policy;
- Incident Policy;
- Work Health & Safety Policy;
- Quality Audit;
- Information Sharing Guidelines Procedure;
- Advocacy Policy & Procedure.

Principles

Protecting the safety and wellbeing of children and young people is a fundamental responsibility that cannot be compromised by other considerations.

Children and young people have a right to:

- Be treated with respect and to be protected from harm;
- Be asked to express their views and wishes about matters affecting their lives and to have those views appropriately considered by adults;
- Feel and be safe in their interactions with adults and other children and young people;
- Understand, as early as possible, what is meant by 'feeling and being safe'.

The support of Headstart staff in their service provided whose role includes being an advocate for their safety and wellbeing.

Children and young people are entitled to the above rights irrespective of their special needs, gender, race, sexual orientation or cultural, religious or family circumstances.

Preventing and intervening in the harm of children and young people are moral and legal obligations (Children and Young People (Safety) Act, 2017).

Safety and wellbeing concerns arise within family, community and organisational settings. The actions and efforts of people from within and outside the health setting are needed so that interventions on behalf of children and young people are successful and sustained.

Obligations

Headstart must meet each of the following obligations to maintain child safe environments.

Screening and Suitability

Headstart staff and volunteers will be screened as part of an ongoing process to make sure adults are suitable to work and provide services at Headstart.

Suitability must be established at point of recruitment and monitored continuously.

Continuous monitoring of suitability includes the responsibility of all adults to report inappropriate conduct towards children and young people by any person engaged with Headstart.

All Headstart staff and volunteers must have current Working With Children Check as per Child Safety (Prohibited Persons) Act, 2016.

All Headstart staff and volunteers must complete RRHAN-EC (report abuse and neglect) training. A mandated notifier is required by law to notify the Department for Child Protection if they suspect on reasonable grounds that a child or young person is, or may be at risk or harm.

Training and support

Headstart staff and volunteers are required to be trained in their responsibilities for children's safety and wellbeing. The training will cover the obligations underpinning a child safe environment and must include the role of a mandated notifier under Sections 30 and 31 of the Children and Young People (Safety) Act, 2017.

Headstart provides support and supervision for all staff so people feel valued, respected and fairly treated.

All psychologists, speech pathologists and occupational therapists need to comply with mandatory professional development as outline by their governing bodies.

Headstart management must keep up to date records of all staff and volunteers employment checks e.g.: Working with Children Check, RRHAN_EC Training, Child Safe Environment Training etc.

Adult conduct

Headstart staff and volunteers will relate respectfully and protectively with children and young people. Staff and volunteers have a responsibility to report and intervene against behaviours that compromise the safety or wellbeing of children and young people, as such:

- Staff and volunteers will follow approved protective practice guidelines about inappropriate adult conduct towards interactions with children and young people;
- Staff and volunteers will report and document concerns raised about inappropriate conduct towards children and young people;
- Staff will follow approved incident response policies, risk management, work health and safety policy, code of conduct and governing bodies' guidelines.

Policy review

Headstart will evaluate and review this Child Safe Environment policy and other associated policies and procedures at a minimum of once every 5 years as required by the Child and Young People (Safety) Act 2017.

Headstart will review this policy and other associated policies earlier than 5 years when:

- New or additional risks are identified for children or young people, which may require a change in the policy;
- A critical incident where a child or young person has experienced harm due to their involvement with the organisation;

- Concerns or complaints are raised by anyone involved in your organisation about child safety or welfare in the organisation;
- Awareness or compliance to the child safe policy is low.

Client rights and responsibilities (including service agreements)

Practice policy

Headstart is dedicated to ensuring that our clients' rights are advocated, respected and supported. Our services are person-centred and we encourage our clients' freedom of expression and self-determination. Client information and their right to privacy and dignity of risk are protected. Headstart clients are informed of their choices and supported to exercise their independence. We uphold a high standard of support services. Our consultants and administrative staff provide respectful care to clients. Staff are trained, experienced and monitored to ensure they follow our policies and procedures, which are designed to protect clients' rights, independence, dignity, privacy and safety at all times (please see our child safe environment policy for more information specific to children and young people).

Our staff are required to:

- Provide high level of customer service, have strong interpersonal and communication skills;
- be warm, caring, friendly, helpful and empathetic;
- identify, be sensitive toward and accommodate personal and cultural needs;
- provide non-discriminatory care;
- provide continuity of care;
- provide adequate information to help clients make informed decisions;
- respect a client's right to seek another opinion or alternative care;
- record all essential information in the client's health record;
- respect the client's legal and human rights and enable them to exercise informed choice;
- foster a collaborative relationship based on trust and mutual respect;
- support the client to make informed choices, exercise control and maximise their independence with regard to their supports.

The Provider ensures the rights of the client are acknowledge and upheld by:

- creating the care plan in line with the needs of the clients and in consultation with relevant and authorised stakeholders
- providing therapy services that meet the client's needs;
- provision of supports that promote and uphold our client's right to freedom of expression;
- providing support for self-determination and decision-making;
- respecting the client's culture, diversity, values and beliefs;
- communicating openly and honestly in a timely manner, and treat the client with courtesy and respect
- consulting the client on decisions about how treatment is provided;

- listening to the client's feedback and resolve problems quickly;
- providing supports that respect and protect their dignity and right to privacy;
- giving the client the required notice if the provider needs to end the Service Agreement (see 'Ending this Service Agreement' below for more information);
- protecting the client's privacy and confidential information with existing personal information security obligations under the Australian Privacy Act 1988 (Privacy Act).

Clients are not refused access to care based on gender, race, disability, Aboriginality, age, religion, ethnicity, sexual preference or medical condition (please see our inclusion and diversity policies and procedures).

Our practice adheres to the *Federal Disability Discrimination Act 1992*, as well as various State or Territory Disability Services Acts and Equal Opportunity Acts regarding anti-discrimination. More details can be found on the [Human Rights and Equal Opportunity Commission](http://www.hreoc.gov.au) website on www.hreoc.gov.au. The NDIS Standards are also part of our staff training.

Headstart ensures it meets the conditions of all relevant legislation and standards including the NDIS Practice Standards and the NDIS Code of Conduct, pertaining to Client rights and responsibilities.

Headstart recognises the human and legal rights of our clients and ensure their rights are acknowledged and upheld during the provision of supports and beyond. Headstart also has a responsibility to its staff to ensure their rights are acknowledged and upheld in the work place. In order to do this Headstart requires their clients and families (and representatives) to understand their role in ensuring the rights of their provider are also recognised and respected.

The client or their representative agrees to:

- inform the provider about how they wish the therapy services to be delivered to meet the client's needs;
- treat the provider and Headstart staff with courtesy and respect;
- talk to the provider if they have any concerns about the therapy services being provided;
- give the provider a minimum of 24 hours' notice if the client cannot make a scheduled appointment;
- and if the notice is not provided by then, the provider's cancellation policy will apply as per NDIS price guidelines;
- give the provider the required notice if the client needs to end the Service Agreement (see 'Ending this Service Agreement' below for more information);
- let the provider know immediately if the participant's NDIS plan is suspended or replaced by a new NDIS plan or the participant stops being a participant in the NDIS.

Headstart ensures all clients are informed of their rights and responsibilities prior to the commencement of services via document 1-Service Agreement.

Also refer to:

- 7-Participant (Client) Transition to or from a Provider Form;
- 7a-Participant Transition Discharge Checklist;
- 7b-Transition to or from a Provider Spiel;
- 18I-Occupational Therapy Discharge;
- 18n-OT Handover Template.

Practice procedure

Client's rights and our responsibilities are central when developing and reviewing our supporting policies and procedures. These processes are reviewed (at least) annually.

Clients receive information about their rights and responsibilities prior to the provision of supports via their Service Agreement.

Staff receive training on client's rights and responsibilities at induction and on a regular and on-going basis.

Client rights and responsibilities are reviewed (at least) annually and changes are made to the Service Agreement to reflect these changes as/if required. Clients are informed of any changes.

The Allied Health Professional (AHP) goes through rights and responsibilities with the client as per the service agreement at the time of the initial assessment. The AHP endeavours to ensure the client understands the information by using appropriate communication and interpreters if required. If the AHP is uncertain they understand their rights and responsibilities they will seek consent to talk with a trusted decision maker, family member or advocate.

Informing the client

Practice policy

Our consultants and administrative system aim to inform and explain all aspects of our service. Documents that inform clients are included in our Confirmation Pack.

Other resources include:

- 1c-Child Safe Environments (CSE) Compliance Statement;
- 2-Emergency Management Response and Evacuation Plan;
- 8c-Emergency Management and Disaster Plan;
- 2a-Advocacy Resource List ;
- 2b-VANED Information Document;
- 2c-Disability Advocacy Information;
- 2d-Disability Advocacy Information;
- 2e-Make it known, make it better resources (NDIS human rights link).

Dignity of risk and duty of care

Practice policy

Headstart ensures that our staff understand and respect the client's right to dignity of risk.

"Dignity of Risk: Is the belief that each person that is aged, frail aged or with a disability is entitled to experience and learn from life situations even if these, on occasion, may be a threat to their well-being"

The organisation recognises its duty of care in relation to dignity of risk and aims to ensure the client:

- has been informed of the consequences;
- are able to understand the consequences or potential risk;
- others will not be adversely affected.

Our clinicians are trained to ensure that our clients are supported to understand under what circumstances supports can be withdrawn. Access to supports required by the client will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the client.

Practice procedure

Clients are supported by our staff to make informed choices and decisions about the supports they receive and activities they may wish to undertake. This may require the support of others with the client's consent (family / friends / advocates or other professionals. Informed decision making involves a general awareness of the consequences of the decision which needs to be made voluntarily and without coercion.

When a privacy issue is in conflict with duty of care, the duty of care responsibility will take priority e.g. mandatory reporting.

In situations where duty of care obligations outweighs dignity of risk the client should be informed of the decision and why the decision was made.

Courtesy and respect

Practice policy

Consultants and non-clinical staff need to respect the rights and needs of clients. Friendliness, fairness and open communication are considered the best antidote to the risk of client dissatisfaction, grievance, complaint or legal action.

It is for these reasons that the following apply:

- staff need to be courteous at all times;
- clients are be spoken to clearly with information repeated where necessary;
- staff are understanding of clients who may be anxious, frightened or unfamiliar with our practice;
- clients are to be treated with warmth, empathy and consideration;
- staff must attempt to ascertain all of the facts by giving clients time to communicate in difficult situations;
- staff must acknowledge the client's rights to celebrate their diversity;
- staff are inclusive and welcome all clients; celebrating diversity.

Practice procedure

In our practice consultants and non-clinical staff respect clients' rights and needs by treating them with courtesy and respect. We provide training to ensure consultants, and non-clinical staff communicate in a clear, understanding and considerate manner. Headstart is committed to providing person-centred supports that are based celebrate individuality, freedom of expression, informed decision-making and cultural diversity. More information regarding individual rights can be found on: http://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/cth/consol_act/dsa1986213/

Advocacy

Practice policy

Headstart staff, volunteers and stakeholders will ensure every client's right to choose and involve an advocate or representative of their choice, who can participate or act on their behalf at any time.

Advocacy can be defined as:

".....Advocacy in all its forms, seeks to ensure that people, particularly those who are most vulnerable in society, are able to: Have their voice heard on issues that are important to them, defend and safeguard their rights, have their views and wishes genuinely considered when decisions are being made about their lives"

Headstart staff will work cooperatively with a client's chosen advocate to better understand the client's expressed wishes in relation to their supports and services.

Supporting Advocacy

Headstart acknowledges the importance of Advocacy for people with disability, and will:

- provide Training about advocates and advocacy;
- maintain currency of their document 2a-Advocacy Resource List;
- maintain printed material on advocacy at their reception area.

Advocacy Resource List

All clients will be provided with a copy of Headstart document—2a-Advocacy Resource List, South Australia and Australia.

Practice procedure

Where a client does not have a nominated advocate:

- All clients have the right to appoint an advocate of their own choice, at any point of time in the delivery of their services or supports. Headstart will discuss advocacy with clients to reassure them that Headstart supports advocacy, and their right to have an advocate present to represent them.
- The Headstart document 2a-Advocacy Resource list provides an extensive list of South Australian and Australian advocates and may be useful for clients, which we give to our clients upon our engagement.
- Headstart Staff let clients know that they can assist them to find a suitable advocate.
- Headstart staff are required to make appropriate notes in the client's files on discussions about advocacy and the client's choice of a nominated advocate, and the advocate's contact details (email, telephone contacts).
- It should be noted that a client can withdraw their approval for an advocate to act on their behalf at any time.

Headstart ensures that:

- At the initial assessment the client understands their right to choose an advocate.
- If they have an advocate a record will be made in the client's file.
- Where a client has a nominated advocate, the advocate should attend the initial assessment. If they are not available the initial assessment will be rescheduled.
- At the initial assessment the advocate will be involved in the client's goal setting, planning service responses and additional referrals for alternative services.
- Currency of the choice of the advocate will be checked. Headstart staff may need to contact the advocate to ensure they are aware they have been nominated, or to check currency, which will be recorded in the client's file.
- Clients have an ongoing right to change their advocate whenever they need.
- If Headstart staff assess a client as not being able to manage their service a referral to The Office of the Public Advocate should be considered.

Training

Headstart staff will attend annual training on the importance of advocacy (refer to document 11a-Training Register).

Inclusion and diversity

Practice policy

Headstart's diversity and inclusion policy works to promote diversity and inclusivity within the field of allied health. Our aim is to ensure equal opportunities, respect, and fair treatment for all individuals, regardless of their race, ethnicity, gender, age, sexual orientation, disability, or other protected characteristics.

This policy outlines our strategies to create a diverse and inclusive environment. It encourages recruitment and retention practices that attract individuals from underrepresented groups. We support ongoing training and education to foster cultural competence and eliminate bias in the delivery of healthcare services.

Headstart promotes a culture of inclusivity and a celebration of diversity, where all voices are valued and respected. We encourage the participation of diverse perspectives in decision-making processes and seek to create a supportive and welcoming environment for all allied health professionals and patients.

Furthermore, the policy includes guidelines for addressing incidents of discrimination, harassment, or bias. It outlines procedures for reporting and addressing such incidents promptly and effectively, ensuring accountability and a commitment to addressing any issues that arise.

By implementing this policy, allied health organisations strive to create an inclusive profession that reflects the diverse populations they serve. They aim to enhance patient care, improve health outcomes, and promote equity and social justice within the field of allied health.

Practice procedure

Headstart includes training and awareness about inclusion and diversity in our induction process and our on-going training (please see our Quality Audit Review). We also support and promote inclusion and diversity in the information we provide; which is also used in our training processes (please refer to our document 10 NDIA Inclusion and Diversity Framework, and 10a South-Australian-Public-Sector-Diversity-and-Inclusion-Strategy-

2019-21 for more information). Inclusion and diversity provide a base for our appropriate to care and services (see 1-Service Agreement).

Our values include:

- support; commitment; professionalism; care.

Our strategies for inclusion and diversity align with our values: i.e.:

- providing sensitive, inclusive and considered support to all of our clients;
- being committed to promoting inclusion and diversity in all aspects of the organisation;
- ensuring we have a professional approach to training staff on inclusion and diversity;
- providing the best quality care and assistance to help our clients thrive and express their cultural, sexual, racial, neurological, physical and/or gender diversity).

Addition strategies to promote and support our focus on inclusion and diversity:

- our consultants always ask our clients' for their preferred pronouns/name—we do not assume gender;
- we have internal training each year on diversity and inclusion;
- our speech pathologists also complete a two hour cultural learning workshop each year as part of their Speech Pathology Australia membership requirements;
- we provide opportunities for autistic clients to connect with other autistic people (i.e. social groups);
- we have client/family-centred therapy approaches—checking in with clients and/or parents regarding goal-setting priorities;
- our clinicians check all language/s spoken at home in questionnaire and fully aware prior to making any language recommendations;
- our Diversity and Inclusion PowerPoint Presentation (document 10b);
- our supervisors check on inclusion and diversity and how it is supported during their review check (see 17c-Supervisor Client File Review).

Violence, abuse, neglect, exploitation and discrimination

Practice policy

At Headstart we recognise and acknowledge the right of our clients to feel safe and to live in an environment where they are protected from assault, neglect, exploitation, discrimination or any other form of abuse. Each one of us works with children and young people with disabilities and we strive to ensure that our clients have a safe and secure environment, where they feel protected and secure. Headstart is committed to responding immediately to any instance where a person with disability is at risk of harm, including:

- domestic and family violence;
- physical, sexual and/or emotional or financial abuse;
- any type of neglect, exploitation or discrimination.

Definitions of violence, abuse, neglect, exploitation and discrimination (VANED)

Violence	Violent behaviour by one person towards another can include behaviour that is physical, sexual, intimidating, emotional, psychological and financial. It is noted that people with disability are more likely to experience violence from a carer or family member
Abuse	Behaviour or actions intended to cause harm to a person including threatened or actual physical, psychological, emotional, and sexual, or verbal abuse, including physical or medical restraint. Gaining a person's compliance through coercive behaviour.
Neglect	The failure by of a person responsible for another person to provide adequate food, shelter, clothing, medical or dental care
Exploitation	A person knowingly taking advantage of another person in any way
Discrimination	A person is treated less favourably than another person because of their background or certain personal characteristics including their age, disability, race, including colour, national or ethnic origin or immigrant status, sexual orientation, gender identity or intersex status.

We understand that these types of harm can impact on a person's physical and mental health, their behaviour and their learning and development. We manage and record complaints, allegations and incidents in accordance with the requirements of the:

- National Disability Insurance Scheme (Incident Management and Reportable Incidents Rules 2018);
- The National Disability Insurance Scheme (Complaints Management and Resolution Rules 2018);
- The South Australian Government Mandatory Reporting Guide Development Version 1.0 November 2015 (where it applies to Headstart/
https://www.childprotection.sa.gov.au/__data/assets/pdf_file/0008/107099/mandatory-reporting-guide.pdf;
- The Child Abuse Report Line (CARL) South Australia (Child Abuse Report Line [CARL] 13 14 78).

We protect the rights of our clients and ensure compliance against current legislation and South Australian law.

Safety

Practice policy

Headstart is dedicated to ensuring that our clients, families, staff and visitors are safe and protected in our space. We take all precautions possible to ensure a healthy, safe and supportive environment. Please see below for other information regarding health and safety practices at Headstart.

Practice procedure

For more information on safety please see:

- child safe environment;
- health, safety and wellbeing (section 7);
- triage and medical emergencies;
- dialling emergency 000;
- clients in distress;

- violence, abuse, neglect, exploitation and discrimination;
- health, safety and wellbeing (section 7);
- incidents and injury (section 7);
- security (section 7);
- fire protection (section 7);
- fire safety (section 7);
- principles of infection control (section 8);
- non-medical emergencies (section 7);
- emergency and disaster management (section 10);
- safety drills are conducted at least yearly (note clients and their families have expressed their preference not to a part of the drills, but staff are trained and will guide those in their care).

Professional development

Headstart will always be committed to building the knowledge, skills and understanding of its team about the impact and effects of violence, abuse, neglect, exploitation and discrimination on clients. We recognise that ongoing training will help us develop a better understanding of how to identify, prevent and protect clients from the risk of significant harm in a changing community. The following reviews take place annually to ensure that we minimise any risks to our clients, i.e. a:

- risk management policy and procedure;
- risk management chart—completed risk assessment templates;
- complaint register for systemic issues;
- incident register for systemic issues.

Also refer to Section 7 of this document under “Continuing Professional Development” and “Induction of New Staff Members and Staff Performance Reviews”.

Reporting of complaints, allegations or incidents

Practice policy

Our system is designed to comply with the NDIS Incident Management and Reportable Incidents Rules 2018 and the NDIS Complaints Management and Resolution Rules 2018, together with the South Australian Government Mandatory Reporting guide.

Headstart’s culture is one of openness and transparency. We fully support any member of our team to disclose any risk of harm to a client or the need to report a complaint, allegation or incident.

We will report any instance where:

- there is a change in a client’s behaviour that may indicate abuse;
- a client tells you that they are being abused;
- a client displays behaviours that are unwelcome;

- someone is behaving or acting toward a client that you know is wrong or makes you feel uncomfortable;
- a client says they feel discriminated against;
- a client's state of dress is unkempt, or they say they are hungry;
- you observe unexplained bruising or injury;
- you feel, or have determined that a client is being abuse.

We understand that a failure to report an abusive situation may result in a Criminal Offence.

Reporting Abuse

Where a staff member is concerned about the possibility of violence, abuse, neglect or exploitation has been committed against a client, they will contact Dr Robyn Young or Kate Walczak immediately. Where it is determined that a client has been committed, or is being committed, the South Australian Police will be contacted.

Where allegations of abuse, violence, neglect or exploitation have been made, Dr Robyn Young or Kate Walczak will contact the National Disability Abuse and Neglect Hotline on 1800 880 052.

(None of the above precludes any person from reporting genuine concerns independently of Headstart).

Practice procedure

(Also see the Section 10- Continuous Improvement and Risk Management for more information on incident management. Also refer to documents: 13-Complaints Register, 13a-Complaint Information and Form and 13b-NDIS Facts Sheet - Making a Complaint)

Reporting Process

When reporting an incident, or allegation of an incident, the reporters should be prepared with the following information:

- their name, your occupation, your business address;
- the name of the person who received the information about the alleged situation;
- their details;
- client's name, age, date of birth and current address;
- description of injury, abuse and/or neglect;
- whether the client has a current Advocate or Guardian;
- details about the alleged perpetrator (where possible);
- details of how you have received the information of the alleged situation;
- copies of all information must be kept in a secure file on-site at Headstart.

Headstart will undertake an investigation

Dr Robyn Young Business Owner and/or Kate Walczak Practice Manager will undertake an internal review of the allegation or incident.

Investigating Allegation or Incident

Dr Robyn Young Business Owner and/or Kate Walczak Practice Manager will undertake a review of the allegation or incident by:

- gathering data from relevant staff;
- analyse information and determine what occurred, how it occurred, and who was involved;
- determine the effect on the client;
- consult with relevant stakeholders;
- inform the client or their family that they can access an advocate for support;
- review the outcome against practices;
- undertake action to prevent the incident from occurring.

Support the client

Reported allegations or incidents require the managers to gather all the relevant information and make a report to the relevant authority such as the Police or via the State's reporting process.

Offer support to the client relevant to the allegation or incident. Discuss with the client if they would like to have an advocate.

Presence of a third party

Practice policy

At times, a third party may be requested to attend a consultation. Some reasons include:

- because we are a teaching practice provisional psychologists/placement students attend some consultations;
- the client may be accompanied by a third person such as a carer or family member.

For each of the above reasons, consent must be obtained from the client, if the client is of age, whether this is implied or expressed.

Practice procedure

Our practice collects signed consent from clients as part of our registration of a new client. This is kept in the client's practice file. Also see document 6a-Consent to Disclose Information.

Clients in distress

Practice policy

A client in distress may feel more comfortable in a private area than in a public waiting area. Distress may be emotional, such as crying.

To respect a client's rights and dignity, our practice provides privacy for such clients such as allowing them to sit in an unused room, or other area.

Clients in distress are transferred to a private area, where they are monitored regularly. Depending on the client's condition, a receptionist will stay with the client, or the consultant may be interrupted to view the client's condition.

Practice procedure

In our practice, we provide privacy for clients and others in distress by:

- transferring client to a private room;
- contacting a consultant;
- asking the practice staff to monitor the client.

Triage and medical emergencies

Practice policy

Headstart is not an emergency service. Emergency contacts are available on request from admin

Practice procedure

All emergencies are referred onto emergency services. Emergency numbers are located at the front desk.

Dialling emergency '000'

In our practice, we follow this procedure when dialling '000' in an emergency:

1. dial '000' (free call) and ask for 'ambulance';
2. advise the operator that you are calling from a private psychology practice;
3. answer any questions asked by the operator including:
4. follow pre-arrival advice provided by the operator;
5. do not hang up until the operator tells you to – you may have to hold while an ambulance is dispatched.

Care outside of normal opening hours

Practice policy

Where it is safe and reasonable, our practice provides advice for access to out of hours emergency care for regular clients of our practice. Clients are encouraged to discuss with their consultant.

Practice fees Cost of care provided by our practice

All Headstart fees can be found on our website: www.headstartis.com.au

Practice policy

To assist in making an informed decision about their health care, clients must be informed of the cost of care provided by our practice.

Practice procedure

Our practice informs clients of our fees and billing arrangements via:

- the confirmation pack.
- website

Cost of care provided outside of our practice

Practice policy

To assist in making an informed decision about their health care, clients must be informed of the potential cost associated with investigations or consultation with medical specialists, allied health professionals or other allied health services.

Clients should be encouraged to ask the service or specialist to whom they have been referred about the exact fee that may arise.

Consultants should be made aware of the billing policies of services they frequently refer clients to. This information can then be provided to clients upon referral.

Practice procedure

Our practice informs clients of the potential costs associated with investigations or consultations with medical specialists, allied health professionals or other allied health services by contacting the appropriate professional on behalf of the client if required.

SECTION 4 – CLIENT HEALTH RECORDS AND CONFIDENTIALITY

Client health records

Practice policy

A Client health record is a detailed, confidential document compiled by a health professional over a period of time on a particular person. Its primary purpose is to:

- adhere strictly to South Australia’s Information Sharing Guidelines (ISG) – see our ISG information sheet;
- identify a person accurately;
- record symptoms and signs;
- support diagnosis;
- justify management decisions.

Format of health records

To enhance continuity of care, each client have their own individual file. This record contains:

- all clinical information relating to the client;
- contact and demographic information including the client’s full name, date of birth, gender and contact details;
- the preferred contact in an emergency.

Content of health records

Practice procedure

Our practice also ensures that:

- significant face-to-face, telephone or electronic communication is recorded in the client record.

Consultation notes

Practice policy

Our practice also documents consultations including those outside normal opening hours, home or other visits and clinically significant telephone or electronic consultations.

Consultation must include the following:

- date of consultation;
- reason for consultation;
- recommended management plan and where appropriate expected process of review;
- any special advice or other instructions.

Reports and clinical correspondence

Practice policy

All reports, tests and results and clinical correspondence received must be reviewed, signed or initialled in a timely manner by the consultant and incorporated into the client health record. Our supervisor/s review the client files to ensure that they comply with all regulations, obligations and the organisation's values (ensuring they show our support, commitment, professionalism and care).

Practice procedure

Once reports and correspondence is signed by the treating consultant the reception files the documentation in the clients personal practice file.

Retention, transfer and archiving records

Practice policy

Our practice refers to State or Territory and/or Federal legislation regarding the length of time client health records must be kept. This includes those that are inactive and when the client is deceased.

At a minimum, client health records must be kept until the client is 25 years of age, if a child, or a minimum of 7 years following the last year of the client's attendance, whichever is greater.

Our practice has a process in place to allow for identifying, culling, storing and retrieving inactive client health records. 'Active health records' are records of clients who have attended our practice 3 or more times in the past 2 years.

When authorised, our practice destroys material containing client health information by shredding.

When a client requests for their client record to be transferred to a consultant outside of our practice, the consultant has an obligation to provide a copy or summary of the client health record in a timely manner to facilitate care of the client.

Transfer of health records from our practice can occur in the following instances:

1. when a client asks for their client record to be transferred to another practice;
2. for legal reasons, e.g. record is subpoenaed to court;
3. where an individual client record report is requested from another source.

Practice staff must notify the consultant about all requests for client health information. Our practice records the request by the client to transfer client health information on the health record, and this needs to include details as to the date, where and when the information was sent and who authorised the transfer.

The client must provide written consent to the transfer. Transfer of client records document is kept at reception. New clients are asked if they wish to have their old records transferred to our practice.

For medico-legal reasons, our practice retains the original record and provides the new consultant with a summary or a copy. If a summary of the client's health record is provided to the new consultant, a copy of the summary is kept on file for record purposes.

Our practice does not charge a fee to the practice or the client for transferring the client's health record to another practice.

In our practice, the length of time inactive paper based medical records are kept is seven years.

Children's paper based medical records are kept until 25 years of age or 7 years after the last entry

Deceased files are kept for 3 years.

Transition (transfer) to or from another provider

Practice policy

It is necessary for a consultant to become familiar with a new client's history via their client record from a previous practice. If a copy or summary of a client record is required, written client consent must be provided to the former practice by the client. Our practice assists new clients by providing a consent form and posting to the former practice. We also assist our clients with transition to another provider.

Practice procedure

Our practice follows this procedure when transferring health records from another practice:

1. all steps in the transition are to be undertaken collaborating with the client and their representative/guardian;
2. ask the client to sign a form indicating consent for their previous practice to forward a copy or summary of their client record;
3. post or fax the consent to the previous practice requesting that they provide a copy or summary of the client's record and include a copy of the client's consent;
4. Transitions are planned, documented and coordinated (see below);

Also refer to the following documents:

- 7-Participant (Client) Transition to or from a Provider Form;
- 7a-Participant Transition Discharge Checklist;
- 7b-Transition to or from a Provider Spiel;
- 18l-Occupational Therapy Discharge;
- 18n-OT Handover Template.

Our practice follows this procedure when transferring health records to another practice:

1. ensure that the client has provided written consent and this is incorporated into the client's health record;
2. stamp or record 'copy' on each page of the photocopy or summary report;
3. send the health record to the requesting practice via post or fax;
4. make a note in the client's health record the date and destination of the records transferred.

Reports and referral documents and services

Practice policy

Reports and Referral documents (i.e. letters and pre-printed forms) to other health care providers must contain relevant and sufficient information to facilitate optimal Client care.

Clients must be made aware that Client health information is being disclosed in the report and or referral documents.

The client must be given information about the purpose, importance, benefits and risks associated with investigations, referrals or treatments proposed by their consultant to enable the client to make informed decisions.

For medico-legal and clinical reasons, copies of significant (non-routine) referral letters are kept in the Client's health record (electronically).

Practice procedure

In our practice, reports and referral letters are:

- written by the treating consultant;
- reports are either emailed or posted with one copy kept in the client's personal file.

In our practice, the procedure for informing Clients that Client health information is disclosed in the report or referral documents is via:

- the consultant;
- client consent form.

Privacy and confidentiality

Practice policy

Privacy Act

The Privacy Amendment (Private Sector) Act 2000 extends the operation of the Privacy Act 1988 to cover the private health sector throughout Australia.

For further information regarding complying with the legislation visit the website of the [Office of the National Privacy Commissioner](https://www.privacy.gov.au) at www.privacy.gov.au .

Client health information

The maintenance of privacy requires that any information regarding individual clients, including staff members who may be clients, must not be disclosed in any form (verbally, in writing, electronic forms inside/outside our practice) except for strictly authorised use within the client care context at our practice or as legally directed.

All client health information is considered private and confidential, and therefore must not be disclosed to family, friends, staff or others without the client's consent. This information includes medical details, family information, address, employment and other demographic and accounts data obtained via reception. Any

information given to unauthorised personnel will result in disciplinary action, possible dismissal and other legal consequences.

Each staff member, student in training and consultant must sign a confidentiality agreement on commencement of employment.

In addition to Federal legislation, our practice also complies with State legislation.

Care is taken to ensure that individuals cannot see computer screens showing information about other individuals. Screensavers or other methods of protecting information must be engaged.

Access to computerised client information must be strictly controlled with personal logins/passwords. Staff must not disclose passwords to unauthorised persons. Screens need to be left cleared when information is not being used. Terminals must also be logged off when the computer is left unattended for a significant period of time.

Items for postage, couriers or other pick-ups must not be left in public view.

Practice procedure

In our practice, to ensure the maintenance of privacy, health records are stored in locked filing cabinets and electronically through PracSuite.

In our practice, computer screens are positioned so that individuals cannot see information about other individuals, access to computerised client information is strictly controlled with passwords and personal logins, automatic screen savers and computer terminals are logged off when the computer is left unattended for a significant period of time.

Security

Practice policy

When not in attendance, staff must ensure that letterhead, client records and related client information are out of view. They must also be stored in areas only accessible to authorised persons.

Facsimile, printers and other electronic communication devices must only be accessible to authorised staff.

Practice procedure

In our practice, letterhead, health records and related Client information are stored in the office area in lockable cupboards or reception area.

In our practice, the facsimile, printers and other electronic communication devices are located in the reception area.

Research and quality program

Practice policy

Wherever possible, client data should be de-identified, however if it is unavoidable, our practice ensures:

- the client provides explicit and documented written consent;
- the client receives a written and verbal explanation about the research;
- the client can withdraw their consent at any time;

- the project is approved by a relevant Human Research Ethics Committee (HREC) established under the National Health and Medical Research Council guidelines;
- privacy laws are followed.

National Privacy Principle 6 relates to Use and Disclosure and further information can be found on the [Office of the National Privacy Commissioner](https://www.privacy.gov.au) website at www.privacy.gov.au

The practice needs to determine whether Human Research Ethics Committee (HREC) approval is applicable, and this needs to be discussed with the research company. Refer to National Health and Medical Research Council (NHMRC) '[National statement on ethical conduct in research involving humans](#)' for further information.

Research projects using de-identified data such as clinical audits should ideally have client consent, however this can be in more general terms such as by placing a notice in the practice information sheet or in the waiting area.

Practice policy

Consultants must inform clients of the purpose, benefit and risks of proposed treatment or investigations. It is crucial that clients receive sufficient information to allow them to make informed decisions about their care. This must be documented in the client's client record.

Information provided must be clear and given in a form that is easy to understand, whether it be verbally, in a diagram with explanation, brochure, other handout/leaflet or poster.

Consultants must take into consideration the client's ethnicity and principal language spoken. Steps are taken to ensure an interpreter is utilised where necessary and at the client's request. Issues of personality, personal fears and expectations, beliefs and values also need to be considered.

Client's consent will be obtained for the following:

- research projects where the Client can be identified (written consent);
- written reports;
- clinical training programs (verbal consent);
- third party observation or participation in client consultation (verbal consent prior to the Client entering the consultation room).

Types of consent

The *Privacy Amendment (Private Sector) Act 2000* states that consent may be 'express' or 'implied'. The definitions for express and implied are:

- express consent – is given explicitly, either verbally or in writing;
- implied consent – is agreement that can be inferred from an individual's conduct.

Practice procedure

In our practice, we ensure clients are provided with clear information to allow them to make informed decisions about their care prior to requesting their consent. Client consent is documented in the client records.

Headstart ensure that where relevant the following forms are completed:

- 6-Information Sharing Guidelines Procedure (ISG);
- 6a-Consent to Disclose Information;

**Wayville**

Wayville Village
43-51 Goodwood Rd
Wayville, SA 5034
P: (08) 8373 4531
E: admin@headstartis.com.au

Gawler

21-23a Twelfth Street
Gawler South, SA 5118
P: (08) 8522 2621
E: gawler@headstartis.com.au

Postal:

PO Box 58 Goodwood SA 5034
F: (08) 8373 7618
ABN: 31314912925

- 6b-Consent to Videotape and Photograph Sessions;
- 6c-Adult Client Information and Consent Form;
- 6d-Child Client Consent Form;
- 6e-Telehealth Consent Form - Speech Pathology;
- 6f-Telehealth Consent Form - Psychological Service.

SECTION 5 – COMPUTER AND SYSTEM ADMINISTRATION

Document control, review and auditing

Practice policy

Our practice has a documented system that supports are online documents. The Headstart Policy/Procedure Manual is available to all staff. The system is controlled by the Practice Manager and a Microsoft Excel document lists all documents and allows for easy access by use of a Hyperlink (see the practice manager for more information). Important information for our clients can also be found in the Welcome Pack, and the Confirmation Pack, which are sent out via PracSuite and email upon registration.

Headstart use a Practice Management Software called PracSuite for all online communications but also offer hard copies as needed.

Practice procedure

Our practice has systems in place to protect the privacy, security, quality and integrity of the data held.

The Confirmation Pack is automatically generated by the system by the Practice Management Software when a diagnostic assessment is booked online. The Welcome Pack is a new process and will be sent via PracSuite (our Practice Management Software) as sent directly to the client/representative.

Our files are reviewed/audited and modified as a result of reviews/audits using the following documents:

- 17-Internal Audit Checklist
- 16-Quality Audit Review
- 17c-Supervisor Client Review File
- 17d-AHA Auditing Criteria
- 17e-AHA List and Audit Details
- 17f-OT SP Auditing Template
- 15-Continuous Improvement Register
- 17b-Headstart Self-Assessment
- 14-Data Analysis (feedback)
- 13-Complaints Register

Note, our clinicians keep a log of their clients' progress and our supervisors review the client files at least bi-annually (see 17c-Supervisor Client File Review).

Also see Section 4:

- Retention, transfer and archiving records;
- Reports and referral documents and services.

The organisation has undergone a complete audit of all files (June/July 2023) and as result new documents have been added and other documents have been modified. This will be rolled out over July/Aug 2023.

Use of business and personal devices, internet and email

Practice policy

Breach of this policy

Computers, software, internet and email are important resources to assist Headstart and its team to provide effective and efficient services and supports to its clients and other stakeholders. At Headstart we acknowledge the importance of mobile technologies in improving business communication and productivity. Please read this document in full and sign in acceptance.

Purpose of the Policy

This policy provides guidelines for the use of business and personally owned notebooks, smart phones, tablets and any other types of mobile devices used for business purposes. All staff, who use or access Headstart's technology equipment and/or services, are bound by the conditions of this document.

Any breach of this policy will be considered seriously which can result in consequences such as confiscation of the device and or termination of employment, and may result in a notifiable data breach to the privacy commission. Also notification to professional body, APS, SPA or OTAUS.

Practice procedure

Current mobile devices approved for business use

The following business and personally owned mobile devices are approved to be used for business purposes at Headstart:

- mobile devices such as notebooks, smart phones, tablets, iPhones, Macs, removable media.

All employees who have a business and/or personal mobile device for business use acknowledge that the business:

- owns all intellectual property created on the device related to the business;
- can access all data held on the device, including personal data, where required;
- will regularly back-up data held on the device;
- will delete all data held on the device in the event of loss or theft of the device;
- will delete all data held on the device upon termination of the employee. The terminated employee can request personal data be reinstated from back up data;
- has the right to deregister the device for business use at any time.

Each employee who utilises business and personal mobile devices agrees:

- to make every reasonable effort to ensure that Headstart's information is not compromised through the use of mobile equipment in a public place and that screens displaying sensitive or critical information is not be seen by unauthorised persons;
- all devices need to be password protected;
- to maintain the device with current security software;
- not to share the device with other individuals;
- to abide by Headstart's internet policy for appropriate use and access of internet sites ;

- to notify Headstart immediately in the event of loss or theft of the registered device;
- not to connect USB memory sticks from an untrusted or unknown source.

Keeping mobile devices secure

The following must be observed when handling mobile computing devices (such as iPhones, notebooks and iPads):

- Mobile computer devices must never be left unattended in a public place, or in an unlocked house, or in a motor vehicle, even if it is locked. Wherever possible they should be kept on the person or securely locked away.
- Cable locking devices should also be considered for use with laptop computers in public places, e.g. in a seminar or conference, even when the laptop is attended.
- Mobile devices should be carried as hand luggage when travelling by aircraft.

Computer

When using the organisation's technology, as an employee, you should not expect anything personal you create on Headstart's computers to be private, and that such data belongs to the company.

Email protocol

When using Headstart's email address you are representing our organisation. It is essential that we all maintain security and confidentiality, and safeguard the organisation's information and resources. Email is often the choice of hackers which can result in confidentiality breaches, viruses and other malware. These issues can compromise our reputation, legality and security of our equipment.

Staff must be diligent and not expose Headstart to unsafe practices:

Staff must not sign up for illegal, unreliable, disreputable or suspect websites and services; or:

- send unauthorised marketing content or solicitation emails;
- send insulting or discriminatory messages and content;
- intentionally spam other people's emails, including their colleagues;
- download information or files not directly related to their work.

To ensure email and internet security, staff must:

- select strong passwords with at least eight characters (capital and lower-case letters, symbols and numbers) without using personal information (e.g. birthdays.);
- remember passwords instead of writing them down and keep them secret;
- change their email password every two months;
- avoid opening attachments and clicking on links when content is not adequately explained (e.g. "Watch this video, it's amazing");
- be suspicious of clickbait titles;
- check email and names of unknown senders to ensure they are legitimate;
- look for inconsistencies or style red flags (e.g. grammar mistakes, capital letters, excessive number of exclamation marks);
- not send, or search for criminal, offensive or inappropriate internet content;

- Not send offensive or inappropriate emails to customers, colleagues or stakeholders;
- ensure all client information is kept confidential from any other person/s.

Our document 9r-Use of Business and Personal Devices, Internet and Email Policy is signed by all staff during induction.

Computer security

Practice policy

Our practice has systems in place to protect the privacy, security, quality and integrity of the data held. Appropriate staff are also trained in computer security policies and procedures.

Our practice has the following areas documented in the computer security policy:

- consultants and staff have personal passwords to authorise appropriate levels of access to health information;
- screensavers or other automated privacy protection devices are enabled;
- backups of electronic information are performed at a frequency consistent with a documented information disaster recovery plan;
- backups of electronic information are stored in a secure offsite environment;
- backups are tested;
- antivirus software is installed and updated;
- all internet connected computers have hardware/software firewalls installed.

Practice procedure

All computer users in our practice, are required to maintain confidentiality of practice and client data. Computer users should never leave a work station unlocked and unattended.

In our practice, we keep personal health information secure by the use of screensavers, anti-viral software, passwords, firewall and data backups.

Website

Practice policy

In complying with the *Privacy Amendment (Private Sector) Act 2000*, our practice provides the following advice to users of our website about the collection, use and disclosure of personal information.

The website is accurate, kept up-to-date and complies with the [Australian Psychology Association \(APA\) Code of Ethics](#).

Practice procedure

In our practice, the staff member responsible for website maintenance to ensure the website is kept current and up to date is the Practice Manager.

In our practice, the website is continually monitored to ensure it is up to date. Any changes to the practice information sheet is also reflected on the website.

Emails

Practice policy

Our practice recommends consultants use the following confidentiality and privilege notice on outgoing emails that are affiliated with the practice; this include our disclaimer:

“This message is confidential and should only be used by the intended addressee. If you were sent this email by mistake, please inform us by reply email and then destroy this message. The contents of this email are the opinions of the author and do not necessarily represent the views of Headstart Intervention Services”.

Practice procedure

In our practice, we scan Client correspondence received into the Client’s electronic record.

Our scanning processes consist of the following steps:

Step	Activity
1	Document is scanned and assigned to correct Client with correct details
2	Document is either placed into clients file or given to the consultant

SECTION 6 CLINICAL MANAGEMENT

Consultant autonomy

Practice policy

Consultants in our practice are free to make decisions that affect the management of their clients, in accordance with accepted clinical practice.

In particular, consultants need to be able to exercise full autonomy in determining:

- the consultants to whom they refer;
- what type and frequency of follow-up appointments are made for clients and the scheduling of such appointments;
- whether to accept new clients provided that this action is non-discriminatory.

Consultants of our practice are consulted when necessary prior to the scheduling of appointments and the purchase of new equipment and supplies. Our practice seeks feedback from consultants and other staff concerning the use of this equipment both formally (in staff or clinical meetings) and informally.

Clinical references and resources

Practice policy

Our practice provides consultants and therapists access to a range of resources and materials for reference on clinical matters and items of interest for professional development.

The references made available must contain information that is consistent with current practice guidelines or based on best available evidence. Our practice has an organised system of access to journals, clinical guidelines and other reference material.

Continuity of client care

Practice policy

Clients need to be able to request their preferred consultant when making an appointment or attending our practice, and as a result, reception staff make every endeavour to ensure that clients have the opportunity to request their preferred consultant and accommodate this in the appointment schedule. With the nature of our client's health management it is desirable that continuity of care is managed by an individual consultant. If clients are unable to obtain their first appointment with the consultant of their choice they should be advised of the availability of other consultants at this time.

In the event that the consultant is unable to attend due to illness a suitable appointment will be made to make up this time. Clients are booked with their consultants for a 12 month period.

Headstart makes every effort to ensure continuity of client care.

Depending on client suitability, Headstart offers telehealth/homework packs for clients during time of sickness where unable to attend onsite or during times of emergency or disaster (e.g. COVID lockdowns).

In the event that there is a gap between an NDIS participant's current plan end date and their new plan's start date, no services can be accessed through Headstart under NDIS funding. Services will be ceased and can be restarted once a NDIS plan is active. Participants can choose to pay privately to continue services during gaps in NDIS plans.

Practice procedure

In our practice, we encourage continuity of care for clients by:

- checking who the client's regular consultant is when they request an appointment;
- informing the client's usual consultant of the client's request for an appointment if the consultant is unavailable;
- referring the client to another consultant or health care provider if the client's condition requires management not within the capacity of our practice;
- referring the client to another consultant or health care provider if the client is unable to be effectively treated by a consultant at our practice.

In the event of an unforeseen disaster that prevents access supports will be transferred to delivery online (if possible).

Please note, this policy will be reviewed as part of management review of document 8-Emergency and Disaster Management Review Checklist.

As part of our continuity of care also see transition to or from other providers in section 4.

Management of a client refusing treatment or advice

Practice policy

Our practice takes an active approach to ensure the best outcomes for clients at all times even if they choose to reject investigation and/or management advice.

Consultants need to respect the right of clients to make investigation and treatment choices. Clients should be encouraged to notify the consultant if they choose not to follow advice or if they decide to seek another opinion.

Practice procedure

In our practice, the procedure for managing a client who refuses treatment or advice is:

- provide the client with the full range of options available, including the risks and benefits of each to enable them to make an informed choice;
- explain the consequences of the choices including those of non-investigation and treatment;
- offer continued monitoring, support or referral appropriate to their choices;
- document the client's decision in their record if they decide to seek further clinical options;
- document all communication and actions taken in the client's health record.

Refusal to treat a client

Practice policy

Our practice has the right to refuse to treat clients in defined circumstances, however arrangements must be made for transferring the care of that client. Emergency psychological intervention must be administered to Clients if it is necessary to:

- save their life;
- prevent serious damage to their health;
- prevent or alleviate significant pain or distress.

At times a consultant may not be able to effectively treat their client due to a breakdown in the therapeutic relationship (e.g. the client is behaving in a threatening or violent manner).

In these cases, the consultant does not need to persevere with the care of the client but refer them to another consultant or practice that would better suit the client's needs. This ensures appropriate care is provided to the client and also to prevent potential litigation.

Our practice consults with State and/or Federal legislation with regard to cessation of client care and transfer of client records.

Practice procedure

In our practice, the procedure for ceasing the consultant/client relationship is:

1. advise the client both verbally during a consultation and then followed up in writing that you are not able to effectively treat them because of a breakdown in the therapeutic relationship;
2. advise the client that you have a sincere desire for them to receive the appropriate care and that they may receive this by another consultant;
3. ask the client if they have another consultant in mind they would like to attend;
4. if their answer is "no", recommend another consultant or practice;
5. if the client agrees, ask the client if they would like you to make an appointment for them;
6. if their answer is "yes", make the appointment during the consultation and provide the client with the appointment time and with the new consultant's contact and address details;
7. document in the client's record discussions, the action taken and the appointment date;
8. obtain the client's consent in writing to send a summary or a copy of their record to the new consultant or practice;
9. document all communication and actions taken in the client's record.

SECTION 7 – HUMAN RESOURCE AND MANAGEMENT

Staff code of conduct

Consultants and administrative staff are considered the most valuable resource of our practice, as clients come to our practice to receive a high standard of care and good quality service.

Our practice aims to recruit and retain the best available team of people by:

- attracting the highest standard of candidates for any vacant position;
- inducting and training in practice procedures;
- treating staff with respect, fairness and honesty;
- providing a safe, healthy, rewarding and satisfying working environment;
- providing staff with the opportunity for personal and professional development.

Consultants and administrative staff must also:

- behave according to acceptable professional and social standards at all times;
- practice within their legal scope of responsibilities;
- maintain their knowledge, skills and attitudes through their professional specialty organisations;
- abide by State or Territory and Federal privacy legislation;
- sign a confidentiality agreement;
- refrain from inappropriate discussion about Clients both inside and outside of our practice;
- act according to practice policies and procedures and that which is detailed in their position description and/or employment contract;
- abide by the NDIS Code of Conduct.

The NDIS Code of Conduct requires workers and providers who deliver NDIS support to:

- Act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with relevant laws and conventions;
- Respect the privacy of people with 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 might have an impact on the quality and safety of supports provided to people with disability;
- Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse of people with disability;
- Take all reasonable steps to prevent and respond to sexual misconduct.

<https://www.ndiscommission.gov.au/about/ndis-code-conduct>

Practice procedure

Management will counsel or discipline employees that fail to meet acceptable codes of conduct.

Conflict of interest

Practice policy

What is a conflict of Interest?

Headstart actively manages real and possible conflicts of interest that have the potential to negatively impact or influence services. This is part of our commitment to always provide safe and high-quality supports.

Where personal interest comes into conflict with a person's work-related or volunteering responsibilities, Headstart exercises good governance to ensure any conflicts are identified and prevented or resolved.

A conflict of interest may be naturally occurring rather than as an indication of improper activity and all conflicts whether real or possible must be identified, declared, recorded and managed. A conflict of interest occurs when a person's personal interest conflicts with their responsibility to act in the best interests of the client/business. Personal interests can include direct interests, as well as those of family, friends, or other organisations a person may be involved with or have an interest in (an example may be another business).

Headstart has a system in place to ensure that we identify, disclose and manage any actual, potential or perceived conflicts of interest in relation to our staff. Declaring conflicts of interest protects the integrity of Headstart, our clients and our employees, and it allows us to manage any risks associated with it. All Headstart staff have an obligation to declare conflicts of interest they may have and are asked to sign 9t-Conflict of Interest Declaration.

Practice procedure

Management at Headstart also ensure that we:

- include conflict of Interest as a standing agenda item;
- invite all staff to consider any possible conflicts of interest;
- consider whether the conflict is relevant or poses a concern for the business;
- populate our form - 9g-Conflict of Interest Register and update it monthly after meetings (see the Practice Manager for the completed document);
- review conflicts of interest (quarterly);
- review the relevant documents on an annual basis (including performance reviews);
- discuss any conflicts of interest and support our staff to manage it;
- establish a system for identifying, disclosing and managing conflicts of interests across the business;
- monitor compliance against this policy;
- review this policy on an annual basis to ensure it remains relevant.

All Headstart staff have an obligation to ensure that any conflicts of interest they may have, are declared. We ask them to do this in person and on their contract of employment. Headstart have an obligation to record and review any conflict of interests.

Conflicts of interest in business are quite common. They will not present any problems as long as they are openly and effectively managed. Our controls address staff conflict of interest, however staff must:

- identify that they have a conflict of interest, which will be noted on their employment contract and on the conflict of interest register;
- ensure it is declared before they join the team;
- declare the conflict of interest to the Business Owner or Practice Manager to ensure it is put on the 9g-Conflict of Interest register;
- carefully manage any conflicts of interest, and discuss any concerns you may have with the Business Owner or Practice Manager;
- personally review your conflict regularly (say every 3 months) to determine whether it still exists and advise the Business Owner or Practice Manager;
- be sure to implement our policy and procedures;
- People working for or with Headstart must not seek any personal benefit as a result of their work including gifts or rewards.

New staff are required to sign a declaration see 9t-Conflict of Interest Declaration and any potential or actual conflict must be recorded on the register.

Identified leaders

Practice policy

Our practice has identified leaders in the practice team in the areas of clinical improvements, information management, complaints/feedback and human resources to ensure action is taken.

In our practice, the following people are responsible for:

- responding to Client feedback – Management Team /Senior Staff/ Supervisor;
- investigating and resolving complaints – Management Team;

Recruiting and appointing staff

Practice policy

Our practice analyses the position requirements before any recruitment activities take place.

In order to do this, the following questions are considered:

- What are the most important routine tasks the person filling this vacancy will have to carry out?
- What other important tasks must be carried out on a periodic basis?
- What skills and experience are needed to perform these tasks?
- What knowledge and qualifications are needed to perform these tasks?
- What attitudes, beliefs and values are required to fulfil the requirements of the position?
- Are there any particular attributes that would be especially helpful in fulfilling the requirements of the position?
- Are there going to be any additional tasks that may be added to the role in the future?
- If so, what additional skills will be needed to perform those tasks?

- Who will the position report to?
- Who is the position responsible for?
- Will the position be casual, part time or full time?
- What will be the remuneration for this position?

The above questions are discussed with team members and then answered in a structured format and used as the basis to create the following documents:

- selection criteria;
- position description;
- performance appraisal guidelines.

Also see section 7, induction of new staff members and staff performance reviews.

Appointment – non-medical staff

Practice procedure

Our practice ensures that all terms and conditions of employment, including job offers, are in writing. This ensures:

- the information is provided in a clear and unambiguous manner;
- all parties understand and agree to comply with the terms and conditions of employment;
- our practice is prepared for the commencement of the new staff member;
- the new staff member is able to start work without procedural delays.

As soon as practical after the applicant has accepted the position, a letter of appointment is sent, signed by the Business Manager / Director

The letter and prescribed forms include:

- starting date and time;
- hourly wage rate, or annual salary, or details of other arrangements;
- payment details;
- hours of work;
- leave entitlements;
- superannuation arrangements;
- the probationary period to be completed;
- the performance review details.

Attachments to the letter include:

- position description;
- confidentiality agreement;
- tax file declaration;

- form for banking details;
- personal particulars form;

The applicant is required to sign both letters of appointment and retain one for their records. The signed letter of appointment and the completed paperwork is then to be returned to the direct report as soon as possible.

Induction of new staff members and staff performance reviews

Practice policy

Induction

Our practice prides itself on building positive relationships that encourage good communication processes. Our staff meet a rigorous application process that verifies their qualifications and experiences. Our practice acknowledges that a well-planned and executed induction program will help not only in retention of employees, but also in productivity. Our practice has a thorough orientation program. We aim to get new people up to speed faster, assist them in adjusting to their jobs and work environment, instil a positive work attitude and inspire motivation from the onset. This manifests as lower staff turnover rates, quality delivery and continuity for clients.

Other benefits our practice may experience as part of a well-coordinated induction program include increasing our staff's understanding of:

- their responsibilities and legal obligations including worker screening;
- our policies and procedures;
- awareness of client rights – including diversity and inclusion;
- the culture of our practice (how we do things around here);
- reporting relationships in our practice;
- the layout and whereabouts of resources in our practice.

As a result, our practice has an induction program for all new consultants and practice staff. Although it is not necessary to complete the induction program in one block of time, all components should be covered within a scheduled period. Our practice also requires the new consultant or staff member to complete and sign the induction checklist as part of their employment agreement.

Review

Yearly contract reviews ensure employee checks are maintained and professional development obligations are met. Staff performance, requirements and legal obligations are monitored using contract review processes. During this process any concerns raised are addressed immediately. The organisation uses the following forms for contract review/staff performance reviews:

- 9b-Contract Review Discussion Points;
- 9c-Contract Review Discussion Form 2023 – for Management Meetings;
- Professional development is also part of the staff review process and staff meetings take place every fortnight—the Practice Manager takes the minutes and any actions that need to be followed up are emailed to staff and signed off by the Practice Manager once completed.

Practice procedure

At the induction stage of employment Headstart's new staff are emailed a list of all requirements, including an employee form to complete (see document 9q-Employee's Details). This form provides the organisation with all relevant details, e.g. documents/qualifications/memberships/etc. and assists us to facilitate completion of our document 9p-Worker Employment Checks. Again, this spreadsheet ensures that documents can be checked and allows confirmation that all obligations and requirements are met. Conflicts of interest are also reviewed during the induction and performance monitoring/reviews (also see conflict of interest policy and procedures).

In our practice, the induction program for all staff includes:

Welcome to our practice
• an introduction to other staff members
• a tour of our practice including bathroom facilities and tea room
• personnel administration – direct report, hours of work, salary, job description, performance review, tax declaration form, payment arrangements
• collection of required documentation as per letter of offer
• an overview of the organisation chart and direct reporting line
• information about the culture of our practice – particularly 'no blame' philosophy
• the importance of asking questions when you are not sure how to do something
• how/where to access policies and procedures
• information about available resources
• the opening and closing procedures of our practice
• provide keys to the new staff member
About our practice
• the background of our practice – history
• the practice profile – number of consultants, special interests, client demographic
• services provided by our practice
Practice administration
• an introduction to the front desk
• how to handle incoming and outgoing correspondence
• the location and procedure for ordering stationery and other office supplies
• details about the practice consultation fees
• information about billing arrangements
• the arrangements for home and other visits
Emergency and Disaster Management
• go through the Emergency and Disaster management Policy and Procedures
Telephone procedures
• how to place callers on hold
• when to transfer telephone calls to consultants and other staff

<ul style="list-style-type: none"> information about each consultant's policy on receiving and returning Client phone calls
<ul style="list-style-type: none"> the importance of not interrupting client consultations
<ul style="list-style-type: none"> a definition of an 'urgent situation'
<ul style="list-style-type: none"> how to take and deliver messages
<ul style="list-style-type: none"> an outline of what fees apply for phone calls (if appropriate)
Appointment management
<ul style="list-style-type: none"> information about the appointment system
<ul style="list-style-type: none"> how to determine the urgency of client care needs
<ul style="list-style-type: none"> how to accommodate clients with urgent, non-urgent and complex care needs
<ul style="list-style-type: none"> how to determine the most appropriate length and time of consultation at the point of booking
<ul style="list-style-type: none"> the types of appointments available at our practice
<ul style="list-style-type: none"> the process for handling new clients of our practice
<ul style="list-style-type: none"> how to offer clients the opportunity to request their preferred consultant
<ul style="list-style-type: none"> how to book appointments
<ul style="list-style-type: none"> how to handle clients who attend for their scheduled appointment
<ul style="list-style-type: none"> the importance of informing clients of waiting times
<ul style="list-style-type: none"> the process for handling did-not-attend and cancelled appointments
<ul style="list-style-type: none"> how to identify and care for clients in distress
Triage and medical emergencies
<ul style="list-style-type: none"> how to determine the level of urgency of client health care needs
<ul style="list-style-type: none"> how to handle a medical emergency – on the phone or in person and with or without a consultant in attendance
Client management
<ul style="list-style-type: none"> the importance of respecting client rights & treating clients with courtesy and respect
<ul style="list-style-type: none"> how to handle difficult or angry clients
<ul style="list-style-type: none"> information about each consultant's policy on receiving and returning client emails
<ul style="list-style-type: none"> how to access services to help communicate with clients who speak a language other than that of the consultants and/or those with a disability
<ul style="list-style-type: none"> how to provide important information to clients
Client records and confidentiality
<ul style="list-style-type: none"> the importance of privacy, confidentiality and security of client health information – including verbal, written and electronic information
<ul style="list-style-type: none"> the process for handling results, reports and clinical correspondence
<ul style="list-style-type: none"> information about the practice request for an appointment system
<ul style="list-style-type: none"> the practice policy on retention of records and archiving
<ul style="list-style-type: none"> the process for transferring client health records

<ul style="list-style-type: none"> the practice security policy for client information including accounts
Computer administration
<ul style="list-style-type: none"> information about privacy, confidentiality and security issues
<ul style="list-style-type: none"> allocating the appropriate passwords and permissions
<ul style="list-style-type: none"> how to lock the computer and activate screensavers
<ul style="list-style-type: none"> our email policy (if applicable)
<ul style="list-style-type: none"> computer security procedures – firewall, disaster recovery procedures
<ul style="list-style-type: none"> how to scan documents and digital images (if applicable)
<ul style="list-style-type: none"> procedures for anti-virus management
<ul style="list-style-type: none"> procedures for transferring client health information over a public network – encryption
Human resource management
<ul style="list-style-type: none"> staff code of conduct
<ul style="list-style-type: none"> staff requirements for continuing professional development
<ul style="list-style-type: none"> our practice policy on equal opportunity and sexual harassment
<ul style="list-style-type: none"> the frequency and procedure for staff meetings
<ul style="list-style-type: none"> what to do in the event of an incident or injury
<ul style="list-style-type: none"> our practice policy on lifting heavy objects
<ul style="list-style-type: none"> our practice policy on smoking, drugs and alcohol in our practice
<ul style="list-style-type: none"> how to handle violent situations in the workplace
<ul style="list-style-type: none"> ways to maintain staff health and wellbeing
<ul style="list-style-type: none"> how to handle non-medical emergencies – fire, bomb threats

* Areas found to be “not competent” staff must receive further training until competencies have been achieved prior to reprocessing of instruments and equipment.

Continuous quality improvement
<ul style="list-style-type: none"> information about practice accreditation and what that means
<ul style="list-style-type: none"> the name of the staff member responsible for Client feedback
<ul style="list-style-type: none"> the name of the staff member responsible for investigation and resolution of complaints
<ul style="list-style-type: none"> the name of the staff member responsible for leading clinical improvements

Position descriptions

Practice policy

All staff members in our practice have a specific job description that describes the position requirements, including:

- key selection criteria, e.g. skills and training required;
- the duties, responsibilities and hazards associated with the position;
- remuneration (e.g. hours of work/meal breaks/overtime, and applicable award);
- annual staff reviews.

Both parties agree to and sign the position description.

Job descriptions act as a guide to the duties of the position, however staff may also be required to complete other tasks that may not be listed on the job description. All staff have a responsibility to work within their scope of expertise.

Practice procedure

In our practice, copies of all position descriptions are located in the employees contracts.

Continuing professional development

Practice policy

Our practice encourages the consultants to maintain and improve the quality of care they provide to their clients by participating in approved Professional Development which is Board requirement. As part of our on-going professional development and staff performance monitoring process we run in-house training on a regular basis.

Practice procedure

In our practice PD sessions are held every 4-6 weeks and the attendance is recorded. Our aim is to build a knowledge-base for all of our staff to empower them to provide support care based on excellence.

Headstart PD sessions are booked in the online appointment book at the beginning of the year. Staff can plan accordingly.

Agendas for PD are sent out prior to the even. All staff are invited to attend. Questioning and queries are encouraged and the Practice Manager ensures all are answered. The set agenda is discussed and additional items are invited. Each session one of the clinician's runs a short presentation on the course they have attended and they add any other relevant insights to their presentation. Our approach is inclusive and designed to promote leadership and awareness. After the presentation the clinicians and other attendees are invited to discuss specific issues ("unidentified" clients). We embrace a multi-dimensional approach to learning:

"The multidimensional approach involves the cognitive, emotional, and social perspectives taken as analytical lens to examine students' learning journeys in interdisciplinary curricula and courses."

(Illeris, K. 2002. The Three Dimensions of Learning: Contemporary Learning Theory in the Tension Field Between the Cognitive, the Emotional, and the Social. Frederiksberg, Roskilde University Press).

Please see completed information on documents:

- 11-Training Record Attendance;
- 11a-Training Register;
- 12a-Training Checklist.

Clinician qualifications

Practice policy

Our consultants /staff are appropriately trained and qualified and are vocationally registered where appropriate.

Staff and consultants must provide evidence of current registration upon commencement of employment and annually as required.

Practice procedures

Please see the policy above for details about on-boarding processes.

Administrative staff (non-clinical) qualifications

Practice policy

Our administrative staff (such as receptionists and practice managers who do not provide clinical care) need training to be successful in their roles.

This may include formal training (e.g. a computer course, training in the use of software programs, first aid, practice management, mental health terminology, mental health practice reception, cross cultural training) or 'on the job' training provided by the consultants or other staff in our practice (e.g. learning how and where to file client records, making appointments, recognising urgent situations when clients present in reception, confidentiality requirements, familiarisation with the practice policy and procedures manual, how to recognise a medical emergency).

A summary of professional development and/or certificates are maintained by each staff member.

Equal opportunity and sexual harassment

Practice policy

Our practice abides by State or Territory legislation, where it is unlawful to discriminate on the basis of:

- age;
- breastfeeding;
- gender identity;
- impairment;
- industrial activity;
- lawful sexual activity;

- marital status;
- parental status or status as a carer;
- physical features;
- political beliefs or activity;
- pregnancy;
- race;
- religious belief or activity;
- sex;
- sexual orientation;
- personal association (whether as a relative or otherwise) with a person who is identified by reference to any of the above attributes.

Anti-discrimination legislation is premised on the basis that all people should be treated on their ability to perform the task and not on any presumed assumption that the employer thinks may affect the person's performance. Legislation determines that employees or groups are not to be treated less favourably due to factors such as status, race, religion or gender etc.

Staff / Clinical meetings

Practice policy

At our staff meetings, administrative processes are regularly reviewed and staff are given the opportunity to discuss administrative matters with the consultants and practice manager (if applicable) when necessary.

Practice procedure

In our practice, professional development meetings are held every 4-6 weeks and the meetings are minuted. Also they are available on request on a case by case basis.

Health safety and wellbeing

Note this policy relates to staff, client, families and visitors' health, safety and security

Practice policy

Headstart operates within a complex service environment. We are committed to provide and maintaining a safe and healthy workplace for all workers, clients, families, visitors and stakeholders.

Headstart management (as Business Owner and Practice Manager and Persons Conducting a Business or Undertaking) are responsible for providing a healthy and safe workplace ensuring hazards and risks to health and safety are eliminated or minimised as much as possible for workers. We commit to consulting with our team and involving them in matters relating to their health, safety and wellbeing.

Headstart complies with the Model Work Health and Safety Bill and SA Codes of Practice.

Our practice is committed to providing and maintaining a safe work environment for consultants, staff, clients and all other visitors, and also complying with relevant State and/or Federal legislation. We do this by:

- providing a safe environment;
- providing safe ways of working that support staff and client wellbeing/welfare;
- ensuring safe use, handling and storage of substances;
- key admin staff have first aid training;
- providing and maintain adequate facilities;
- providing any information, training, instruction or supervision needed for safety;
- monitoring the wellbeing of workers and conditions at the workplace;
- consultation, information, training and supervision that is reasonably necessary to ensure that each worker is safe from injury and risks to health at work;
- a workplace free from discrimination, harassment, and bullying including where necessary, training and professional development activities;
- a commitment to consult and cooperate with workers in all matters relating to health and safety in the workplace;
- a commitment to improve our performance through effective safety management;
- PPE is provided to staff and clients if required;
- resources and rooms are cleaned before and after use by clinicians and admin;
- first aid kits are on site and an emergency (portable) kit is onsite for emergency and disaster management;
- an emergency and disaster management policy, procedure and plan is in place;
- safety drills are conducted at least (yearly [note clients and their families have expressed their preference not to a part of the drills but staff are trained and will guide those in their care]).

However, while Headstart can commit to delivering a safe, healthy and compliant workplace, collectively and individually we all carry responsibility for our own health and safety and for the health and safety of our clients.

Headstart staff will ensure they:

- make responsible decisions that protects their own health, and the health of their colleagues, clients and their families when providing supports and services;
- comply with safe work practices, procedures, instructions and rules;
- be active clients in WHS training;
- report all health and safety hazards, injuries and incidents;
- report all known or observed hazards.

Through the participation, cooperation and commitment of everyone at Headstart we can all experience a safe and health work environment and achieve organisational and worker health, safety and wellbeing.

Our practice is responsible for ensuring all incidents involving both staff, clients and others are managed professionally and ethically, according to relevant medical standards, guidelines and State or Territory legislation; including

<https://www.legislation.sa.gov.au/lz/path=%2FC%2FA%2FWORK%20HEALTH%20AND%20SAFETY%20ACT%2012>.

Staff are instructed in safety and infection control protocols ensuring risks are known and precautions taken, including vaccinations during induction. All staff have a responsibility to ensure this education has been undertaken.

Consultants and staff work together to maintain a safe physical work environment and all practice and office equipment is appropriate for its purpose.

Practice procedure

To reduce occupational health and safety risks, our practice:

- records accidents and incidents in the appropriate staff file in the staff documentation folder and abide by any relevant State or Territory legislation reporting requirements;
- keeps a record log of incidents and accidents in the human resources folder;
- rosters at least one staff member in addition to the consultant during normal opening hours;
- requires new staff to complete a staff induction program to indicate awareness of specific policies and procedures;
- schedules regular breaks for all staff members including consultants;
- schedules maintenance checks on the extinguishers as per current State or Territory legislation;
- retain a schedule of maintenance for key clinical equipment;
- gather staff feedback on welfare/wellbeing requirements.

For further information about Headstart's focus on health and safety please see Section 10, Emergency and Disaster Management. For more information see:

- child safe environment;
- health, safety and wellbeing (section 7);
- triage and medical emergencies;
- dialling emergency 000;
- clients in distress;
- violence, abuse, neglect, exploitation and discrimination;
- health, safety and wellbeing (section 7);
- incidents and injury (section 7);
- lifting heavy objects (section 7);
- security (section 7);
- fire protection (section 7);
- fire safety (section 7);
- principles of infection control (section 8);
- non-medical emergencies (section 7);
- emergency and disaster management (section 10).

Incidents and injury

Practice policy

It is a legal requirement under the occupational health and safety legislation and for insurance purposes, to report all injuries in the workplace. Headstart recognises that good reporting also leads to effective prevention.

Our practice encourages the identification, analysis and prevention of errors. All incidents and accidents and 'near misses' must be reported immediately to the appropriate Practice Manager and recorded on an incident report form. Forms will then be filed as appropriate. This information will be shared amongst all relevant staff and the development of processes to reduce the likelihood of recurrences encouraged.

Accidents or incidents may involve the following:

- staff (employed directly by our practice);
- non-staff (clients, visitors, contractors);
- events (an occurrence that has caused a 'near miss' or an incident, e.g. theft, non-client assault, gas leak, bomb hoax, security breach).

NDIS participants:

Under s20 of the NDIS (Incident Management and Reportable Incidents) Rules 2018, certain reportable incidents must be notified to the NDIS Commissioner within 24 hours including: the death of a person with disability, serious injury of a person with disability and abuse or neglect of a person with disability.

Practice procedure

Potential risks are identified and the following actions taken to increase safety and improve quality care:

- **Reporting:** Complete incident form immediately after the incident occurs. The form is given to the appropriate Manager and if deemed appropriate - our practice's insurance company notified. If there are additional medical or other certificates or reports related to the accident/incident, the original is given to the appropriate Manager.
- **Risk assessment:** Involves a thorough review of all the hazards relevant to the causes of any injury that has occurred and is conducted with a view to identify appropriate controls.
- **Risk control:** Involves identifying and implementing all the practicable measures to eliminate or reduce the causes of the injury or incident.
- **Documentation:** Any action taken to minimise the re-occurrence of the incident is documented in the register.

Lifting heavy objects

Practice policy

Lifting heavy objects is more commonly known as 'manual handling' in the context of occupational health and safety. Manual handling is considered any activity requiring the use of force exerted by a person to lift, push, pull, carry, or otherwise move or restrain any animate or inanimate object. It includes activities involving awkward posture and repetitive actions.

Our practice aims to identify tasks involving manual handling and to undertake risk assessments. Risks to staff shall then be reduced or eliminated as far as reasonable and practical.

Our practice follows these procedures when lifting objects:

1. assess the item to be handled. Weight is not the only factor. Size and shape will also affect the degree of difficulty of the lift;
2. decide if you can manage the lift alone or if help will be required. Get help if required. If assistance is not available, wait until it is. If you are not sure if you can manage the lift alone, you must seek assistance. Manual handling is only to be done alone when the staff member is 100% certain it is within their capabilities;
3. items of light to medium weight and a small, regular size must be lifted using the procedure known as 'leg lift'. This involves moving to a squatting position, grasping the object and lifting it by straightening the legs. The 'back lift', involving stooping and lifting by straightening the bent back, is to be avoided at all times as this places undue strain on the body;
4. never attempt to lift a Client without first seeking medical help. If a Client collapses while you are assisting them, guide them to the floor without bearing their weight;
5. leave the Client where they are, ensure privacy;
6. children may like to be picked up or carried. The guidelines for this activity are dictated by a combination of common sense and accepted practice. Do not lift a child in the course of your duties that you would not attempt to lift under other circumstances;
7. prevent slips and falls by wearing appropriate footwear, ensuring that the workplace has adequate lighting, removing obstacles and cleaning areas regularly. Spills must be wiped up immediately;
8. check equipment is in good working order and there is adequate space in which to work.

Violence in the workplace

Practice policy

Violence is the unjust or unwarranted use of force and power. Many people in their workplaces are the victims of violence, including verbal abuse, threats, harassment, physical assault, serious bodily injury and death. Violence can occur in any occupation and in a variety of situations.

Practice procedure

Our practice procedure for dealing with occupational violence is as follows:

1. Document:
 - incidents, in as much detail as possible;
 - the names and addresses of people involved and willing to support your claims;
2. Provide counselling or debriefing as required.

Personal threat

Practice policy

Personal threat may be in the form of unarmed or armed confrontation. The definition of these is as follows:

- unarmed: a threat by others confronting in a violent or threatening manner; or where a person threatens self-harm or suicide;
- armed: as above but where the person exhibiting threatening behaviour is armed with a weapon and there is a perception that the weapon will be used.

Practice procedure

When experiencing a personal threat:

- keep further than arm's length away from the subject;
- maintain an exit path for own escape where possible;
- avoid being trapped in a corner or small room;
- clear the area of all persons not required to assist;
- clear the area of all items that may be used as weapons or items that may cause damage;
- notify another staff member if possible and ask them to contact 000 and ask for the police;
- if no-one is available, try to call 000 and ask for the police;
- preserve the scene until police arrive;
- exclude media;
- press emergence buttons.

Consultant and staff health and wellbeing

Practice policy

Our practice is committed to providing and maintaining a safe and healthy workplace for consultants, staff, clients and all other visitors.

Health and safety is an integral part of every activity our practice performs, and as such, the occupational health and safety of consultants and practice staff is a priority of our practice.

Our practice recognises that breaks may reduce fatigue and support the health and wellbeing of both the consultant and practice staff, as well as enhancing the quality of client care.

Practice procedure

Our practice implements the following strategies for consultant and staff health and wellbeing:

- workflow management when staff of our practice require a break or are unexpectedly absent;
- scheduling of regular breaks for all staff members, dependent upon the hours or shifts worked, and during consulting sessions for consultants;

- ensuring staff take regular leave.

Occasionally staff may be confronted by physically or verbally aggressive clients or other stressful incidents or situations, including assisting with emergencies. To assist health and wellbeing, our practice provides staff with emotional debriefing or counselling within a reasonable period of time.

Non-medical emergencies

Practice policy

Emergencies may occur that will require a quick, informed and effective staff response. Procedures are in place to ensure that all employees understand the action to be taken in the event of an injury, illness, fire or other emergency.

The following factors have been considered as part of our emergency and disaster management planning:

1. treatment of injuries and illnesses – means by which cases of serious, traumatic injury or illness are able to receive earliest possible access to treatment;
2. evacuation procedures;
3. accounting for all personnel;
4. provision of equipment/materials – suitable equipment and materials made available to minimise the outcome of a possible accident or emergency;
5. training – training provided for staff in accident, emergency and evaluation procedures;
6. review process – a periodic review process included to ensure the accident, emergency and evaluation procedures are able to meet changes in the environment.

Security

Practice policy

At the discretion of the consultant some after hours consultations may occur where there are no additional staff present. It is the accepted responsibility of the consultant that they have considered their personal safety in relation to the client. The consultant is also responsible to safely following closing procedures for the practice to ensure its security is not compromised.

Fire protection

Practice policy

Our practice believes that the first step to fire safety is prevention. Fire prevention measures our practice has in place are:

- smoking does not occur;
- passageways and exits are free from excess storage and waste;
- waste paper, packaging, old rags and other fire hazards are promptly removed;
- the last person in the practice is responsible for ensuring that appliances are switched off each night

- where appropriate, electrical equipment is turned off at night;
- cracked, frayed or broken electrical cords or plugs are reported and replaced immediately;
- if an appliance or item of equipment smells or gives off smoke, it is immediately turned off, unplugged and not used until it has been checked by a qualified technician;
- fire protection equipment is regularly checked and maintained.

Fire safety

Practice policy

In the event of a fire, our practice follows the RACE process: Remove → Alert → Control → Evacuate

In our practice we have a fire extinguisher located in the, waiting room and both hallways.

Practice procedure

In our practice, we follow these procedures in the case of a fire:

1. call the fire brigade, no matter how small the fire;
2. only attempt to fight a fire if it is small (no larger than a wastebasket) and you have the correct equipment to handle it;
3. leave the area, closing doors as you go (this will help limit the spread of fire and smoke);
4. follow the emergency plan;
5. if smoke is present, crawl low (the air will be clearer near the floor);
6. account for all within the practice including Clients, staff, visitors and workmen;
7. await the arrival of the fire brigade and follow their instructions;
8. the fire brigade will forward a report of the fire incident or false alarm, after thoroughly investigating the scene.

SECTION 8 – INFECTION CONTROL

Principles of infection control

Practice policy

Infection control procedures aim to prevent or minimise the spread of infection by limiting the exposure of susceptible people to microorganisms that may cause infection.

Because many infectious agents are present in health care settings, clients may be infected while receiving care, health care workers (which include consultants) may be infected during their duties and other people (such as receptionists) may be infected when working or interacting with clients.

Carpet

Practice procedure

In our practice, this procedure is followed when cleaning a spill on carpet:

1. blot up as much of the spill as possible using disposable towels, and then clean with a detergent;
2. arrange for the carpet to be cleaned with an industrial cleaner as soon as possible.

Hand washing and hand hygiene

Practice policy

Hand hygiene is the cornerstone of all infection prevention and control programs.

Gloves are not a substitute for hand washing and hand hygiene.

Correct procedures and frequent hand hygiene will remove visible dirt and soil and potentially harmful microorganisms. This minimises the risk of cross-contamination through physical contact with Clients and co-workers, and touching inanimate objects which include door handles and telephones.

Staff need to use hand hygiene techniques before and after:

- | | |
|--|----------------------|
| -direct contact with a client | -going to the toilet |
| -touching toys | -smoking |
| -touching diagnostic tools | -blowing your nose |
| -handling soiled objects with blood or body fluids | -touching animals |
| -eating | |

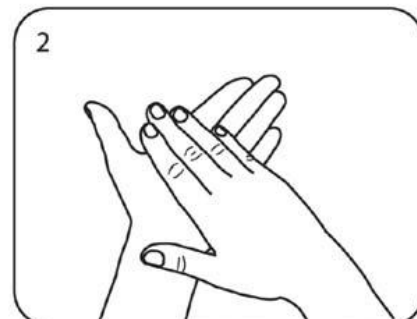
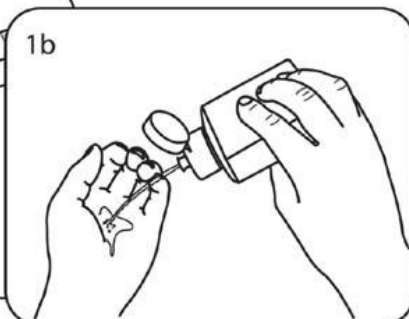
Cuts and abrasions are covered with a water-resistant dressing which are changed as necessary or when the dressing becomes soiled.

Liquid hand wash dispensers with disposable cartridges, including a disposable dispensing nozzle, are recommended.

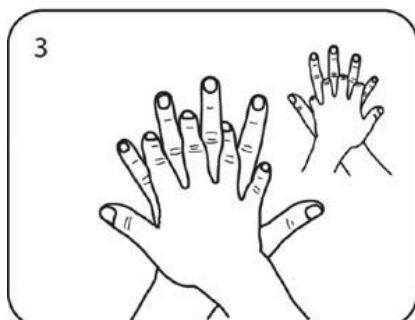
Hand Hygiene Technique with Alcohol-Based Formulation



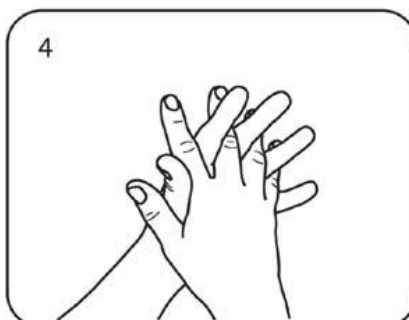
Apply a palmfull of the product in a cupped hand and cover all surfaces.



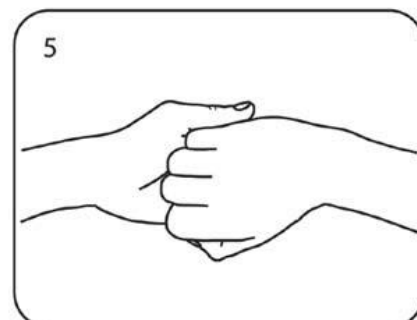
Rub hands palm to palm



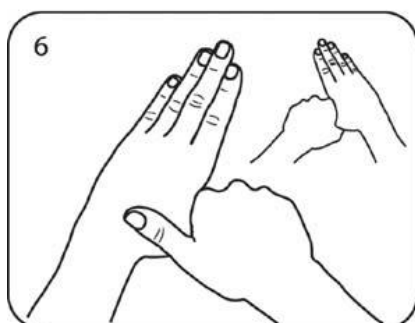
right palm over left dorsum with interlaced fingers and vice versa



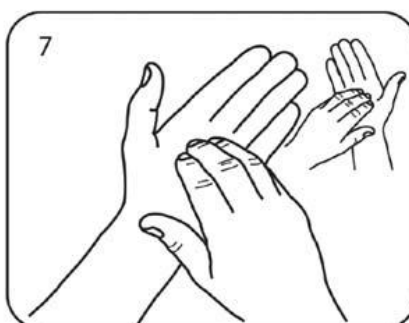
palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

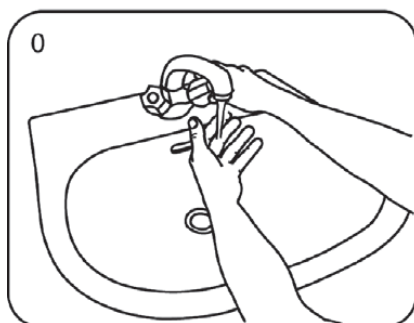


Duration of the entire procedure: 20-30 sec

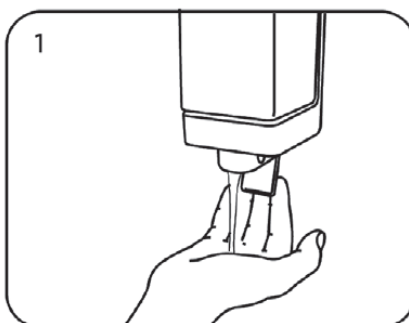
...once dry, your hands are safe.

SOURCE: [Hand Hygiene Policy Queensland Health – Clean hands are life savers October 2007](#)

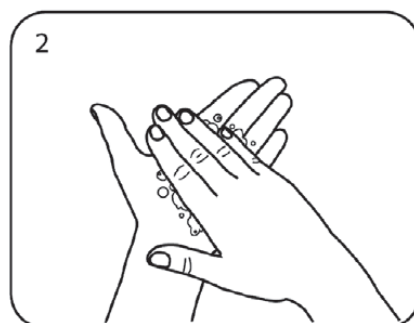
Handwashing Technique with Soap and Water



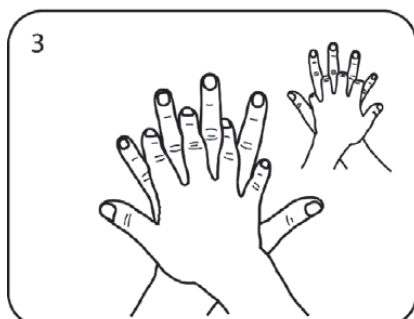
Wet hands with water



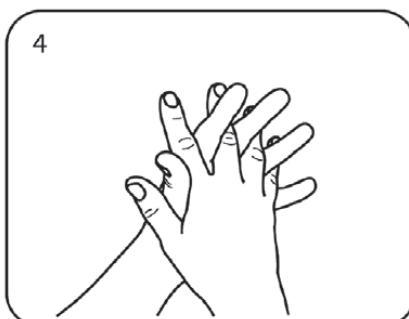
apply enough soap to cover all surfaces



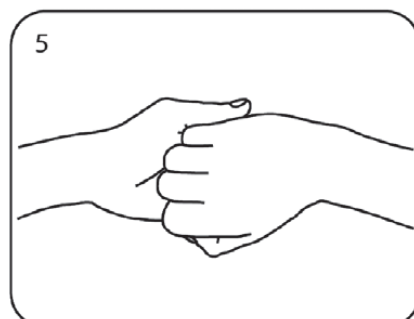
rub hands palm to palm



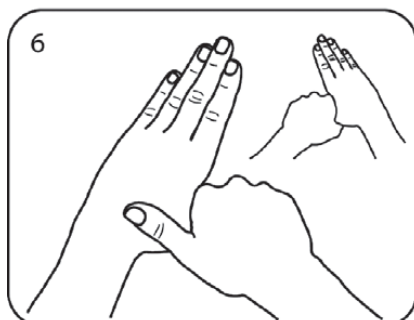
right palm over left dorsum with interlaced fingers and vice versa



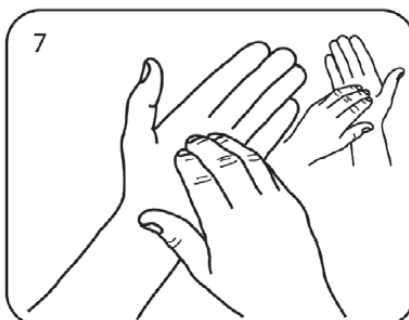
palm to palm with fingers interlaced



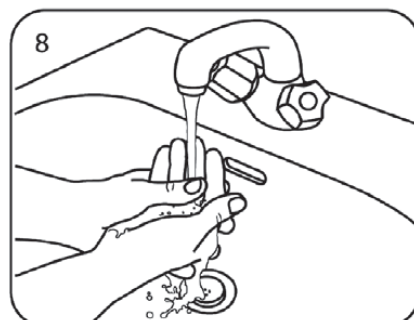
backs of fingers to opposing palms with fingers interlocked



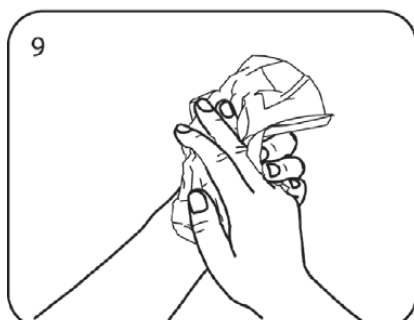
rotational rubbing of left thumb clasped in right palm and vice versa



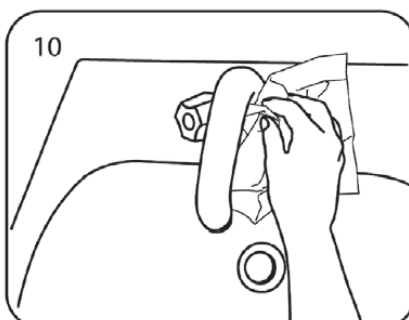
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



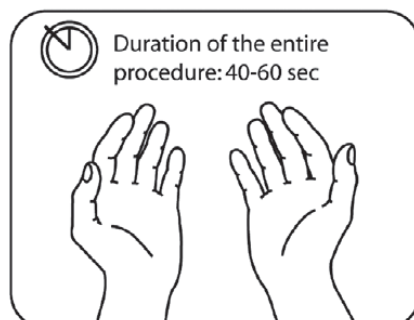
rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet/tap



...and your hands are safe.

WHO Guidelines on Hand Hygiene in Health Care (advanced draft) / Modified according to EN1500

Hand washing techniques

Practice procedure

Routine hand wash

The following procedure is followed for a routine hand wash:

1. wet hands thoroughly and lather vigorously using liquid soap;
2. wash for 10-15 seconds;
3. rinse under running tepid water;
4. dry thoroughly with paper towel using a patting action;
5. do not touch taps with clean hands – use paper towel to turn taps off.

Environmental cleaning and disinfection

Practice policy

Regular cleaning of work areas is necessary because dust, soil and microbes on surfaces can transmit infection.

Children's toys present a particular risk of cross infection and are cleaned and disinfected as part of the weekly cleaning routine.

Damp dusting and wet mopping is used in the cleaning of the environment. Dry dusting and sweeping will disperse dust and bacteria into the air and then resettle. It is potentially hazardous and inefficient, and must be avoided in Client treatment or food preparation areas.

All cleaning equipment is stored in a clean and dry condition, and in an area not accessible to the public.

Our practice has a cleaning schedule with procedures for cleaning clinical and non-clinical areas of our practice.

Practice procedure

Frequency of cleaning

The practice is cleaned by a cleaning service provider.

The duties of the cleaner are very specific and are detailed in the cleaning schedule and contract between the cleaner and our practice.

As our consultancy rooms are shared it is the responsibility treating consultant to leave the room in a clean and fit state for the next consultant. This includes tidying and stacking of toys, removal of any rubbish.

The following consulting areas are cleaned and managed by reception staff as required

- carpets and hard surfaces vacuumed cleaned;
- hard surfaces mopped and dried;
- client toilets;
- reception counters.

SECTION 9 PRACTICE FACILITIES

Practice facilities

Practice policy

Headstart ensures that our practice premises, including the facilities and equipment, is adequate for the needs of the staff and clients, and will be well maintained and visibly clean with surfaces accessible for cleaning.

Every effort is made to make the environment safe and comfortable for staff, clients and visitors to our practice. Where possible our practice has heating and/or air conditioning to assist in the comfort of staff, clients and visitors.

Consulting rooms

Our practice has at least one dedicated consulting room for every consultant working at any one time.

Our practice consulting rooms must also:

- be safe for consultants, staff and clients;
- be appropriate for the health and safety of consultants, staff and clients;
- have sufficient space;
- be free from excessive extraneous noise;
- have adequate lighting for observation;
- have adequate temperature;
- have visual and auditory privacy;
- be well maintained and visibly clean with surfaces accessible for cleaning.

Hand cleaning facilities

Washbasins are situated within close proximity. The [Department of Health and Ageing Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting](#) recommends the use of waterless hand cleaning with alcohol-based preparations in the following situations:

- when hand washing facilities are inadequate

Visible soil must be removed by some means before use, and staff must wash their hands as soon as appropriate facilities become available.

Waiting area

Our practice is able to provide appropriate care for Clients and others in distress. Strategies are in place to deal with distressed clients.

Privacy for such clients could be provided by allowing them to sit in an unused room, staff room or other designated area, rather than waiting in the general waiting area. Clients are not left unattended or unobserved.

Our practice waiting area must be sufficient to accommodate the usual number of clients and others who would be waiting at any one time with appropriate seating:

- have auditory privacy which can be enhanced by using background music;
- have furniture and toys that are in good condition and without sharp edges;
- have a sign indicating the location of toilets;
- be maintained in a clean and tidy state with surfaces easily accessible for cleaning.
- provides a range of posters, leaflets or brochures;

Toilets

Our practice has a toilet and hand washing facility readily available for use by clients and others, so that they don't have to walk through consulting rooms or upstairs.

Liquid soap and paper towel or hand air dryer are available and wash basins situated in close proximity to the toilets, to minimise the possible spread of contamination.

The toilets are well maintained and visibly clean with surfaces accessible for cleaning. A baby change room is available.

Telephone system

Our practice has a telephone system:

- that is well maintained and appropriate for comprehensive client care;
- that adequately meets the needs of our clients;
- with sufficient inward and outward call capacity.

The telecommunications needs of our practice may change over time, in line with staffing changes and growth of our practice. Strategies are in place to monitor, review and make the appropriate changes to the telecommunications system.

Client feedback is sought on an ongoing basis to ensure that 'access' to our practice facilities and services is easily available by telephone.

Our practice has a facsimile machine or other capability for electronic transmission.

Unauthorised access areas

Our practice ensures Clients and other people do not access unauthorised areas by:

- storing health records, letterhead, administrative records and other official documents in areas not accessible to the public;
- storing facsimile machines, printers and other communication devices in areas not accessible to the public.

SECTION 10 – CONTINUOUS QUALITY IMPROVEMENT AND RISK MANAGEMENT

Quality control and continuous improvement

Practice policy

Our practice is committed to quality improvement activities. To develop, maintain and enhance the business and clinical management aspects of our practice, quality review activities are used to monitor progress. These activities may include audits, routine data checks, account reviews and client record reviews.

Our practice aims to continually improve processes that will result in the following outcomes:

- improved and increased documentation of routine monitoring and specific improvements in mental health care;
- increased participation in continuing education for effective and personal work output;
- identification and resolution of actual and potential deficiencies and risks in practice administration, care and management of clients;
- improved staff communication;
- document and review our continuous improvement plan (document 15a);
- document and review our continuous improvement plan/register (document 15);
- increased staff awareness, participation and management of client care, occupational health and safety, infection control and medico-legal standards;
- increased safety for staff and clients of our practice;
- improved quality of care for clients.

Our practice is able to demonstrate an aspect of activities that has been identified for improvement, and has a planned approach for improvements. Our practice utilises the information resulting from the quality improvement outcomes and uses this as part of risk assessment and management program activities. They are also documented and reviewed according to the PDSA cycle of quality as defined below.



Data about our practice population is collected and used by our practice for quality improvement.

Practice procedure

Examples of our checks put into practice are:

- supervisor's review of the client files (bi-annually);
- quality audit reviews conducted at specific times during the year (and extra reviews as needed);

- fortnightly clinical PD and 4-6 weekly staff meetings and training sessions—review of processes;
- self-assessments;
- internal quality audits;
- continuous improvement plan;
- continuous improvement plan/register.’
- NDIS audits.

Risk assessment, management and operational governance

Practice policy

Headstart strives to have excellent standards of operational government that are defined by our values: support, commitment, professionalism and care. Being aware of contingency planning in relation to identify, managing and monitoring risk

Our practice has a system of risk assessment and management that ensures proper systems and procedures are in place within our practice. These systems and procedures are documented and regularly reviewed.

Our practice undertakes a regular formal risk assessment and management review including areas such as financial services, human resources, complaints management, information management, work health and safety, emergency/disaster management, facilities (computers, telephones, storage), reception/administration services and client services; and all areas of our quality management system.

Headstart’s delegation of authority is outlined in detail in 9e-Delegation of authority.

Practice procedure

In our practice, it is the responsibility of the management team to undertake a regular formal risk assessment and management in the areas of financial services, human resources, facilities, clinical services and client services.

The aim of our systems and procedures are to:

- identify all strategic risks using a risk management process;
- ensure risk management becomes part of day to day management;
- provide staff with policies and procedures necessary to manage risk;
- ensure employees are aware of risks and how to manage them;
- assign accountability for risk;
- ensure all legal obligations are addressed (inc. NDIS and other regulatory bodies, WorkCover, etc.);
- internal audits/self assessments are carried out regularly and Headstart uses a Quality Audit Review schedule to monitor all legal, regulatory and other requirements;
- ensure insurances are current (e.g. building, public liability, professional indemnity, etc.)
- ensure consultants compliance is in place (e.g. Workers’ Screening, PD, etc.)
- use feedback and surveys to plan for improvements that minimise risk (also via surveys/feedback box);

- use continuous improvement forms (15-Continuous Improvement Plan/Register) to ensure risks are controlled;
- monitor risk profile and implement continuous improvement approach to risk management
- ensure all important is recorded (see the Practice Manager for minutes), reviewed and acted on as necessary;
- management on all levels are information;
- client welfare is an imperative focus;
- the QMS system functions efficiently and results in quality supports;
- all documentation is controlled and information is recorded, reviewed and monitored as required;
- consultation and communication is productive and focuses on client satisfaction and clients/families/staff welfare, knowledge and professionalism;
- our QMS aligns with our key values: support, commitment, professionalism and care.

Examples of these systems include:

- records of staff qualifications and training;
- client feedback obtained via surveys/suggestion box/logbook of complaints/comments;
- client records;
- regular reviews of systems and procedures;
- policy on telephone and email exchanges with clients.

Financial management

Practice policy

Headstart's management team work together in collaboration and produce financial reports as required by legislation, NDIS requirements and organisational standards.

Practice procedure

Headstart's procedures/documents include the below:

- the Practice Manager prepares monthly reconciliations of all account to ensure monitoring of financial status;
- the Practice Manager and Headstart's Director (and clinical Psychologist) meet at least monthly (often fortnightly) to review finances (the Practice Manager records minutes [minutes are marked confidential], which is saved to: "Business Meeting with Kate" Client file in PracSuite);
- any monthly financial variations are investigated/discussed (and reasons considered) and reported to the Directors;
- the Practice Manager books all finance meetings ahead in PracSuite;
- the Director in charge of finance meets with accountant for pre-tax planning and future year's projections/discussions;

- financial budget are recorded and managed by the company accountant (MYOB Software is used for budgeting);
- Headstart's Bookkeeper completes the BAS, also checks all the financials and answers any questions;
- Headstart's Bookkeeper completes EOFY Payroll Reconciliation
- other periodical reviews of financial management are conducted as need arises;
- compliance, insurances, legal obligations, auditing, etc. is up to date;
- the company accountant conducts yearly tax preparation and all professional services relating to company.

Action following a significant event

Practice policy

Our practice implements and maintains a safety management system to promote safety and high quality in client care. Slips, lapses and mistakes, which are not appropriately dealt with, may expose Clients to an increased risk of adverse outcomes, and consultants to an increased risk of medico-legal action.

Discussing errors openly with colleagues is not a comfortable experience, nor is accepting advice on fixing the problem and how to prevent it from happening in the future. Therefore a safe, no-blame culture is essential if our practice team is to promote safe client care and quality improvement.

One of the best ways to instil this culture and achieve the desired objectives of safe and quality client care is to implement a significant events register with every slip, lapse or mistake in clinical care or practice procedures recorded. If a large extraordinary event occurs, a meeting is scheduled immediately, however if a smaller event or risk is identified, items are discussed at the next scheduled staff meeting.

Practice procedure

Following an emergency or exceptional situation, in our practice we:

- detail comprehensive notes in the client's record, even if the client has not presented to our practice before;
- where appropriate contact the medical defence organisation to make sure that the emergency has been handled correctly;
- organise a formal debrief with all staff to discuss how the situation was handled and whether it could have been better handled and whether the current policies and procedures are adequate and if they require alteration.

The last step in this process is to record everything that has happened in the significant events register including:

- what happened and why it happened
- how it was handled;
- if it could have been handled better;
- how it could be prevented;
- actions to take to prevent recurrence, when they should be completed, and by whom.

Emergency and disaster management

Practice policy

Headstart operates within a complex service environment. We are committed to providing and maintaining a safe and healthy workplace for all workers, clients, families, visitors and stakeholders. Our Emergency and Disaster Management Review Checklist (document 8) is used as a checklist for review purposes and will be modified when required. Our Emergency Management Response and Evacuation Plan (document 2) is used to inform and clarify. These two documents are also used for training purposes. Our comprehensive Emergency and Disaster Management Plan is document 8C.

For emergency situations or when an incident occurs or when a risk is suspected the following actions will take place:

- safety duress buttons are available for staff (staff can speak to admin to obtain a duress alarm if they are working late or alone with a client who they feel may pose a threat);
- any loud noises, including yelling will be checked by any staff who notice the behaviours (staff will knock and enter the room to assess the health and safety of staff, visitors and clients);
- staff will try to address any immediate risk and isolate other staff, visitors and clients for their safety;
- if an injury has occurred or client situation has escalated staff will dial 000 and an ambulance/police will attend if deemed necessary-our threshold will be low, i.e. if in doubt **we must** call;
- If the situation creates an unsafe area, a red card will be slipped under each consulting room to raise awareness of the unsafe situation occurring. This will in effect mean the building is in lockdown. Staff and clients are not to exit the consulting room until deemed safe. Once the area has become safe then a green card will be slipped under the door.

Incident reports must be completed by all staff involved and notifiable incidents will be reported to NDIS Safeguard and Quality Commission (refer documents 5e-Injury and Incident Report Form and 5f-Notifiable Incident Report Form).

Also see Incident and Injury Policy.

Our emergency and disaster management review checklist provides a prompt for health and safety meetings to review the policy and procedures.

This plan aims to provide a checklist to be reviewed at management meetings that will:

- address management of NDIS supports and services during sustained disruptions (disruptions may include infection control, such as the COVID-19 outbreak);
- ensure that all health and safety obligations are met to ensure the health, safety and wellbeing of our NDIS participants, clients, staff and visitors in the event of future emergencies or disasters.

Practice procedure

Our practice evaluation plan is on display in the foyer of all premises.

Refer to Document 8-Emergency and Disaster Management Review Checklist is reviewed at least annually (and after any reportable incident). Our Emergency Management Response and Evacuation Plan (document 2) is used to inform and clarify. These two documents are also used for training purposes. Our comprehensive Emergency and Disaster Management Plan is document 8c.

Other relevant documents include:

- 8c-Emergency and Disaster Management Plan
- 1c-CSE (Child Safe Environments) Compliance Statement;
- 2-Emergency Management Response and Evacuation Plan (poster);
- 5c-Workplace Health, Safety and Wellbeing Risk Register;
- 5d-AHA Outreach Risk and Safety Assessment.

A portable first aid kit is onsite for emergencies.

See our Excel Document System (document control) for more related documents and also see other related links in the this, e.g. non-medical emergencies, health, safety and wellbeing (section 7) and safety (section 3);

At Headstart we recognise and acknowledge the right for our clients to feel safe and to engage in services in a safe environment. The Emergency and Disaster Management Policy outlines planning that ensures that the risks to the health, safety and wellbeing of clients that may arise in an emergency or disaster are considered and mitigated, and ensures the continuity of supports critical to the health, safety and wellbeing of clients in an emergency or disaster.

Depending on client suitability, Headstart offers telehealth/homework packs for clients during time of sickness where unable to attend onsite or during times of emergency or disaster (e.g. COVID lockdowns).

For further information about Headstart's focus on health and safety please see Section 7 Work Health Safety and Wellbeing.

Client feedback

Practice policy

We appreciate receiving feedback on what we do. It is important to us and helps us improve.

Headstart is committed to continuous improvement and feedback from the people we provide services and supports to, ensures that we can stay on track.

Our policy provides a framework for participants and their representatives and external stakeholders to provide feedback about Headstart, its employees, services and supports.

Headstart will protect the privacy and confidentiality of the person who is providing feedback.

Feedback Manager

The Practice Manager holds responsibility for the receipt and management of all Feedback made to Headstart, and in this capacity, becomes the Feedback Manager.

All feedback will be registered by the Feedback Manager on the Feedback Register within 24 hours of lodgement.

Where a Feedback Form is received, and is assessed by the Feedback Manager as a complaint, the person providing the feedback will be contacted by the Feedback Manager to discuss the most suitable way to manage the feedback.

About the feedback process

What is feedback?

A participant, parent, Guardian, Family Member, carer or Advocate may want to provide feedback on the supports or services that we have provided, the way we have provided them, how we have treated them and/or the participant, or the information we have given, including how a previous complaint has been handled. The feedback process is an opportunity for Headstart to know that someone expected more from us, and they are telling us so that we can improve.

Feedback can be provided in the form of:

- General comments,
- Compliments
- Criticism
- Concerns

Complaints should be made to Headstart on the Complaints Form. Headstart's Complaints Policy and Procedure applies.

Is it Feedback or a Complaint?

A participant, parent, Guardian, Family Member, carer or Advocate may feel that something has happened, and it may not constitute a complaint, and can be managed as feedback. Feedback can be provided about what Headstart has done well, or anything we need to improve on.

Record Keeping

Headstart will maintain a current Feedback Register. All written feedback will be maintained in a locked cabinet only accessible by the Practice/Complaints Manager and Business Owner. All email feedback will be stored in a separate drive on the Headstart system, which is only accessible to the Complaint Manager/Business Owner.

The Feedback Register will be reviewed weekly by the Practice/Complaints Manager and the Business Owner. Feedback will be reviewed at weekly staff meetings, to build a positive feedback culture, and where required, improved processes.

The scope and content of the Feedback Register will be reviewed every 12 months.

Feedback Records will be kept for up to 7 years from the date of the record.

Feedback Referrals

Where it is identified that feedback has raised an issue where a criminal offence has been committed, it will be immediately referred to the South Australian Police.

The receipt of feedback may also be subject to mandatory reporting, or, reporting under the South Australian Work Health and Safety Laws.

Staff Training

Headstart recognises that its' staff need to understand the feedback process, and how to manage a person's concerns or queries in relation to providing feedback.

All staff will receive annual Feedback Training.

Our practice has a process in place to collect feedback from clients. This is through a client survey. The results are tabled and improvements implemented at the Practice Meetings.

Our practice collects the following essential client feedback to verify that:

- clients are aware of the availability of longer consultations;

- clients telephoning our practice have the urgency of their needs determined promptly;
- clients are able to obtain advice or information related to their clinical care by telephone or if it is used – electronic means;
- clients are aware of the arrangements for home and other visits both within and outside normal opening hours;
- clients are aware of the arrangements for medical care outside normal opening hours;
- clients receive sufficient information about the purpose, importance, benefits and risks of proposed treatment methods proposed by their consultant to enable them to make informed decisions about their health management;
- clients are informed of costs before any consultation are performed by our practice;
- clients are able to see the consultant of their choice, if available;
- clients are treated respectfully by consultants and staff;
- clients are confident that any feedback and complaints they make would be handled appropriately;
- clients who have a third person present at a consultation were asked prior to the consultation;
- clients find it is easy to contact our practice by telephone;
- clients are satisfied with facilities in the consultation areas;
- clients are asked to provide feedback via our client surveys;
- clients are also made aware of our feedback box on the premises;
- clients think our practice makes adequate provisions for their privacy.

Practice procedure

What does the feedback process look like?

- Feedback will be registered on the Feedback Register within 24 hours of receipt.
- We will treat all information with respect and maintain full confidentiality.
- Feedback will be managed by the Feedback Manager (Practice Manager).
- The Business Owner and Practice/Feedback Manager may discuss the feedback.
- We will let the person who has provided the feedback know that we have received it.
- If we need to, we will contact the person who has made the feedback for more information.
- We will listen carefully to the person who is giving us feedback.

If the feedback is assessed as a complaint, we will refer to the Complaint Policy and Procedure.

As a matter of process, we will always let a person who has provided feedback know, that if their concern has not been resolved satisfactorily, they can contact the NDIS Quality and Safeguards Commission.

Feedback is gathered both verbally (through the clients and their families and from staff/consultants. It is also gathered officially on:

- 14-Data analysis document-clients;

- 14a-Client Feedback Form;
- 15-Continuous Improvement Register;
- And using our online PracSuite form.

Also see below Complaints and Complaints Handling.

Complaints

Practice policy

Complaints are important to us. We take all complaints seriously. We will keep the person who has complained informed about how their complaint is progressing, right through to resolution. We will speak with the complainant to get more information and we will ask what an outcome might look or feel like for them.

Complaints Manager/Feedback Manager

The Practice Manager holds responsibility for the receipt and management of all Complaints and Feedback made to Headstart, and in this capacity, becomes the Complaint Manager.

All complaints will be registered on the Complaints Register within 24 hours of lodgement.

Where a complaint may be made that involves the Practice Manager, this complaint will be immediately referred to the Business Owner for action.

Where a complaint is made that involves the Business Owner, the Practice Manager can discuss the complaint with the Business Owner or choose to source an independent adviser to manage the complaint process.

About the complaint process

What is a complaint?

If a participant, parent, guardian, family member, carer or advocate, are unhappy with the supports or services that we have provided, the way we have provided them, how we have treated them and/or the participant, or the information we have given, including how a previous complaint has been handled, we encourage the submission of a complaint. The complaint process is an opportunity for Headstart to know that someone expected more from us, and they are telling us so that we can improve.

Making an Anonymous Complaint

Anonymous complaints can be made via an email address without identifying the author, using a de-identified email address or calling the Complaint Manager directly.

Commencing the Complaint

To begin the complaint process, the person making the complaint needs to complete the Complaint Form, and send via email to the Complaint Manager. The Complaint Manager will also accept verbal complaints.

Record Keeping

Headstart will maintain a current Complaints Register. All email complaints will be stored in a separate drive on the Headstart system, which is only accessible to the Complaint Manager/Business Owner.

The Complaints Register will be reviewed weekly by the Practice/Complaints Manager and the Business Owner.

The scope and content of the Complaints Register will be reviewed every 12 months.

Complaints Records will be kept for up to 7 years from the date of the record.

Complaints Referrals

Where it is identified that a complaint raises an issue where a criminal offence has been committed, it will be immediately referred to the South Australian Police.

The receipt of a complaint may also be subject to mandatory reporting, or, reporting under the South Australian Work Health and Safety Laws.

Staff Training

Headstart recognises that its staff need to understand the complaints process, and how to manage a person's concerns or queries in relation to making a complaint.

All staff will receive annual Complaints Management Training.

The Practice Manager, with responsibility as Complaint Manager, will attend training on how to investigate complaints.

Despite the best intentions complaints may arise. Our practice deals with complaints in a courteous and understanding manner. Perceptions of what is reasonable and fair can change when clients are unwell or anxious.

Client satisfaction affects mental health outcomes and our practice acknowledges that client complaints are an important source of customer feedback. Our practice provides clients with the opportunity to provide compliments, complaints or suggestions.

This is through the provision of information in the practice information sheet about the following:

- practice commitment to quality of care through responding to client feedback;
- practice process for receiving and responding to client complaints;
- State or Territory health care complaint bodies;
- Our practice also conducts Client feedback surveys routinely.

(Also see the Section 3- Client Management for more information on incident management. Also refer to documents: 13-Complaints Register, 13a-Complaint Information and Form and 13b-NDIS Facts Sheet—Making a Complaint).

Handling complaints

When receiving complaints, staff will follow this process in order to minimise further client anxiety and hostility, potentially leading to litigation:

- notify the staff member responsible for complaints;
- take the client to a private area of our practice (if the complaint is provided verbally);
- listen carefully to the client, take notes and repeat the key messages to ensure that the complaint is understood;
- assure the client that the complaint will be taken seriously and thoroughly investigated;
- document the complaint in the client's record;
- record in the complaints register;
- alert the treating consultant;

- acknowledge the complaint in writing within 2 working days and place a copy in the client's record;
- provide the client with updates during the investigation to assure them the matter has not been overlooked;
- if a clinically-based complaint, the consultant noted in the complaint to alert their professional indemnity organisation for appropriate action;
- decide and action appropriate remedy, and notify the client verbally and in writing;
- record all contact with the client including written responses in their record;
- hold a practice meeting if necessary, to review the case and to see if it could have been prevented.

Practice procedure

In our practice, we provide clients with the opportunity to give compliments, complaints and suggestions by information on our brochure inviting them to do so.

In our practice, the staff member responsible for investigation and resolution of complaints is the appropriate management team member.

What does the complaint process look like?

- Complaints will be registered on the Complaints Register within 24 hours of receipt.
- We will treat all information with respect and maintain full confidentiality.
- The Complaint will be managed by the Complaint Manager (Practice Manager). If the complaint is about the Practice Manager, it will be referred to the Business Owner.

If the complaint is about the Business Owner, the Practice Manager may choose to nominate an independent advisor to manage the complaint.

- The Business Owner and Practice/Complaint Manager may discuss the complaint.
- We will let the person who has made the complaint know that we have received it.
- We will contact the person who has made the complaint for more information.
- We will listen carefully to the person who has made the complaint.
- We will acknowledge how the situation has affected the person.
- We will ask the person about the complaint, and what an outcome might look like for them.
- We will let the person making the complaint know that we will keep them informed about how their complaint is progressing, as and when we can.
- We will commence an investigation into the complaint.
- Headstart will ensure procedural fairness when dealing with a complaint (NDIS (Procedural Fairness Guidelines (2018))
- We will make an assessment on the information that we have.
- We will let the person who has made the complaint know how we feel the complaint can be effectively resolved.

- We will advise the person who has made the complaint when a resolution has been achieved, both verbally and in writing.
- We will advise the person who has made the complaint, that they can contact the NDIS Quality and Safeguards Commission, and how they can contact them, if they are not satisfied with the resolution of their complaint.
- We will ensure that the person who has made the complaint receives information about the progress and resolution of the complaint in the form of communication, format or language which is most appropriate to their requirements.

Investigation Procedure

To ensure a consistent complaint approach and procedural fairness, when a Complaint is received, the Complaints Manager will develop a Complaint Action Plan which includes:

- What we intend to do with the complaint;
- When do we expect the complaint to be completed by;
- Mapping the progress of the complaint and outcomes in a timeline;
- Noting when the person making the complaint will be/has been contacted
- After consultation with the person making the complaint, the outcome is the person is seeking?
- After discussion with the person making the complaint, what a good resolution looks like

Headstart's person centred complaint process will include the person making the complaint throughout the above process.

Resolution Procedure

Throughout the complaint process, the participant and/or complainant should be at the centre of the process. Without involving the person who made the complaint in the resolution, it becomes a directed resolution, rather than a consultative resolution. Headstart is committed to a consultative resolution.

When a possible resolution to the complaint has been discussed with the person making the complaint, and time has been provided for the person to reflect on the proposed outcome, where the person has agreed with the outcome, resolution has been achieved.

Notwithstanding the above, the process is not yet completed.

- The person making the complaint must be notified in writing of the agreed outcome.
- Any parties to the complaint must be formally advised of the outcome.
- The outcome must be registered in the Complaints Register.
- The complaint will be reviewed as part of Headstart's Quality Management process to assess whether any systemic issues can be identified, for improvement.

When a resolution is not possible or cannot be achieved.

When Headstart cannot resolve a complaint, or the person making the complaint remains unhappy with the way Headstart has managed the complaint or the outcome of the complaint, the person making the complaint can contact the:

NDIS Commission

Phone: 1800 035 544 (free call from landlines) or TTY 133 677.

The NDIS Complaint Contact form can be found here:

<https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=PRD00-OCF>

Interpreters can be arranged from TIS National 131 450.

Contact the National Relay Service and ask for 1800 035 544.

References:

- Work Health and Safety Act (2011)
- NDIS Practice Standards and Quality Indicators 2018
- NDIS (Complaints Management and Resolution) Rules 2018
- National Disability Insurance Scheme Act 2013
- Privacy Act (1988)
- (NDIS (Procedural Fairness Guidelines (2018))

Also see "Complaints". Note complaints are recorded on the 13a-Complaint Information and Form and 13-Complaint Register. Also see 13b- NDIS Facts Sheet - Making a Complaint and 13c-NDIS Incident management and reportable incidents.

Management of potential medical defence, professional indemnity issues

Practice policy

Consultants in our practice notify their medical defence organisation (MDO) immediately if there is suspicion that a claim will be initiated against the consultant or practice. The consultant is also in contact with their MDO on the receipt of an impairment certificate served upon our practice or consultant by a party making a claim.

References

[Australian Psychology Association \(APA\) Code of Ethics. https://psychology.org.au/about-us/what-we-do/ethics-and-practice-standards/aps-code-of-ethics](https://psychology.org.au/about-us/what-we-do/ethics-and-practice-standards/aps-code-of-ethics)

Children & Young People (Safety) Act 2017 – Chapter 8, Section 114(5)

Child Safety (Prohibited Persons) Act 2016 and Working With Children Check as per Child Safety (Prohibited Persons) Act, 2016

www.childprotection.sa.gov.au/_data/assets/pdf_file/0008/107099/mandatory-reporting-guide.pdf

Conflict of interest:

<https://www.apsc.gov.au/publication/aps-values-and-code-conduct-practice/section-5-conflict-interest#:~:text=22%20Employees%20must%20disclose%20any,the%20advice%20they%20are%20giving.>

Conflict of interest Gifts: <https://www.ndiscommission.gov.au/about/legislation-rules-and-policies/gifts-and-benefits-register>

<https://www.cyber.gov.au/resources-business-and-government/essential-cyber-security/ism/cyber-security-guidelines/guidelines-email>

https://www.google.com/search?q=conflict+of+interest+ndis&rlz=1C1CHZN_enAU987AU987&oq=conflict+of+interest+ndis&aqs=chrome..69i57j0i22i30l5j69i60l2.10206j1j7&sourceid=chrome&ie=UTF-8

Diversity: <https://www.publicsector.sa.gov.au/Employment/diversity/SA-Public-Sector-Diversity-and-Inclusion-Strategy-and-Plan>

https://www.dffh.vic.gov.au/sites/default/files/documents/202206/Diversity-and-inclusion-framework-2022-2027_0.pdf (note this is a general document and not state specific).

https://www.nds.org.au/images/resources/NDS_Unpacking_the_new_NDIS_Emergency_and_Disaster.pdf

<https://www.health.vic.gov.au/populations/designing-for-diversity> (again this is a Vic Gov doc but has some worthwhile national links).

https://about.unimelb.edu.au/_data/assets/pdf_file/0021/284250/diversity-inclusion-strategy.pdf

<https://www.dpc.sa.gov.au/responsibilities/security-emergency-and-recovery-management/state-emergency-management-plan>

Emergency:

<https://www.nds.org.au/resources/all-resources/act-unpacking-the-new-ndis-emergency-and-disaster-management-standard>

Federal Disability Discrimination Act 1992

[Hand Hygiene Policy Queensland Health – Clean hands are life savers October 2007](#)

<https://www.headstartis.com.au/>

[Human Rights and Equal Opportunity Commission - www.hreoc.gov.au](#)

https://www.icac.sa.gov.au/documents/ICAC_Identify_Disclose_Manage_2021.pdf

[Department of Health and Ageing Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting](#)

National Disability Insurance Scheme Act 2013

NDIS Practice Standards and Quality Indicators 2018

National Disability Insurance Scheme (Code of Conduct) Rules 2018

<https://www.ndiscommission.gov.au/about/ndis-code-conduct>

National Disability Insurance Scheme (Quality and Safeguards Commission and Other Measures) Transitional Rules 2018

National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

<https://www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/incident-reporting/incident-management-and-reportable>

<https://www.ndis.gov.au/contact/feedback-and-complaints>

NDIS (Complaints Management and Resolution) Rules 2018 -

[https://www.google.com/search?q=ndis+\(complaints+management+and+resolution\)+rules+2018&rlz=1C1CHZN_enAU987AU987&oq=NDIS+\(Complaints+Management+and+Resolution\)+Rules+2018&aqs=chrome.69j69l3j69i64.324j0j7&sourceid=chrome&ie=UTF-8](https://www.google.com/search?q=ndis+(complaints+management+and+resolution)+rules+2018&rlz=1C1CHZN_enAU987AU987&oq=NDIS+(Complaints+Management+and+Resolution)+Rules+2018&aqs=chrome.69j69l3j69i64.324j0j7&sourceid=chrome&ie=UTF-8)

<https://www.lawhandbook.sa.gov.au/ch01s04s04.php#:~:text=The%20Work%20Health%20and%20Safety,and%20risks%20in%20the%20workplace.>

National Disability Insurance Scheme (Protection and Disclosure of Information—Commissioner) Rules

National Disability Insurance Scheme (Practice Standards—Worker Screening) Rules 2018

Screening: <https://www.sa.gov.au/topics/rights-and-law/rights-and-responsibilities/screening-checks/screening-ndis>

https://www.speechpathologyaustralia.org.au/SPAweb/Members/Ethics/HTML/Code_of_Ethics_2020.aspx#:~:text=We%20have%20an%20ethical%20obligation,and%20skills%20of%20our%20profession.

[Office of the National Privacy Commissioner](https://www.privacy.gov.au) website at www.privacy.gov.au

Privacy and Personal Information Protection Act 1988

Privacy Amendment (Private Sector) Act 2000

Work Health and Safety Regulations 2012 (SA)

<https://www.safework.sa.gov.au/>

Work Health and Safety Code of practice: <https://www.safework.sa.gov.au/resources/codes-of-practice>

<https://www.safework.sa.gov.au/workers/health-and-wellbeing>,

<https://www.safework.sa.gov.au/workplaces/work-sites-and-facilities/work-environment> &

<https://www.legislation.sa.gov.au/lz/path=%2FC%2FA%2FWORK%20HEALTH%20AND%20SAFETY%20ACT%202012>

Documents

The below is a list of QMS documents – this is not an exhaustive list of Headstart’s documentation; note our consultants also have logs, diagnostic tools, reports, etc. specific for their needs (as at July 2023).

Participant Data	1	Service Agreement - also online
	1a	Assessment Intake Form
	1b	Service Agreement and Induction Checklist
	1c	Child Safe Environments (CSE) Compliance Statement
	2	Emergency Disaster Management Response and Evacuation Plan
	2a	Advocacy Resource List
	2b	VANED Information Document
	2c	Disability Advocacy Information
	2d	Make it known, make it better resources (NDIS human rights link)
Policies & Procedures	3	Policies and Procedures Manual
NDIS Resources	4	NDIS Quality Indicators revised version
	4a	NDIS Rules for Providers Summary
	4b	NDIS Practice Standards in Brief
	4C	NDIS Code of Conduct
Risk & Incident Management	5	Risk Assessment Chart
	5a	Risk Assessment Clinician
	5b	Environmental Risk Assessment Template
	5c	Workplace Health, Safety and Welfare Risk Register
	5d	AHA Outreach Risk and Safety Assessment
	5e	Injury and Incident Report Form
	5f	Notifiable Incident Report Form
	5g	Accident and Injury Register
Consent Forms & Information	6	Information Sharing Guidelines Procedure (ISG)
	6a	Consent to Disclose Information
	6b	Consent to Videotape and Photograph Sessions
	6c	Adult Client Information and Consent Form
	6d	Child Client Consent Form
	6e	Telehealth Consent Form - Speech Pathology
	6f	Telehealth Consent Form - Psychological Service
	6g	6g-Client Orientation Documentation
Transitions	7	Participant (Client) Transition to or from a Provider Form
	7a	Participant Transition Discharge Checklist
	7b	Transition to or from a Provider Spiel
Emergency & Disaster Management	8	Emergency and Disaster Management Review Checklist
	8a	NDS Unpacking the NDIS Emergency and Disaster
	8b	State Emergency Management Plan (SA)
	8c	Headstart Emergency and Disaster Management Plan
	8d	Emergency Drill (testing procedures)
	9	Organisational Chart
Human Resources & Management	9a	Headstart Strategic Plan
	9b	Contract Review Discussion Points - Clinician
	9c	Contract Review Discussion Form 2023 - Management Review
	9d	Young Family Trust Deed Extracts

	9e	Delegation of Authority
	9f	Confidentiality Agreement (staff/volunteers)
	9g	Conflict of Interest Register
	9h	Position Description-Administrative
	9i	Position Description-AHA
	9j	Position Description-Director
	9k	Position Description-Practice Manager
	9l	Position Description-Psych
	9m	Position Description-Senior OT
	9n	Position Description-Senior Speech Pathologist
	9o	Workers' Screening Information (Links to SA Website)
	9p	Worker Employment Checks
	9q	Employee Details
	9r	Use of Business and Personal Devices, Internet and Email to be signed
	9s	Clinician Checklist
	9t	Conflict of Interest Declaration to be signed
Training	10	NDIA Inclusion and Diversity Framework South-Australian-Public-Sector-Diversity-and-Inclusion-Strategy-2019-21
	10a	
	10b	Diversity and Inclusion PowerPoint Presentation
	11	Training Record Attendance
	11a	Training Register
	12	NDIS video link Emergency & Disaster Management Training
	12a	Training Checklist
	12b	Designing for Diversity - training resource
	12c	Training evaluation/review Staff feedback for emergency/disaster training July 2023
	12d	
Complaints	13	Complaints Register
	13a	Complaint Information and Form for Completion
	13b	NDIS Facts Sheet - Making a Complaint
	13c	NDIS Incident management and reportable incidents
Data Analysis/Feedback/ Surveys	14	Data analysis document - staff and clients blank form
	14a	Client Feedback Form
	14b	Staff Feedback Form
	14c	General Feedback Form
	14d	PDF of feedback gathered July 2023 - Staff
	14e	Data analysis - staff feedback from 13.07.2023
	14f	PDF of feedback gathered July 2023 - Client
	14g	Data Analysis of Client Feedback July 2023
Continuous Improvement	15	Continuous Improvement Plan/Register
Auditing & Review	16	Quality Audit Schedule
	16a	QAS Checklist 2023
	17	Internal Audit Checklist
	17a	Internal Audit prepared for S2-Audit carried out June-July 2023
	17b	Headstart Self-Assessment - for S1 2023

	17c	Supervisor Client File Review Auditing Template
	17d	AHA Auditing Criteria
	17e	AHA List and Audit Details
	17f	OT SP Auditing Template
ASD/Therapeutic Documents	18	ASD Assess - Parent Questionnaire - Hard copy - also online
	18a	ASD Assess - Teacher Questionnaire - also online
	18b	ASD Assessment Information For Your Child
	18c	Autism Information Pack
	18d	Speech Pathology Therapy - Adult Questionnaire
	18e	NDIS Participant Review Template
	18f	Therapy Intake Form
	18g	Speech Pathology Therapy - Child Questionnaire
	18h	Psychology therapy - Parent Questionnaire
	18i	AA NDIS Service Booking TEMPLATE A5
	18j	Plan Managed Service BOOKING TEMPLATE A5
	18k	Depression Anxiety and Stress Scale 21 (DASS-21)
	18l	Occupational Therapy Discharge
	18m	Initial Interview Therapy
	18n	OT Handover Template
	18o	Progress Note Therapy
	18p	Psyche Initial Interview Session
	18q	SOAP (Subjective Objective Assessment Plan)
	18r	OT Supervision Template
Business Meetings, ethics, PD and other	19	Screenshot of Business Notes
	20	Headstart Group PD Minutes 18.04.2023
	21	Maternity Leave Conversation
	22	APS Code of Ethics
	23	Speech Pathology Code of Ethics
	24	OTAUS Code of Ethics
	25	NDIS Support Catalogue
	26	LBGTIQ Inclusive Language Guide