Provision of Environmental Supports (TAS)

Policy area: Provision of Environmental Supports

Applicable to: SilaCa Tasmania Pty Ltd

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Provision of Environmental Supports

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4.2 Participant Money and Property	• Participant Money and Property Policy and Procedure
4.3 Management of Medication	• Management of Medication Policy and Procedure • Medication Management (swallowing difficulty) Policy and Procedure • Polypharmacy Policy • Respiratory Depression Medication Policy and Procedure
4.4 Mealtime Management	• Mealtime Management Policy and Procedure • Practice Guidelines – Food Preparation • Practice Guidelines – Choking
4.5 Management of Waste	• Management of Waste Policy and Procedure

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Safe Environment Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that all participants are supported in environments that are physically, emotionally, and culturally safe. Safety is central to the delivery of quality support and services. This policy reflects our commitment to preventing harm and promoting a culture where participants feel secure, respected, and free from abuse, neglect, violence, exploitation, or discrimination.

We aim to create spaces where risks are identified and managed proactively, and where staff understand their responsibilities in maintaining safety for both participants and themselves. This includes ensuring support is delivered by qualified, screened, and capable workers who are responsive to individual needs and uphold each participant's rights and dignity.

2.0 Scope

The policy applies to all staff responsible for creating and maintaining safe, inclusive environments for participants.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to providing safe, inclusive, and responsive environments for all participants, in line with the NDIS Practice Standards, the NDIS Code of Conduct, and the NDIS (Incident Management and Reportable Incidents) Rules 2018.

All workers in risk-assessed roles must hold current NDIS Worker Screening clearance and, where relevant, Working with Children Checks. Staff must act in accordance with safeguarding responsibilities, promoting participant dignity, privacy, and choice in all interactions and care environments.

The organisation conducts environmental safety assessments in all service settings. Risk assessments are undertaken collaboratively with participants, families, carers, and professionals (including health and allied health providers, where relevant). Identified risks are managed through appropriate strategies that are tailored to the needs and preferences of each participant.

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Where risks are identified, these are documented, regularly reviewed, and managed in accordance with SilaCa Tasmania Pty Ltd's risk management procedures. Any incident that causes or could cause harm is managed in line with the Reportable Incident, Accident and Emergency Policy and Procedure. If the incident meets a reportable threshold, it will be reported in accordance with the NDIS (Incident Management and Reportable Incidents) Rules 2018.

All efforts will be made to create and maintain environments that support the wellbeing, autonomy, and safety of every participant.

4.0 Procedure

4.1 Risk Assessment

Participants and their nominated representatives will be actively involved in the risk assessment process to ensure the participant's views, preferences, and choices are considered. Any identified risk will be documented in the participant's Individual Risk Assessment Profile and escalated as per the Incident Management Policy where required. All high-risk issues will be entered into the organisational risk register and monitored through the Continuous Improvement system.

Staff designated to undertake risk assessments must complete a Safe Environment Risk Assessment for non-home environment services. A Safe Environment Checklist – Home is utilised for services provided in the home environment. Collaboration with other services may be undertaken to gain full insight into the potential and real risks.

4.2 Medical emergencies

Emergency planning will be developed in collaboration with the participant, their family, and/or advocate to ensure their preferences and communication needs are reflected. Staff must escalate and report any medical emergency as an incident where required.

The information gained from the participant and their family or supports will be used to create a Medical Emergency Plan within the support plan. Staff will be trained on what constitutes an urgent and non-urgent medical situation, and staff must undertake an immediate response in emergencies.

The Medical Emergency Plan will include the following:

- immediate response
- what constitutes a point of escalation
- to whom to escalate
- identified staff member to contact

4.3 Staff identification

Participants in all environments must be able to identify a staff member easily. Staff identification could be in the form of a uniform or identification tags or badges. The staff must introduce themselves at the beginning of each service delivery. All staff engaged in participant environments must hold a valid NDIS Worker Screening clearance.

4.4 Home supports

All staff must use the identification provided by SilaCa Tasmania Pty Ltd upon entering a participant's environment. The staff will greet the participant and introduce themselves at the beginning of the service, and our staff will inform the participant when they leave the environment.

Physical identification and identification tags will be worn in a uniform or identification tags when staff undertake home supports.

At access to the service and during the initial support planning design, the Manager will determine if the participant's home environment (where the supports are undertaken) is safe.

Staff will only enter the participant's home with explicit consent and invitation of the participant or their authorised representative. Where a participant exhibits behaviours of concern, a risk management plan will be in place to address any risks to the participant or workers.

SilaCa Tasmania Pty Ltd will work with the participant, family and advocate to ensure that the home is safe for the participant and others. The service will assess the premises using a Safe Environment Checklist.

4.5 Establishing a safe environment

If the participant accesses other providers, our team will work with these providers to:

- identify any environmental risks (see Safe Environment Risk Assessment)
- ascertain how to treat the risks
- review the environment to ensure safety
- undertake removal/avoidance of any hazards
- devise a risk management plan to prevent and manage injuries and record it in Risk Management Plan Register

The Safe Environment Risk Assessment must be completed for each site where the participant attends and include infection control.

Participants, their families, and/or advocates will be engaged in establishing a safe environment. Where restrictive practices are required to mitigate safety risks, a Positive Behaviour Support Plan will be developed and implemented according to the NDIS Restrictive Practices and Behaviour Support Rules 2018. Any breach of participant safety will be treated as an incident and reported in line with incident management processes.

4.5.1 Infection prevention and control

All staff must follow our Infection Management Policy and Procedure in all service provision settings. Routine environmental cleaning must be conducted where service occurs (not just in the home environment), and cleaning must occur on frequently touched surfaces.

All staff must comply with NDIS Infection Prevention and Control obligations, including the most current guidance from CDNA and ATAGI. Routine environmental cleaning will be undertaken, including frequently touched surfaces. Staff must use PPE appropriately and in line with current public health directives. Annual infection control training, including updates on communicable diseases such as COVID-19, will be mandatory for all staff.

Management will resource staff to allow them to clean environments when not located in a participant's home. Every staff member is trained in infection prevention and control and PPE use. All staff will undertake a refresher course at least annually. Training will include:

- hand hygiene practices
- respiratory hygiene
- coughing etiquette (using elbow when coughing

5.0 Related documents

- Employment Check Register
- Food Hygiene Check
- Position Descriptions
- New Employee Details
- Participant Intake Form
- Safe Environment Risk Assessment
- Personal Emergency Preparation Plan
- Privacy and Confidentiality Agreement
- Risk Management Policy and Procedure
- Safe Environment Checklist – Home
- Safe Food Storage Check
- Worker Orientation Checklist
- Staff Personal Protective Equipment Provision Form
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Staff Training Record
- Staff Training Plan
- Support Planning and Service Agreement Collaboration Policy and Procedure
- Support Plan
- Easy Read - Planning With You
- Training Needs Analysis
- Work Health Safety and Environmental Management Policy and Procedure
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure
- Risk Assessed Role - Employee Register
- Reportable Incident, Accident and Emergency Policy and Procedure

6.0 References

- NDIS Practice Standards and Quality Indicators 2021
- Work Health and Safety Act 2011 (Commonwealth)
- NDIS Scheme Act 2013 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- NDIS Code of Conduct 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Practice Standards — Worker Screening) Rules 2018
- Child Safe Standards (where working with children)

Infection Management Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that infection risks are managed effectively to protect the health and wellbeing of participants, staff, contractors, and visitors. It supports safe service delivery by promoting hygiene, preventing the spread of illness, and encouraging best practice infection control across all environments where supports are provided.

Maintaining high standards of infection prevention is essential to delivering safe, respectful, and person-centred care. Infection management is a shared responsibility that requires all staff to be aware of infection risks and to take reasonable steps to minimise them during daily tasks and care activities. Participants are supported to be involved in decisions that affect their health and are encouraged to take part in infection prevention strategies wherever appropriate.

2.0 Scope

The policy applies to all staff involved in service delivery at SilaCa Tasmania Pty Ltd.

3.0 Definitions

Table 1. Definitions

Term	Definition
Infection	A disease or illness is caused when an organism inside a person multiplies to levels where it causes harm.
Colonisation	An infectious agent establishes itself on or in the body but does not cause disease.
Contamination	When infectious agents spread to a surface or item, creating risks for the spread of infection.
Source	The origin of the infectious agent; most sources are other people, but they can also be air, water, food or equipment that has become contaminated.
Susceptible host	This host is a person exposed to an infectious agent vulnerable to infection.
Multi-resistant organism	A multi-resistant organism (MRO) is an infectious agent resistant to several antibiotics typically used in its treatment. Because treatment options are limited, it is especially important to stop the spread of MROs.
Standard precautions	A minimum level of practice for infection control.

Term	Definition
Additional precautions	When staff know they will be in contact with cases of certain infections.
Participant safeguarding	Measures to protect participants from harm, including infection risks.

Common modes of transmission	
Transmission	The spread of infectious agents from one person to another.
Contact	Infectious agents are transferred directly (e.g. contact with infected blood or body fluids) or indirectly (e.g. touching a contaminated surface and then another person without hand hygiene).
Droplet	Droplets made by coughing or sneezing transfer to someone's eyes, nose or mouth.
Airborne	Tiny particles containing infectious agents travel through air currents (e.g. air conditioning) and are breathed in by a person.
Vehicle	Food contaminated with an infection is the "vehicle" to carry the infection to a person when they eat the contaminated food.
Vector-borne	An animal or insect carries a disease and bites a person who becomes infected.
Outbreak	The occurrence of more disease cases than expected in an area among a specific group, e.g. two or more linked cases of the same illness.

Infectious agents

Organisms that cause infections are infectious agents and are sometimes referred to as germs; most are microorganisms – bacteria, viruses, fungi and parasites. Infectious agents spread from one person to another, and it colonises or establishes themselves in the exposed person who may become infected.

https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/workplace-safety-infection-control

Infectious agents can be spread in a variety of ways, including:

- breathing in airborne germs – coughs or sneezes release airborne pathogens, which are then inhaled by others
- touching contaminated objects or eating contaminated food – the pathogens in a person's faeces may be spread to food or other objects if their hands are dirty
- skin-to-skin contact – the transfer of some pathogens can occur through touch or by sharing personal items, clothing or objects
- contact with body fluids – pathogens in saliva, urine, faeces or blood can be passed to another person's body via cuts or abrasions or through the mucus membranes of the mouth and eyes

4.0 Policy

SilaCa Tasmania Pty Ltd is committed to managing infection risks in line with the NDIS Practice Standards and Quality Indicators 2021, the NDIS Code of Conduct, and national infection prevention guidelines.

All infection control measures are designed to reduce the risk of spreading illness between participants, staff, and others, and must be applied consistently in all service environments. Staff must complete infection prevention training relevant to their role and demonstrate understanding of how infections occur and spread.

Participants and their support networks will be included in planning infection control strategies when relevant, especially where individual health needs or disability-specific risks are present. Staff must ensure that participants are given appropriate information in accessible formats and are supported to give informed consent to any infection control measures that may affect them.

All direct support staff must hold a current NDIS Worker Screening clearance. Infection control procedures will be monitored and reviewed as part of SilaCa Tasmania Pty Ltd's Continuous Improvement system and aligned with any changes in clinical or public health guidance.

4.1 General management

SilaCa Tasmania Pty Ltd will maintain high standards of infection control through the following measures:

- maintaining and reviewing our infection control policy and procedures regularly and responding to new legislation and best practice guidelines
- maintaining service agreements with appropriately qualified and licenced organisations for the following:
    - removal of waste
    - regular monitoring and removal of pests when required (e.g. termites, spiders)
    - supply of food
    - cleaning and laundry equipment and services
    - monitoring and maintenance of air handling systems (where installed)
    - supply of personal protective equipment
    - pharmaceuticals and medical supplies
- providing infection control training to all staff
- displaying information and directions within the home to help staff and visitors maintain infection control practices
- completing relevant hazard and risk management processes, as required
- auditing infection control practices, investigating problems, checking for trends and fixing problems

4.2 Standard precautions

Standard precautions are practices that are applied by all staff and include:

- hand hygiene
- respiratory hygiene/cough etiquette
- personal protective equipment
- handling of medical devices
- cleaning and managing spills
- handling of food, waste and linen

Standard precautions will always be used for all:

- participants'
- work practices

5.0 Responsibilities

The Manager or their delegated officer will undertake the following:

1. Coordinate, monitor, and review the infection control program following SilaCa Tasmania Pty Ltd's care governance program.
2. Identify and monitor any trends in infection and then formulate and monitor action plans to address these.
3. Monitor staff compliance with infection control requirements and address any issues as identified.
4. Provide infection control reports as required to the Board.
5. Ensure service practices and procedures include and comply with infection control requirements.
6. Participate in selecting and providing equipment and supplies to meet infection control requirements.
7. Support the staff vaccination program in consultation with our staff.
8. Coordinate and evaluate infection control education for all staff, including orientation of new staff members.
9. Ensure that plans are in place to identify and manage infections.
10. Provide information and feedback to management and staff regarding infection control activities and related matters, including actions taken and outcomes achieved.
11. Facilitate the collection of data and necessary reports for infection control clinical indicators.
12. Undertake ongoing professional development in infection control to maintain up-to-date skills and knowledge.
13. Conduct infection control audits as required and formulate and monitor action plans to address identified issues.
14. Coordinate the management of occupational exposures to blood and body fluids.

15. Ensure that additional precautions are implemented when required to prevent the spread of infection.

The Manager must ensure that participants and their representatives are engaged in infection risk management plans that affect them. Any infection-related incident that meets the definition of a reportable incident under the NDIS Incident Management and Reportable Incidents Rules 2018 must be reported. Infection risks that could lead to harm, including environmental risks, must be escalated for organisational risk management and safeguarding response.

6.0 Procedures

SilaCa Tasmania Pty Ltd must provide care to our participants to assist them in maintaining their well-being and health as:

- children and older people are often more vulnerable to infections, as their immune systems may not be developed or may be compromised
- participants with chronic diseases may spend time in hospitals where they will be exposed to infectious agents
- surgical wounds and invasive devices, e.g. catheters, increase the risk of infection

Infection risk assessments will be incorporated into each participant's individual Risk Assessment Profile and support plan where applicable. Participants will be actively involved in identifying infection risks and co-designing strategies to reduce these risks.

6.1 Risk Management

The Board and the Manager ensure implementation of the following processes to manage risks associated with infection control as outlined in the diagram following:

6.2 Surveillance

Surveillance is integral to our infection control program, encompassing outcome, process, and critical incident surveillance.

6.2.1 Outcome surveillance

Infection control data is collected by the Manager or their delegate and other staff members (as requested by management) from documents, e.g. participant notes/charts, audits, etc.

Data on the following infections may be collected for review:

- skin and mucous membrane infection
- respiratory tract infections
- urinary tract infections
- gastrointestinal
- eye, ear, nose and mouth infections
- skeletal connective tissue

- systemic

Specific surveillance may be carried out and reported as the Board decides in consultation with the Manager.

6.2.2 Process surveillance

Reports related to surveillance are submitted by the Manager to the Board as required. The reports may come from various sources, including clinical information, health issues and other relevant sources.

6.2.3 Critical incident surveillance

The delegated officer will collect data for each critical incident. Investigation of critical incidents is undertaken by the Manager or their delegate with the help of staff and external agencies as required.

6.3 Standard and additional precautions

Overview

Standard and additional precautions are applied in line with the current Australian Guidelines for the Prevention and Control of Infection in Healthcare (updated 2024). Staff will also comply with any emerging public health orders (e.g., COVID-19, influenza outbreaks), CDNA guidance, and ATAGI recommendations.

A two-tier system of infection control precaution is in place. The two tiers are standard precautions and additional precautions. The precautions are designed to control the spread of infection that occurs through the following modes of transmission:

- direct physical contact
- indirect physical contact
- droplet
- airborne
- vehicle
- vector-borne

6.3.1 Standard precautions (Tier 1)

Standard precautions help reduce the risk of transmitting microorganisms from known and unknown sources of infection and are always undertaken.

Standard precautions include:

- safe work practices, e.g. hand hygiene and hand sanitising
- use of protective barriers, e.g. gloves, gowns/aprons, masks and eye protection
- appropriate management of contaminated sharps, clinical waste, participant care devices and linen
- respiratory hygiene/cough etiquette

Standard precautions must be used when staff are likely to encounter:

- blood (including dried blood)
- all body substances, secretions and excretions (except sweat)
- non-intact skin
- mucous membranes

6.3.2 Additional precautions (Tier 2)

Staff will use additional precautions when they know they will be in contact with certain infections. There are three types of additional precautions. Precautions include:

- **Contact precautions:** Used to reduce the risk of transmitting microorganisms by direct or indirect contact (e.g. contact with skin or surfaces contaminated with MRSA, scabies or gastroenteritis).
- **Droplet precautions:** Used where a participant may have an infection transmitted by droplets (e.g. mumps, rubella, influenza and SARS).
- **Airborne precautions:** Used for participants known or suspected to be infected with pathogens that can be transmitted through the air (e.g. tuberculosis or chickenpox virus).
- **Standard precautions are ALWAYS used with additional precautions**. Additional precautions are used by all staff members when the Manager or their delegate instructs staff to use them.

The following table details staff requirements when undertaking standard precautions and when instructed to take additional precautions.

Requirement	Standard Precautions	Additional Precautions		
		Contact precautions	Droplet precautions	Airborne precautions
Signage	No	Yes	Yes	Yes
Hand hygiene	Yes	Yes	Yes	Yes
Gloves	Yes, if there is a risk of contact with blood or body substances.	Yes, for direct contact with a participant or their environment.	No	No
Impervious apron/gown	Yes, if there is a risk of splash or contamination with blood or body substances.	Yes, for direct contact with a participant or their environment.	No	No
Mask	Yes, if there is a risk of splash, splatter, or risk of blood or body substances spraying into the air.	No	Yes. Staff are to use a surgical mask when coming within one (1) metre of the participant. Staff to remove the mask after leaving the room.	Yes. Staff to use a P2 mask. Staff to remove the mask after leaving the room.
Protective eyewear	Yes, if there is a risk of splash, splatter or risk of blood or body substances spraying into the air.	No	Yes. Staff to use when coming within one (1) metre of the participant.	No
Equipment	Yes, when handling equipment contaminated with blood or body substances. Remove gloves	Single-use or dedicated equipment where possible. Reprocess reusable items to	No	No

Requirement	Standard Precautions	Additional Precautions		
		Contact precautions	Droplet precautions	Airborne precautions
	when finished handling the equipment and wash hands.	the required level before reusing them on other participants.		
Cleaning	Yes, standard cleaning.	Standard cleaning depends on the organism. Manager to advise staff of specific cleaning needed.	Standard cleaning depends on the organism. Manager to advise staff of specific cleaning needed.	Standard cleaning depends on the organism. Manager to advise staff of specific cleaning needed.
Transport of participants	Yes. Cover all open wounds.	Surgical mask if coughing/ sneezing and an infectious condition are known or suspected. Manager to advise transport staff and the receiving area precautions.	Surgical mask for the participant when leaving the room. Use a mask over the top of nasal oxygen prongs (if used). Advise transport staff and receiving area of precautions.	Surgical mask for the participant when leaving the room. Use a mask over the top of nasal oxygen prongs (if used). Advise transport staff and receiving area of precautions.
Visitors	Yes. Hand hygiene before and after the participant visit.	Yes, as directed by the Manager.	Yes. Use a surgical mask when coming within one (1) metre of the participant.	Yes. Use a P2 mask. Remove the mask after leaving the room.

Requirement	Standard Precautions	Additional Precautions		
		Contact precautions	Droplet precautions	Airborne precautions
			Remove the mask after leaving the room.	
Other	Respiratory hygiene for coughing/ sneezing participants.	Do not take medical records into the room.	Do not take medical records into the room.	Do not take medical records into the room.

6.3.3.1 Visitors

The Manager will determine if visitors need to use Personal Protective Equipment to protect themselves and others from infection. The requirements and the reasons for this should be clearly explained to the visitors by the staff.

Visitors who do not wish to comply with requirements should be referred to the Manager for further discussion and explanation.

6.3.3.2 Participants requiring the use of additional precautions

When a participant requires additional precautions, the policies and procedures in this manual will be implemented.

6.4 Hand hygiene and hand care

6.4.1 Situations requiring hand hygiene

- when starting and finishing work
- before and after a meal or other breaks
- before starting a new task or activity
- after going to the toilet
- after using a handkerchief or tissue, coughing, or sneezing
- after touching hair or any other part of the body
- after handling rubbish

- whenever staff can see dirt on their hands or when staff are requested to stop the spread of microorganisms
- before and after direct contact with a participant and their surroundings
- before wearing and after removing any personal protective apparel, including gloves, mask/face protection, or impervious apron/gown
- after any contact with blood or body fluids, non-intact skin and abnormal risk, e.g. rash
- after handling unwashed linen or clothing
- before handling or preparing any food or drinks for participants or staff, including assisting participants with their meals
- after contact with any surface, environment or object that may be contaminated

6.4.2 General rules for hand hygiene

- hands must be cleaned with soap and water when there are dirt\substances on hands
- staff must wash their hands before and after using gloves
- artificial nails, nail extensions and nail enhancements (varnish or nail art) are not to be worn by staff while providing direct care to participants. These types of nails cause microorganisms to increase
- hand and wrist jewellery are to be kept to a minimum for staff providing direct participant care
- rings (other than a plain wedding band) are not to be worn
- bangles, wristbands or bracelets are not to be worn
- hands must be dried after washing, as the residual moisture left on the hands may harbour bacteria
- paper towels or single-use cloth towels must be used to dry hands

6.4.3 Types of hand hygiene

Routine: Removes transient microorganisms

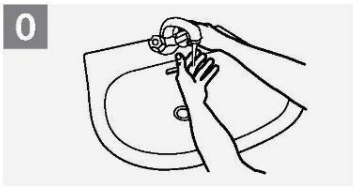
Product	Duration	Technique
Alcohol-based hand cleanser	10-20 seconds	Rub over all surfaces until dry without wiping.

Product	Duration	Technique
Liquid soap and water	30 seconds	Wet hands. Apply one measured dose of the solution, lather overall surfaces well, rinse and pat dry with a disposable towel.

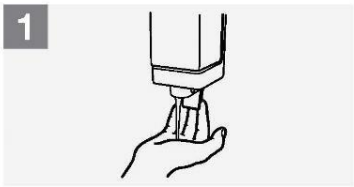
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

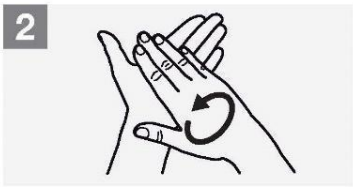
Duration of the entire procedure: 40-60 seconds



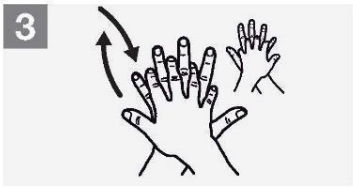
Wet hands with water;



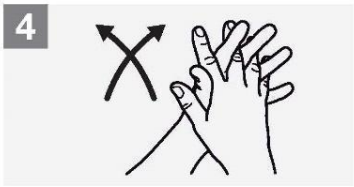
Apply enough soap to cover all hand surfaces;



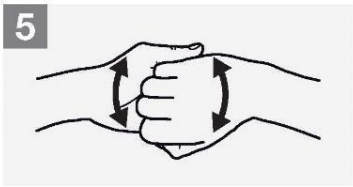
Rub hands palm to palm;



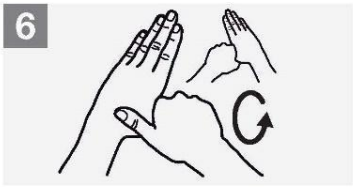
Right palm over left dorsum with interlaced fingers and vice versa;



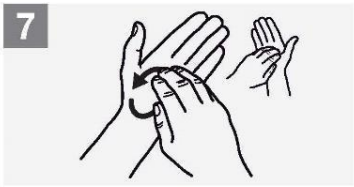
Palm to palm with fingers interlaced;



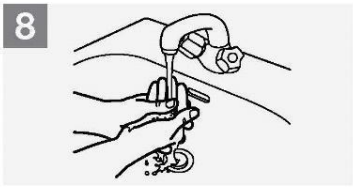
Backs of fingers to opposing palms with fingers interlocked;



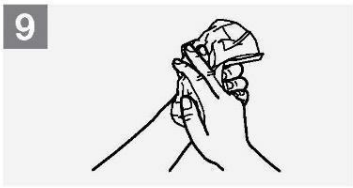
Rotational rubbing of left thumb clasped in right palm and vice versa;



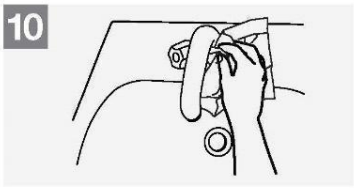
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



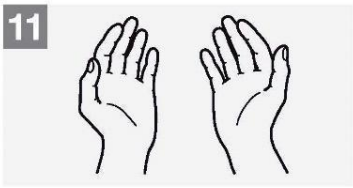
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

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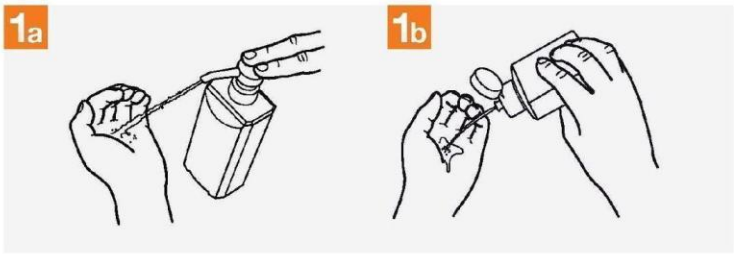
Approved by: J Croft - Director **Next review date:** 31/07/2026

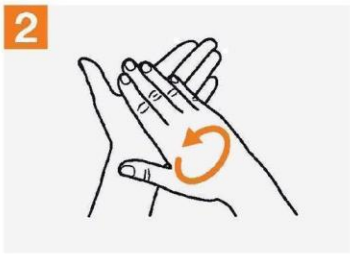
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

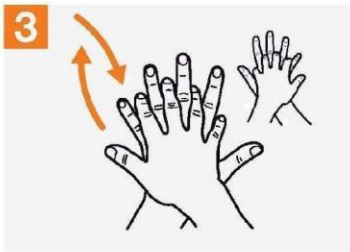
Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



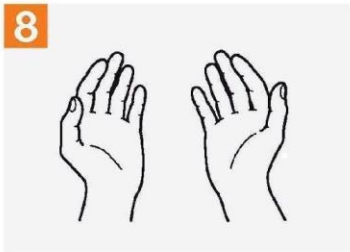
Right palm over left dorsum with interlaced fingers and vice versa;

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;



Once dry, your hands are safe.

6.4.4 Procedural (clinical/non-surgical)

Use before aseptic procedures (e.g. catheterisation).

Product	Duration	Technique
Antimicrobial liquid soap and water	30-60 seconds	Wet hands, apply one measured dose of the solution, lather well over all surfaces, rinse and pat dry with a disposable towel. Use technique as per Diagram 1: How to Handwash; however, the duration must be 30-60 seconds.
Alcohol-based hand cleanser with known residual effect	30 seconds minimum	Rub over all surfaces until dry without wiping. Use the technique as per Diagram 2: How to Hand Rub; however, the duration must be a minimum of 30 seconds.

6.4.5 Safety, storage and use of non-water cleansers (alcohol-based hand rub)

Alcohol-based hand rubs will be available in SilaCa Tasmania Pty Ltd vehicles and offices.
A safety data sheet (SDS) for alcohol-based hand rubs is available in areas where alcohol-based hand rubs are stored.

Alcohol-based rubs can ignite and catch fire when they reach 21° to 24° Celsius or a large volume in one area. These rubs must be stored away at temperatures less than 21° Celsius.

6.5 Personal Protective Equipment (PPE)

6.5.1. Gloves

- **Sterile gloves**: Used for procedures where there is contact with susceptible sites (e.g. catheterisation, where an aseptic technique is required for wound care or managing a tracheostomy).
- **Non-sterile gloves:** Used for procedures that involve contact with non-intact skin and mucous membranes (e.g. emptying a catheter bag) and personal care activities (e.g. assisting with toileting).
- **Reusable utilised gloves:** Used for non-care activities (e.g. general cleaning, cleaning contaminated surfaces).

Gloves are used when:

- changing a colostomy bag or urinary drainage bag
- dressing wounds or touching broken skin
- assisting with toileting
- giving mouth or eye care
- oral suctioning
- touching equipment or surfaces that may encounter blood or body substances
- blood glucose monitoring
- touching broken skin
- preparing food

Gloves are not used instead of hand hygiene; staff must always:

- perform hand hygiene before and after using gloves
- remove gloves when a care activity is finished
- change gloves before starting a different care activity
- dispose of used gloves immediately

Staff must not use multiple gloves at the same time. Where PPE use or infection control measures may restrict participant freedom (e.g., isolation, restricted movement), these measures must be reviewed for compliance with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

6.5.2 Aprons or gowns

Impermeable (waterproof) gowns or aprons stop staff clothes and skin contamination. Gowns and aprons are used when there is a risk of blood or body fluids (e.g., vomiting or diarrhoea). Gowns/aprons are worn during the care of participants who have an infection spread by the contact, droplet or airborne route.

Hand hygiene must be performed before and after using gowns or aprons.

The gown/apron must cover the torso from neck to knees, arms to end of wrists and adequately wrap around the back. All fastenings on the gown/apron must be tied and fastened at the back. The gown/apron will be removed and disposed of as soon as care is completed.

Plastic aprons can be used:

- when clothes may be exposed to blood or body fluids, and there is a low risk that arms will be contaminated
- when the staff member's clothes might get wet (e.g. when showering a participant)
- only once must be disposed of as soon as care is completed

6.5.3 Face masks

Face masks protect a care worker's nose and mouth from exposure to infectious agents. They are used when there is a risk of:

- droplets or aerosols (e.g. from coughs or sneezes)
- splashes or sprays of blood or body fluids (e.g. when emptying wound or catheter bags).

Masks are worn during the care of participants who have an infection spread by the droplet or airborne route.

Masks may also be placed on coughing participants, especially if they cannot cover their mouths. Before doing this, consider whether wearing a mask will cause distress (e.g. if the participant cannot understand the purpose of wearing the mask).

Types of masks

- Surgical masks are appropriate for most situations.
- Other types of masks may be required.
- The supervisor will inform staff of the appropriate mask, if necessary.

Procedure

1. Check the manufacturer's instructions before use.
2. Do not touch the front of the mask with your hands once the mask is in place.
3. Use each mask for the care of one person only and change if a care activity takes an extended time.
4. Do not leave a mask dangling around the neck.
5. Discard mask after use and perform hand hygiene after discarding.

6.5.4 Protective eyewear

Protective eyewear protects a care worker's eyes from exposure to infectious agents. It is used when there is a risk of:

- droplets or aerosols (e.g. from oral suctioning)
- splashes or sprays of blood or body fluids (e.g. when emptying catheter bags).

Eyewear is worn during the care of participants who have an infection spread by the droplet or airborne route. Staff are trained to understand that the outside of the eyewear is contaminated and to:

- remove eyewear using the headband or earpieces
- clean the eye shield after each use with detergent and water and allow it to dry
- dispose of single uses eyewear on completion of the care activity

6.5.5 Handling medical devices

Indwelling medical devices, such as urinary catheters and intravenous catheters, allow infection to enter the body as staff risk exposure to blood and body substances.

Essential work practices to be followed by staff:

- perform hand hygiene before any contact with the device or where the device enters the body
- select personal protective equipment (e.g. wear gloves and a mask and gown if there is a risk of exposure to blood or body fluids)
- touch the device as little as possible
- the longer the device is in place, the higher the risk of infection
- medical devices designed for single use must not be used multiple times, and the manufacturer's instructions should be followed

6.5.6 Respiratory hygiene and coughing procedure

Respiratory hygiene and coughing etiquette are particularly important for infections spread by droplets. All participants accessing our service must cover sneezes and coughs to prevent them from dispersing droplets into the air and infecting others. Participants are requested to:

- cover nose and mouth with a tissue when coughing, sneezing, wiping or blowing the nose, and dispose of the tissue immediately after use
- cough or sneeze into your elbow (if they do not have a tissue), not their hand
- perform hand hygiene immediately

Staff must support participants by:

- encouraging them to use tissues when they sneeze or cough
- putting a plastic garbage bag near them, so used tissues can be disposed of immediately
- encouraging hand hygiene
- providing alcohol-based hand rub within easy reach

6.5.6.1 Staff health requirements

- Staff with respiratory illness symptoms must seek medical advice to check if there is a risk of infecting others.
- Staff who are ill should take sick leave.
- Staff who have a cough must practice the above procedure.
- Staff who have a cough must see their doctor immediately.
- Staff must follow the instructions of SilaCa Tasmania Pty Ltd to report any illness, including coughs, to prevent the spread of any virus or bacteria.

Staff working in high-risk roles or with vulnerable participants must comply with vaccination requirements, including mandatory vaccinations (e.g., COVID-19, influenza), as directed by public health orders and the NDIS Practice Standards.

6.5.7 Sharps management

- Staff members who use a sharp are responsible for its safe disposal:
- Always place the whole disposable needle and syringe in the sharps container unless there are instructions to do otherwise, e.g. insulin pen.
- DO NOT put the lid back on the needle.
- Place sharp in a hard plastic or metal tray when passing to another person.
- Any reusable sharps must be placed in hard plastic or metal containers immediately after use.
- Containers are only filled to the level marked on the container. DO NOT force items into a sharps container (this can damage the container or cause injury).
- Full containers must have the lid firmly locked in place for collection by waste management.

6.5.8 Management of blood and body substance spills

If blood or body substance spills, staff must:

- put on protective clothing; this always includes gloves but may also include an impervious apron and nose/mouth and eye protection
- use a brush and pan to remove any broken glass or sharps
- clean up the bulk of the spill with a paper towel and discard it in the bin
- use a mop and bucket to clean the spill (check first with the participant as they may have specific cleaning equipment)

When finished cleaning, staff will:

- dispose of single-use items
- place reusable items (e.g. sheets, towels) in a washing receptacle for washing and drying
- clean reusable items such as goggles with a neutral detergent, then dry them
- clean the mophead and bucket with detergent and place them upside down to drain and dry
- inform the Manager or their delegate
- complete or assist with completing the Incident Report

6.5.9 Multi-Resistant Organisms (MRO)

The issue of multiple resistant organisms (MROs) (also known as “superbugs”) can be a source of real anxiety for staff and participants. It can cause inappropriate social and physical isolation and excessive infection prevention actions. It is finding a balance between infection prevention strategies and not inadvertently limiting a participant’s activity level and engagement with the residential care community.

Staff will notify the Manager IMMEDIATELY that they know a participant is infected or suspected of being infected with a multi-resistant organism.
Standard precautions are used in this situation, and staff will follow appropriate policies and procedures.

6.5.10 Notification of infectious diseases

The Manager will report any of the following diseases as applicable to relevant state and national legislative requirements. The Communicable Diseases Network Australia (CDNA) has agreed that the following list of communicable diseases is to be notified nationally and provided to the Commonwealth's National Notifiable Diseases Surveillance System (NNDSS).

Bloodborne diseases

- Hepatitis (NEC)
- Hepatitis B (newly acquired)
- Hepatitis B (unspecified)
- Hepatitis C (newly acquired)
- Hepatitis C (unspecified)
- Hepatitis D
- Gastrointestinal diseases
- Botulism
- Campylobacteriosis
- Cholera
- Cryptosporidiosis
- Haemolytic uraemic syndrome (otherwise known as HUS)
- Hepatitis A
- Hepatitis E
- Listeriosis
- Paratyphoid fever
- Salmonellosis
- Shiga Toxin-producing E. Coli or Vero toxin-producing E. Coli (otherwise known, respectively, as STEC or VTEC)
- Shigellosis
- Typhoid fever

Listed human diseases

- Human influenza in humans with pandemic potential
- The Middle East Respiratory Syndrome Coronavirus (otherwise known as MERS-CoV)
- Plague
- Severe acute respiratory syndrome (otherwise known as SARS)
- Coronavirus (COVID-19)
- Smallpox

- Viral haemorrhagic fevers
- Yellow Fever
- Sexually transmissible infections
- Chlamydia
- Donovanosis
- Gonococcal infection
- Syphilis-congenital
- Syphilis-less than two years duration
- Syphilis-more than two years duration or unspecified duration

Vaccine-preventable diseases

- Diphtheria
- Haemophilus influenza (Type B)
- Influenza (laboratory-confirmed)
- Measles
- Mumps
- Pertussis
- Pneumococcal disease-invasive
- Poliovirus infection
- Rotavirus
- Rubella
- Rubella-congenital
- Tetanus
- Varicella-zoster infection - Chickenpox
- Varicella-zoster infection - Shingles
- Varicella-zoster infection - Unspecified

Vector-borne diseases

Note Vector-borne means transmitted by an insect or other organism.

- Barmah Forest virus infection
- Chikungunya virus infection
- Dengue virus infection
- Flavivirus infection (unspecified)
- Japanese encephalitis virus infection
- Kunjin virus infection
- Malaria
- Murray Valley encephalitis virus infection
- Ross River virus infection

Zoonoses

Note: Zoonoses refer to diseases transferable to humans from other animal species.

- Anthrax
- Australian bat lyssavirus infection
- Brucellosis
- Leptospirosis
- Lyssavirus infection (NEC)
- Ornithosis (otherwise known as Psittacosis)
- Q fever
- Rabies
- Tularaemia
- Other bacterial diseases
- Legionellosis
- Leprosy
- Meningococcal disease-invasive
- Tuberculosis

7.0 Related documents

- Incident Report
- Incident Register
- Incident Investigation Form
- Incident Investigation Form Final Report
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Staff Training Record
- Staff Training Plan
- Continuous Improvement Policy and Procedure
- Continuous Improvement Plan Register
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure
- Risk-assessed Role – Employee Register
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Management Policy and Procedure
- Participant Safeguarding Policy

8.0 References

- Australian Human Rights Commission Act 1986 (Commonwealth)
- World Health Organisation - How to Handwash Poster
- World Health Organisation - How to Hand rub Poster
- Department of Health - Australian Guidelines for Prevention and Control of Infection in Healthcare 2019 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2021
- Australian Guidelines for the Prevention and Control of Infection in Healthcare (updated 2024, Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Code of Conduct 2018
- NDIS Practice Standards and Quality Indicators 2021
- CDNA National Guidelines (latest updates including COVID-19)
- ATAGI Immunisation Advice (current)

Cleaning Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that cleaning services provided to participants support a safe, hygienic, and comfortable living environment. Cleaning contributes to health, dignity, and wellbeing by helping participants feel comfortable in their homes, while also reducing the risk of infection and accidents.

Cleaning services must reflect individual needs and preferences. Participants are supported to be involved in decisions about how and when their space is cleaned, promoting autonomy and choice. Cleaning must be undertaken in a way that is safe for everyone, including managing slip hazards and preventing cross-contamination.

2.0 Scope

The policy applies to all staff involved in providing cleaning services to participants. It covers the provision of safe, hygienic cleaning that respects individual preferences, promotes health and wellbeing, and ensures a comfortable living environment.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to delivering safe, high-quality cleaning services in accordance with the NDIS Practice Standards, Code of Conduct, and infection control obligations.

Cleaning activities must be planned, purposeful, and tailored to each participant's needs, preferences, and risk profile. Staff must follow each participant's support plan, which outlines specific cleaning requirements and any cultural, health, or personal considerations.

Cleaning tasks must be completed using safe and appropriate products and equipment. This includes:

- ensuring floors are dry and safe to walk on
- immediately attending to spills or contamination
- preventing cleaning product residue build-up
- storing cords and tools to avoid creating tripping hazards
- using equipment recommended for the flooring type
- selecting products suitable for both the surface and type of soiling
- maintaining the slip-resistant properties of surfaces where applicable

Cross-contamination must be avoided by using separate equipment for different areas (e.g., kitchens and bathrooms) and following correct cleaning protocols.

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Where specific risks are identified—such as exposure to bodily fluids or high infection risk—staff must use appropriate personal protective equipment and follow infection control procedures. All staff providing cleaning support must hold a current NDIS Worker Screening clearance and Working with Children Check if required.

Any concerns about equipment or safety must be reported immediately to the Manager. Cleaning activities must also align with the Infection Management Policy and all related risk and safeguarding procedures.

4.0 Procedures

Different colour cloths will be used for each area, e.g. pink for the bathroom, green for the kitchen, and yellow for laundry. At no stage are these mixed, and clothes must be washed at the end of each use.

4.1 Safety Procedures

- A review of the environment is undertaken before any cleaning activity and recorded in the Support Plan
- Risks are identified, and strategies are put in place to reduce risk or harm to a participant or staff member through cleaning activities
- Activities required/ requested are placed in the participant support plan, and the participant/advocate will sign off to ensure they approve of the cleaning schedule
- SilaCa Tasmania Pty Ltd will ensure that chemicals are handled safely through training, proper storage, use, personal protective equipment and safety data sheets information available to staff
- Equipment or chemicals that cannot be handled safely, e.g. decanted chemicals or broken equipment, will not be used by staff
- Staff are also responsible for maintaining safe resources and must:
- Report any dangerous equipment
- Use the correct equipment
- Report alterations or additional aids that are needed to the Manager
- Not use any appliances that have faulty connections or worn or frayed cords (see Equipment Maintenance and Safety)

Cleaning tasks, including identified risks and preferences, will be co-designed with participants and documented in their Support Plans. Staff must report any hazards, injuries, or equipment issues immediately to the Manager and record incidents in the Incident Register, as per the Reportable Incident, Accident and Emergency Policy and Procedure. Any safety risks impacting participant safeguarding must be escalated under our Safeguarding Policy.

4.2 First Aid

All injuries or near-miss incidents must be reported under the Incident Management Policy.

- In the event of an injury or illness, the injured or sick staff member is to contact the Manager immediately
- Call 000 in an emergence
- If non-urgent medical treatment is required and safe, seek assistance from the General Practitioner

4.3 General Cleaning Procedures

Cleaning staff must respect participant privacy and dignity, ensure minimal disruption and involving participants in decisions about cleaning their space. Where infection risks are present (e.g., wounds, MROs), staff must follow Infection Control procedures and use PPE as necessary. If participants prefer to be involved in cleaning, staff should encourage and assist in a way that promotes independence.

4.3.1 Internal Areas

- Prepare all equipment and take it to the area to be cleaned
- Empty all bins, replace bin liners and place rubbish in the garbage bin.
- Pick up any large litter from the floor and return it to the correct place
- Straighten all furniture to prevent trips and falls
- Remove cobwebs
- Damp dust
- The last surface to be attended to should be the floor.

4.3.2 Bed Cleaning

- Gather cleaning products
- Collect clean linen
- Remove soiled linen
- Wash over both sides of the mattress
- Clean all surfaces using warm detergent water and disposable cloth
- Ensure all bed surfaces and the underneath frame have been washed and wiped over thoroughly
- Dry all surfaces thoroughly

4.3.3 Dust Control

- Vacuum cleaners must be fitted with dust bags, and the exhaust filter
- Bags must be changed when full or after use
- Filters changed according to the manufacturer's instructions
- Damp dusting is permitted only

- Use a damp cloth, rinsing frequently
- Dust all pipes and other fixtures
- Wipe over window sills, ledges, tops of doors, bedside tables and wardrobes, picture frames, cabinets, cupboards, chairs etc
- Wipe over fans and curtain rails
- Check work to ensure all areas have been covered
- Remove, clean and store equipment
- Avoid dry sweeping

4.3.4 Wet Mopping

- Mops and mop heads must be stored dry
- Wash mop at the end of cleaning work
- All equipment used for wet mopping should be cleaned with warm detergent water daily and stored dry
- Participant's bedrooms and other areas must be wet mopped using warm water and detergent (if vinyl or wood flooring)
- Make sure floors are dry before leaving or used by participants
- Never leave mops standing in buckets of solution
- Mop the 'cleaner' areas first or use separate mops for 'dirty areas (bathrooms, toilets etc.)
- Change the water frequently

4.3.5 Bathrooms and toilets

- Wear gloves and boots
- Bowl cleaner is acid-based — USE WITH CARE AND WITH PROTECTIVE EYEWEAR
- Staff must respect participant privacy when cleaning personal spaces and ensure participants are comfortable with the timing and presence of staff performing these tasks

Check

- Toilets are working
- Taps are working
- Drains are clean and free of collected lint and debris
- Empty and clean waste bins and dispose of rubbish in the garbage bin.
- Mop floors, toilet floors
- Clean mirrors
- Spot clean walls
- Clean doors
- Clean shower recess, wipe over pipes, and clean plugs and drains; shower wall and floor tiles are scrubbed

4.3.5.1 Hand Basins

- Clean out and disinfect
- Ensure that underneath the basin, all plumbing connections are washed simultaneously

4.3.5.2 Baths

- Ensure that the outside walls of the bath and tiled areas remain clean
- Wipeout bath and surrounds
- Closely inspect grout edges to ensure there is no mould growing
- Ensure that soap containers are clean
- Ensure that handheld connections are clean

4.3.5.3 Shower Recesses

- Ensure soap containers are clean
- Ensure that handheld shower connections are clean
- Closely inspect grouted edges to ensure that they are stain-free and there is no mould growing
- Inspect rubber mats for wear — ensure they are clean

4.3.5.4 Equipment stored in the bathroom

- Clean with neutral detergent
- Shower chairs must be cleaned and stored in the shower recess away from the doorway
- Ensure to clean the walkway
- Ensure that it is safely placed to prevent injury to the person(s) entering the bathroom

4.3.5.5. Toilets

- A clean toilet does not smell
- Brush the surface of the pan
- Thoroughly clean both sides of the seat cover with neutral detergent; use stain remover as required
- Toilet brushes must not be used to clean the seat; use disposable cleaning cloths, ensuring to dispose of each after use on each toilet, e.g. paper towel
- Wipe the seat and cover it; dry it with a cloth
- Take care to thoroughly clean all edges, corners and plumbing pipes behind and under the cistern

4.3.5.6 Bathroom Floors

- Clean grout with a hand brush if necessary
- Check the drains to ensure there is no accumulation of lint or debris
- Rinse and dry the floor
- Mop the floor with neutral detergent
- Allow drying
- Thoroughly clean all equipment used

4.3.6 Dining Areas

- Must be swept and mopped
- Chairs are to be wiped over daily
- Ensure that chairs are stored under the table

4.3.7 Light fittings

Light fittings are to be cleaned six-monthly or as required with water and detergent:

- Turn off the electrical current. (Water is a conductor of electricity, and serious accidents may result from contact with an exposed circuit)
- Use equipment with an extendable handle
- If reaching up is necessary, a ladder must be used
- Remove loose dirt with a clean cloth
- If it is necessary to remove shade or glass sections, carefully loosen screws while supporting the underside of the bowl with one hand
- Wipe the bowl inside and outside
- Dry and polish with a clean cloth
- Remove the dust from the light bulb with a dry cloth — ensure the bulb is cool before handling
- Replace the bulb, bowl and glass sections — ensure they are secure

4.3.8 Fans and permanent fixtures and fittings

Fans, permanent fixtures and fittings are to be cleaned every six months or when required with water and detergent:

- Turn off electrical current (water is a conductor of electricity, and serious accidents may result in contact with exposed circuits)
- Remove any loose dirt with a damp cloth
- Wipe blades or fixtures with a clean cloth dampened with detergent
- Dry and polish with a damp cloth

4.3.9 Telephones (Landlines)

- The body of the telephone and the handset are to be cleaned with a damp cloth soaked in detergent and warm water
- The mouth and earpiece must be cleaned with a damp cloth, ensuring the cloth is only damp to prevent water from entering the holes and damaging the telephone

4.4 Outside Areas

All outdoor bins are to be emptied at least weekly (check for the day of collection)

- Place the bin at the front of the house on the day before rubbish collection occurs
- Collect bins to the front of the house after the rubbish collection service
- Using correctly diluted detergent, clean the inside of the bins
- Hose bins out, removing all dirt and debris
- Turn bins upside down and allow them to dry
- Return bins to their allocated areas

4.4.1 Paved Areas

- Use a straw broom to sweep paved areas weekly or more frequently if required
- On a rotational basis, all paved areas should be hosed down; all areas should have been hosed by the end

4.4.2 Grassed Areas

- All grassed areas are to be attended to on a rotational basis; main access areas may require more frequent attention
- Collect all litter using a plastic bag or bin and remove it from the main collection bin

4.4.3 Cobweb Cleaning

- Cobwebs are to be removed as regularly as required
- Using a cob webber or broom, remove cobwebs from windows, doors, walkways, lights, and buildings

4.5 Windows

- Windows are to be attended to on a rotational basis
- Clean windows using window cleaner and cloth
- Dry with a drying cloth
- Monitor self for work health and safety

4.6 Documentation and Reporting

- Records are to be maintained by cleaning staff to record the cleaning activities for each participant accurately, including a file note and logging of hours spent at the participant's home
- Issues regarding broken equipment must be placed on the maintenance log
- The Manager will check with each participant or representative regarding steps to replace or repair broken equipment and supply detergents, cloths etc
- Staff must maintain accurate records of cleaning activities, including any identified risks, hazards, or incidents. All incidents, including unsafe environments, must be reported via the Incident Management system. Staff must also report safeguarding concerns (e.g., evidence of neglect or environmental risks that could harm the participant) to the Manager for immediate action. Participant feedback about cleaning should be documented and used to inform continuous improvement

5.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Support Planning Policy and Procedure
- Work Health Safety and Environmental Management Policy and Procedure
- Continuous Improvement Policy and Procedure
- Risk Management Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- NDIS Worker Screening and Risk Assessed Roles Policy
- Risk-assessed Role – Employee Register
- Infection Management Policy and Procedure
- Participant Safeguarding Policy
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure

6.0 References

- Privacy Act 1988
- Work Health and Safety Act 2011
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Code of Conduct 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- Work Health and Safety Act 2011 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Australian Guidelines for the Prevention and Control of Infection in Healthcare (latest version)
- Safeguarding and Abuse Prevention Guidelines

Hot Water Safety Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure all participants are supported in environments where hot water is used safely. It aims to prevent injuries such as scalds or burns and promote awareness of associated risks among staff and carers. The policy highlights the importance of proper temperature control, participant consent, and individualised planning in maintaining safety and dignity during personal care routines that involve hot water.

Participants may be at higher risk of burns due to reduced sensation, mobility limitations, or the need for assistance during bathing. This policy helps staff understand these risks and take practical steps to prevent avoidable harm while respecting each participant's autonomy and preferences.

2.0 Scope

The policy applies to all staff involved in the delivery of personal care services where hot water is used.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to maintaining safe environments by managing hot water risks in accordance with the NDIS Practice Standards, NDIS Code of Conduct, and Incident Management and Reportable Incidents Rules 2018.

All support staff must be trained in identifying hot water hazards and in applying safe practices when assisting participants with bathing, hygiene, and related activities. This includes understanding the risks associated with varying water temperatures and the health impacts of scalds or burns.

Key procedures include:

- Reviewing hot water systems as part of the initial Safe Environment Checklist and during regular service reviews.
- Ensuring water temperatures in bathrooms used for personal hygiene do not exceed 45°C, as recommended by Australian Standards.
- Conducting risk assessments specific to the participant's environment, needs, and mobility.
- Using safe water handling techniques and temperature control devices where applicable.
- Recording and reporting all hot water-related incidents as per the Incident Management Policy.
- Engaging participants, families, and advocates in discussions about hot water safety, including the use of assistive technologies or supervision where required.

Staff must understand and be alert to the severity of burns:

- **First-degree burns**: Affect the outer skin and can cause pain and redness.
- **Second-degree burns**: Often blister, swell, and are painful. They carry a risk of infection.
- **Third-degree burns**: Can damage tissue beneath the skin and may require surgery or result in long-term health consequences.

In every service setting, the environment must be checked for risks to both participants and workers. Equipment failure or unsafe water temperatures must be reported immediately to the Manager.

Hot water safety must also be considered in emergency planning and during any transition of care. Participants' rights to safe support, dignity of risk, and informed decision-making are always to be respected, and practices should reflect a balance between safety and autonomy.

4.0 Procedures

All staff working with participants must know the risks surrounding burns and scalds and respond if the situation arises. We aim to protect the safety of participants, and all participants will be assessed against our Safe Environments Checklist – Home, Individual Risk Assessment and Safe Environment Risk Assessment, as relevant.

4.1 Safety Procedures

- A review of the environment is undertaken and recorded in the Support Plan.
- Risks are identified, and strategies are put in place to reduce risk or harm to a participant or staff member.
- Activities required/ requested are placed in the participant support plan, and the participant/advocate will sign off to ensure they approve.
- SilaCa Tasmania Pty Ltd will ensure that hot water is handled safely through training and review of the participant's environment.
- Staff are also responsible for ensuring that the water temperature will not injure the participant and checking the temperature before bathing or showering.
- Staff must check the environment for the risk of hot water spills and steam.

Hot water safety risk assessments must be completed on entry to service and reviewed at least annually or when circumstances change. These assessments will be documented in the Support Plan and signed by the participant and/or their advocate to ensure informed consent and understanding. Participants must be given the choice to determine their preferred way of managing hot water risks. Staff must always verify the water temperature before supporting participants with hygiene tasks and document any concerns about temperature regulation or faulty equipment immediately for escalation.

4.2 Prevention Strategies

Participants will be supported to understand hot water risks and, where appropriate, will be engaged in

checking water temperatures as part of promoting choice and autonomy. Staff must never expose participants to water without first checking the temperature using a thermometer or wrist/skin test and documenting this step as part of the support process.

Our organisation will train staff to reduce the risk of scalds in the bathroom by:

- Always run the cold water in the bath or shower first before the hot water
- Always run the cold water through the tap before the participant enters the bath
- Always check the temperature of the bath, shower or other hot water before a participant enters the water
- Do not leave the plugin while a participant showers if the shower is a combined bath and shower

4.3 First Aid

All scald and burn incidents must be documented and escalated under the Incident Management and Reportable Incidents Policy, including notification to the NDIS Commission if a reportable threshold is met.

- Apply cool running water to the site of the scald for 20 minutes
- Do not touch the burn
- Do not apply any lotions or ice to the area
- Remove any clothing or jewellery near the scald

4.4 Call an Ambulance

Staff are required to call an ambulance if:

- the burn/scald is larger than a 20-cent piece
- the burn is deep
- the burn has blisters, pus or discharge
- the skin appears leathery
- the burn is to the face, airways, hands or genitals
- there are patches of brown, black or white
- the person also has a fever
- the person is having trouble breathing

4.5 Supported Disability Accommodation (SDA) and Supported Independent Living (SIL) housing

All new hot water installations must comply with Australian Standards AS3500.4 1.11 and relevant state regulations (e.g., in NSW, a maximum of 45°C in care environments). For existing systems, regular testing and maintenance must be completed at least annually by a licensed plumber, and temperature control devices adjusted to meet state and NDIS safety requirements. Audit outcomes must be recorded and any non-compliance addressed immediately.

Our organisation will:

- Ensure that all new heated water installations use a thermostatic mixing valve or thermostatically controlled tap to deliver hot water not exceeding 45°C at fixtures used primarily for personal hygiene purposes (Australian Standards 2018, AS3500.4 1.11)
- For older heated water installations, consider installing a temperature control device such as a thermostatic mixing valve set to a maximum of 45°C (as per state requirements)
- Engage a licenced plumber to test and maintain any temperature control devices at least yearly (ABCB 2015)
- Ensure bathroom fixtures such as showerheads limit maximum water flow

4.6 Documentation and Reporting

- Any hot water safety incident must be recorded and actioned as per our Reportable Incident, Accident and Emergency Policy and Procedure
- Staff must inform their supervisor and complete relevant documents
- Management must use each incident as part of our Continuous Improvement Policy and Procedure

All hot water safety incidents must be reported within 24 hours via the Incident Management system. Where a participant is harmed or placed at significant risk, a Reportable Incident must be lodged with the NDIS Commission as per NDIS (Incident Management and Reportable Incidents) Rules 2018. All incidents and near misses will be analysed through the Continuous Improvement system, and trends monitored to identify systemic risks

5.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Individual Risk Assessment Profile
- Safe Environment Checklist – Home
- Safe Environment Risk Assessment
- Support Planning Policy and Procedure
- Work Health Safety and Environmental Management Policy and Procedure
- Risk Management Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Continuous Improvement Policy and Procedure
- Emergency and Disaster Management Policy and Procedure
- Participant Safeguarding Policy
- Person-Centred Supports Policy and Participant Service Charter of Rights
- Advocacy Support Policy and Procedure (state-specific)
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure

6.0 References

- Practice Alert – Hot water safety
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Code of Conduct Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Practice Standards — Worker Screening) Rules 2018
- Australian Standards AS3500.4 1.11 (2021 update)
- Relevant State Guidelines for Maximum Hot Water Temperatures (e.g., NSW Health Guidelines)
- NDIS Practice Standards and Quality Indicators 2021

COVID-19 Response Policy and Procedure

1.0 Purpose

The purpose of this policy is to guide how SilaCa Tasmania Pty Ltd responds to COVID-19, ensuring participants continue to receive safe and reliable support throughout any stage of the pandemic. It reflects our commitment to preserving the health and wellbeing of participants, staff, and the wider community, while maintaining the delivery of essential services. This includes adjusting service delivery methods when required, managing identified risks, and supporting all individuals affected by COVID-19 in a compassionate and informed way.

We aim to reduce the risk of transmission, maintain service continuity, and protect the rights, dignity, and choices of participants. Through preparation and response planning, we ensure that our services remain safe, inclusive, and flexible in challenging circumstances.

2.0 Scope

The policy applies to all staff involved in the delivery of supports where COVID-19 safety measures are required.

3.0 Description

Coronaviruses are a large family of viruses known to cause respiratory infections. These can range from the common cold to more severe diseases. This new coronavirus is named COVID-19.

COVID-19 is transmitted from person-to-person, usually when an infected person coughs or sneezes. Common signs of novel coronavirus are:

- fever
- coughing
- sore throat
- fatigue
- loss of smell and taste
- shortness of breath

It is important to note, to raise awareness and not spread fear, that while COVID-19 exhibits symptoms similar to the flu, it is not as simple as contracting seasonal flu. Most people have immunity to the flu, there is a vaccine, and the flu spreads more slowly through the community. Vaccines against COVID-19 are available but still highly unpredictable, with conditions changing daily nationally and globally.

4.0 Definitions

Close contact	More than 15 minutes of face-to-face contact in any setting with a confirmed (or probable) case in the period from 24 hours before the onset of symptoms in the confirmed (or probable) case. Sharing a closed space with a confirmed (or probable) case for a prolonged period (more than two hours) in the period extending from 24 hours before the onset of symptoms in the confirmed (probable) case.
Outbreak	The Australian Government Department of Health considers an outbreak when two people in three days become sick with symptoms, and at least one of these three has a positive COVID-19 test.

5.0 Policy

SilaCa Tasmania Pty Ltd is committed to maintaining safe, high-quality services and managing COVID-19 risks in accordance with the NDIS Practice Standards, NDIS Code of Conduct, and the NDIS (Incident Management and Reportable Incidents) Rules 2018.

We will implement our COVID-19 Response Policy and Procedure to support participants, staff, contractors, and visitors in the event of a suspected or confirmed case linked to our services. All relevant procedures will ensure infection prevention, risk management, and continuity of care. Staff must hold a valid NDIS Worker Screening clearance and follow all COVID-19 health and safety procedures in place at the time.

All confirmed or suspected COVID-19 cases that impact service delivery or participant safety will be reported under our Incident Management Policy and, where required, to the NDIS Commission. Our organisation will ensure up-to-date responses are implemented, based on public health advice and the requirements of federal and state governments.

Key procedures include:

- Maintaining updated infection control practices and staff training
- Monitoring staff and participant wellbeing, including reporting symptoms or confirmed infections
- Recording staff vaccination status and promoting voluntary COVID-19 vaccination
- Updating cleaning procedures in line with Infection Management Policy
- Communicating transparently with participants, families, and other providers

Where necessary, we will notify the NDIS Quality and Safeguards Commission if:

- A participant or staff member tests positive for COVID-19
- Our service capacity is affected
- Other COVID-19-related risks or disruptions arise, in accordance with Sections 13 and 13A of the NDIS (Provider Registration and Practice Standards) Rules 2018

Notifications will be submitted via the Notification of Event – COVID-19 form or by contacting 1800 035 544.

COVID-19 protocols will be reviewed and updated regularly through our continuous improvement and risk management systems to ensure our responses remain effective and compliant.

6.0 Procedure

6.1 Preparing for an outbreak

As community transmission of COVID-19 occurs within Australia, our organisation will plan and prepare for possible cases involving our participants or employees.

A COVID-19 Safe Plan and COVID-19 Outbreak Management Plan will be developed to identify risks to participants, employees and our organisation. SilaCa Tasmania Pty Ltd will review current work practices, services offered, and employee functions and implement relevant changes (as and when required) to ensure our organisation is appropriately prepared for a COVID-19 outbreak.

The Outbreak Management Plan will assist SilaCa Tasmania Pty Ltd to help our employees identify, respond and manage a potential outbreak. It also assists in protecting the health of our employees and participants and reducing the severity of the duration of outbreaks if they occur.

The COVID-19 Safe Plan and the Outbreak Management Plan are reviewed regularly or as required when government guidelines change, and following any incidents to identify improvements by management. Oversight of the plans is the responsibility of the Manager.

6.2 Precautions relating to staff

6.2.1 Signs of symptoms and COVID-19 testing

All SilaCa Tasmania Pty Ltd staff will take reasonable precautions so that we can safely provide supports and services. Our staff have been instructed to immediately contact the Manager and not attend work if they have:

- symptoms of a respiratory illness (even mild symptoms), including a fever, cough, shortness of breath, sore throat, runny nose or congested nose, tiredness, loss of smell or appetite

- returned from overseas or interstate within the last 14 days, consistent with the state's public health directions
- been in contact with someone who has been diagnosed with COVID-19

If a staff experiences any of the above symptoms while at work, they must:

- leave work immediately
- report symptoms to the Manager
- get tested for COVID-19
- self-isolate at home until test results are received.

If the COVID-19 test is negative, the worker may return to work once they are well.

If the test is positive, the state public health unit will contact the worker and inform them what they must do. Public health officials will undertake a close-contact investigation to advise self-quarantine and testing for other workers or participants.

If a SilaCa Tasmania Pty Ltd participant or staff member is diagnosed with COVID-19, our organisation will follow all appropriate and current government procedures. We will instruct all staff members who have been in contact or have been in the same area as the participant or staff member with COVID-19 to seek appropriate medical advice, be tested for COVID-19, and self-isolate for 14 days.

SilaCa Tasmania Pty Ltd will advise all appropriate personnel to work from home for 14 days in the following instances:

- SilaCa Tasmania Pty Ltd staff member has been diagnosed with COVID-19.
- A confirmed case of COVID-19 has been identified in a participant or staff member.
- A confirmed case of COVID-19 has been identified in the local area of SilaCa Tasmania Pty Ltd's head office location or a caring environment (including a participant's home).

A staff member will also be asked to work from home for 14 days if a confirmed case of COVID-19 has been identified in the staff member's home, suburb or local area as a precaution.

SilaCa Tasmania Pty Ltd will ensure that all staff members can continue working remotely, if necessary.

6.3 Staff training

All staff must maintain a valid NDIS Worker Screening clearance and complete annual Infection Control refresher training, including updates relevant to emerging infectious diseases (e.g., COVID-19 variants)

Employees will be instructed to complete the Australian Department of Health's online COVID-19 Infection Control Training. The Manager records training details in the Staff Training Record filed in the employee's personnel file and the Annual Organisational Training Register and Review.

During staff meetings, employees will be trained in using PPE correctly and provided an update on infection control procedures (including standard and transmission-based precautions content).

6.4 Personal protective equipment (PPE)

During the COVID-19 pandemic, we will stay updated with the latest advice from our state's public health unit regarding when and where to use PPE while supporting participants to remain compliant with government orders.

All PPE use must align with safeguarding participants from infection risk, especially those with high clinical vulnerabilities (e.g., immunocompromised, respiratory conditions). All existing and new employees will be shown by the Manager how to wear PPE correctly.

When purchasing PPE, the Manager or their delegate will consult the Australian Department of Industry, Science and Energy and Resources Personal Protective Equipment Buyers Guide to determine how to purchase appropriate PPE.

When unable to access necessary PPE supplies, the Manager will request assistance by emailing the National Medical Stockpile at NDISCOVIDPPE@health.gov.au. Our organisation will supply PPE to staff and may record current stock levels in a Personal Protective Equipment PPE Register.

6.5 Responding to a participant with a suspected or confirmed case of COVID-19

If a participant with COVID-19 is supported, all actions must prioritise the participant's right to essential supports while mitigating risk. All confirmed participant cases will be escalated under Incident Management Policy and may be considered a reportable incident depending on outcomes.

SilaCa Tasmania Pty Ltd employees are instructed to monitor for symptoms of COVID-19 in participants or their families. If a participant or family member shows symptoms, the Outbreak Management Plan will be implemented by the Manager immediately.

Support to the participant who is suspected or confirmed to have COVID-19 may still be provided. However, our employees must correctly wear appropriate PPE per state government orders. The Manager will seek instruction from the department of health before commencing any support with a participant suspected or confirmed of having COVID-19.

When responding to a participant with a suspected or confirmed case of COVID-19, the support our workers will offer may include the following:

- assisting the participant in seeking medical advice if they have symptoms
- identifying essential supports for the maintenance of the participant's health, well-being and safety and determining if they can be delivered differently
- ensuring good communication with the participant and their family, so everyone understands disruptions and changes to supports
- always wearing appropriate PPE as per the state's public health guidelines

SilaCa Tasmania Pty Ltd workers will not enter the home of an unwell participant unless correctly wearing appropriate PPE to provide support to maintain the participant's health, well-being, health or safety. An unwell participant will not be able to enter our premises until their COVID-19 status is confirmed.

For participants, their families, and carers who require information, we will guide them to the Disability Gateway helpline, which is free, private and fact checked. Below are the ways to contact the Disability Gateway

- Phone (free call): 1800 643 787
- If you are deaf or have a hearing or speech impairment, call the National Relay Service at 133 677

The Disability Gateway is available Monday to Friday from 8 am to 8 pm (AEST) and is unavailable on national public holidays.

6.6 Visitor management

SilaCa Tasmania Pty Ltd will regularly review our COVID-19 Workplace Attendance Register or COVID-19 Check-In App to determine if there have been suspected or confirmed cases of COVID-19 within our workplace.

In a confirmed or suspected case within our workplace, we seek guidance from public health officials to assist with confirmed or suspected outbreaks.

Our employees, participants and families will be informed by the Manager of the steps we will be taking to prevent infection, including visitor management practices.

SilaCa Tasmania Pty Ltd will manage visitors to our organisation using the following practices:
Inform all visitors regarding social distancing and hand hygiene.

Ask all visitors to check into our workplace by completing the Workplace Attendance Register or using a Check-In App. The information they must provide includes the following:

- first name
- phone number
- date and time entered and exited our workplace

SilaCa Tasmania Pty Ltd will provide a hand sanitiser at the entry/reception area of the workplace.

6.7 Good respiratory and hand hygiene

SilaCa Tasmania Pty Ltd will ensure that standard infection control precautions are practised throughout all work environments (see Infection Control Management Policy and Procedure).

There are preventative measures staff can take to protect themselves from infection and help prevent infections and viruses from others. These measures include practising good respiratory and hand hygiene, such as:

- cleaning hands with soap and water or alcohol-based hand rubs or sanitisers
- avoiding touching your face
- avoiding handshaking and other physical greetings
- covering your nose and mouth with a tissue or flexed elbow when coughing or sneezing
- avoiding contact with anyone who has symptoms such as fever, a cough, sore throat, fatigue and shortness of breath
- staying home if you are unwell
- wearing appropriate PPE when caring for participants
- regularly clean shared high-touch surfaces, e.g. tables, benches, and doorknobs

6.8 Social distancing in the workplace

Social distancing is critical as COVID-19 is most likely to spread from person to person. The following actions taken by our staff will help reduce risk in our work environment:

- staying at home if they are sick
- stop handshaking and other physical greetings
- all meetings are to be held via video conferencing or phone call
- deferring large face-to-face meetings
- holding essential meetings outside in the open air if possible
- eat lunch outside, rather than in the office if possible
- professional cleaners will regularly clean the office
- clean and disinfect shared high-touch surfaces regularly and use hand sanitiser
- open windows and adjust the air conditioning to allow for more fresh air

7.0 Managing an outbreak

The state public health unit may declare (or assist you in deciding whether to declare) an outbreak. The public health department will guide SilaCa Tasmania Pty Ltd on managing the outbreak.

If an outbreak is suspected or confirmed in our workplace, the Manager will:

- confirm standard infection control precautions are in place
- commence transmission-based precautions (if not already in place)
- convene the Outbreak Management Team
- implement Outbreak Management Plan
- isolate suspected or confirmed cases and, if necessary, assign a dedicated support worker to them
- liaise with the public health department and follow their instructions
- schedule regular environmental cleaning and disinfection of all areas
- put up signage at the entrance or workplace to inform visitors
- suspend all non-essential services and supports
- suspend all non-essential visitors to the workplace

8.0 Vaccination

All vaccinations are voluntary, and participants must be allowed to provide informed consent for any medical treatments or procedures, including the COVID-19 vaccine. Our organisation will collaborate with and assist the Australian Department of Health contracted COVID-19 vaccination providers by providing relevant healthcare information or behaviour support plans and rostering support staff to enable the safe administration of the vaccine.

SilaCa Tasmania Pty Ltd will communicate regularly with participants about the COVID-19 vaccination. Informing participants about the purpose of the COVID-19 vaccination and, where appropriate, it will be useful to have a person that a participant is most familiar with or trusts (such as a family member/guardian, a participant's friend or a particular staff member) to be involved in informing the participant.

Vaccinations are a key measure to reduce the risk of severe illness and protect participants. Staff in direct support roles are required to comply with any public health orders or workplace mandates for COVID-19 vaccination.

Our organisation will:

- construct strategies to assist participants who are averse to injections and pain
    - bring comfort items
    - play favourite music

    - iPad
    - rehearse in advance
    - book support person for the visit
- use anxiety-reducing strategies by seeking advice from:
    - family member
    - guardian
    - local general practitioner
    - NDIS behaviour support practitioner
    - Trusted staff members
- Seek advice from a medical practitioner if there is an allergic reaction history or pain to identify risks and benefits
- Explain side effects

Staff will work with participants before receiving the COVID-19 vaccine and assist vaccination providers in administering the vaccination as appropriate.

During the administration of the COVID-19 vaccine, if a regulated restrictive practice is used that is not in a participant's behaviour support plan and/or does not have current authorisation from the state or territory, it is a reportable incident to the NDIS Commission.

COVID-19 Safe Plan

Our COVID-19 Safe Plan sets out the following:

- Actions to help prevent the introduction of coronavirus (COVID-19) in the workplace.
- Workplace requirements - the level of face-covering or personal protective equipment (PPE)
- The procedure on how we will prepare for and respond to a suspected or confirmed coronavirus case (COVID-19) in our workplace.
- Details of how SilaCa Tasmania Pty Ltd will meet all the requirements set out by the state government (some higher-risk industries or workplaces have additional requirements for employers and employees).

A COVID-19 Workplace Attendance Register is maintained (see visitor management).

The Manager will ensure our COVID-19 Safe Plan meets the state government's orders and action requirements at all times.

9.0 Related documents

- Staff Personal Protective Equipment Provision
- Annual Organisational Training Register and Review
- Staff Training Record
- Risk Management Plan Register
- Risk Assessment Form
- COVID-19 Outbreak Management Plan
- COVID-19 Safe Plan
- COVID-19 Workplace Attendance Register
- Notification of Event form – COVID 19
- Infection Management Policy and Procedure
- Emergency and Disaster Management Policy and Procedure
- Business Continuity Policy and Procedure
- Risk Management Policy and Procedure
- Work Health Safety and Environmental Management Policy and Procedure
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure
- Risk-assessed Role Register
- Risk-assessed Role – Employee Register
- Participant Safeguarding Policy
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure

10.0 References

- NDIS Practice Standards and Indicators 2020
- NDIS Code of Conduct
- Australian Department of Industry, Science and Energy and Resources - Personal Protective Equipment Buyers Guide
- Australian Government Department of Health Video - Coronavirus: Wearing personal protective equipment for disability workers.
- Australian Government Department of Health's website
- https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert
- https://www.health.gov.au/resources/publications/1-may-2020-update-modelling-the-current-impact-of-covid-19-in-australia
- NDIS Coronavirus information and support webpage:
- NDIS Practice Standards and Quality Indicators 2021
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- Australian Immunisation Handbook — COVID-19 Vaccination Guidance
- ATAGI and CDNA guidance on COVID-19 management in disability settings

Participant Money and Property Policy and Procedure

1.0 Purpose

The purpose of this policy is to support participants to manage their money and property safely, with dignity and independence. It ensures that participants retain maximum choice and control over their financial decisions and are informed about the handling of any money related to their supports. The policy also aims to protect participants from financial exploitation or misuse, promote transparency in service costs, and assist participants in developing the confidence and skills to manage their own finances, if they choose to do so.

Participants will be informed of any financial arrangements, including service charges and consent processes, and will be supported to understand and authorise these. Where needed, we will work alongside families or advocates to ensure decisions reflect the participant's best interests and preferences.

2.0 Scope

The policy applies to all staff who may handle participant money or property.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting participants to safely manage their finances while protecting their rights and complying with all legal and regulatory obligations, including the NDIS Practice Standards and NDIS Code of Conduct.

All handling of participant money or property will be guided by informed consent and documented agreements. Participants' money will only be accessed in line with their explicit authorisation, and only for the agreed purpose. Staff are not permitted to give financial advice, accept gifts, or manage participant finances outside of approved service arrangements.

Where a participant requires assistance to manage money, a signed Service Agreement and Consent Form must be completed. This will be co-signed by the participant's representative or advocate (where relevant) and retained on file as part of the Participant Support Plan. Staff must always ensure that participants are involved in decisions, supported where required by advocacy or decision-making tools.

Any incident, concern, or suspicion of financial abuse or mismanagement will be escalated and managed in accordance with our Incident Management and Reportable Incidents Policy and Procedure.

SilaCa Tasmania Pty Ltd will maintain clear, accurate records of all financial interactions and conduct regular internal audits to confirm that funds are being managed appropriately. We will also ensure the

organisation remains financially viable and that participants are fully informed of any associated service fees and payment processes.

4.0 Procedure

4.1 Home visits

Staff must only use and touch the participant's property to deliver a service (i.e., using equipment to complete tasks, e.g. sweeping, assisting in dressing). A record of the participant's property that is to be used should be listed in the participant's support plan. Staff must ensure participants' privacy and dignity are respected when interacting with their property. If staff identify concerns about participant property being misused by others, this must be reported as a safeguarding issue.

A staff member must never access the participant's money. If the participant requests the purchase of an item, then the Manager must be informed and records kept in the notes in the participant's records.

The Manager must be immediately informed if a participant asks for financial assistance.

The Service Agreement must identify details of any money handling undertaken on the participant's behalf.

4.2 Financial management guidelines

Participants may sometimes require assistance with their finances, e.g. paying bills, banking or shopping. All financial assistance will be documented in the participant's Support Plan following a capacity assessment, and with the participant's informed consent. If the participant lacks capacity, legal representatives or guardians will be involved, and consent must be documented in writing

Staff must follow the guidelines and procedures outlined below when financially assisting a participant:

- Staff are never allowed access to a participant's Personal Identification Number (PIN) or to use an automatic teller machine (ATM) on the participant's behalf.
- Financial assistance may only be offered if the participant's support plan is documented and provided by the appropriate staff.
- If a participant requests financial assistance, which is not documented in their support plan, the staff member must contact the Manager for approval.
- Transaction receipts must be obtained and given to the participant for the following:
    - money received
    - money spent
    - money returned
- Staff must count the money in front of the participant on receipt and return.

- The staff must record all financial transactions for a participant in the Financial Transaction Register (FTR) (if in use) and the participant's progress notes. Records must be documented clearly, accurately and immediately.
- A staff member must not give financial advice to participants or their companions or act as witnesses for legal documents.
- A staff member must not accept money or gifts from participants.

Suspected financial abuse, including unexplained transactions or misuse of funds, must be treated as an incident and escalated as per the NDIS Incident Management and Reportable Incidents Rules 2018.

4.3 Staff procedure

Only staff with NDIS Worker Screening clearance are permitted to handle participant money, and all transactions must be fully documented, transparent, and immediately reported if irregularities occur.

1. The staff must immediately record the amount of money received from the participant (cash, cheque, voucher) in the FTR or record details in the participant's progress notes.
2. The staff must count any cash carefully in front of the participant.
3. The staff and the participant sign the entry, confirming the correct details have been recorded.
4. The staff is to complete the transaction and obtain transaction receipts.
5. The staff must carefully count out and return any money to the participant and provide all transaction receipts.

4.4 Financial assistance procedure

If the participant makes a request for financial assistance, and there is no record of a financial assistance agreement in the participant's support plan, the following steps are taken:

1. If the service is conducted on behalf of another agency, approval must first be sought from the on-call coordinator for the agency.
2. If there are no other agencies involved, then the request must be considered based on the following:
    a. participant agreement
    b. need/urgency
    c. participant safety
    d. time available
3. All participant request details, and final decisions must be documented in the participant's notes and service agreement.

Where a participant seeks financial assistance outside their Support Plan, staff must consider the participant's capacity and wishes, and involve appropriate decision-makers, including family or advocates where applicable. Informed consent must be documented before proceeding.

4.5 Suspected financial abuse

Our staff are trained to look for signs of financial abuse when working with participants. Staff are also trained to discuss preventative measures with participants, including:

- ensuring participants are aware of their rights to confidentiality and privacy
- encouraging them to have networks beyond their family circle
- informing them not to relinquish control of their finances if they can confidently manage them
- advising them not to make significant financial decisions following a major event, e.g. loss of a partner
- ensuring that participants are aware of their right to refuse people access to their funds
- encouraging them to make plans while they are still independent
- encouraging them to ask for help if they are overwhelmed, taken advantage of or confused

If any staff member suspects that a participant is financially abused, then the following steps are to be taken:

1. The staff member must gather and record evidence in the participant's notes.
2. The staff member must contact the Manager to discuss the evidence gathered.
3. The Manager will gather the details of the harm or abuse and author a report of the situation.
4. The Manager will inform the relevant authorities and obtain support for the participant.

4.6 Participant fees and payments

Participants will be provided clear information about service costs and their rights to question, dispute, or seek review of fees or payments. Participants are encouraged to engage an advocate if they require assistance to understand or dispute charges.

Payments and pricing (NDIS)

- SilaCa Tasmania Pty Ltd must adhere to the NDIS Pricing Arrangements and Price Limits or any other agency pricing arrangements and guidelines, as in force from time to time.
- SilaCa Tasmania Pty Ltd must declare relevant prices, notice periods or cancellation terms to participants before delivering a service. Participants are not bound to engage the services of SilaCa Tasmania Pty Ltd after their prices have been disclosed.
- SilaCa Tasmania Pty Ltd can make a payment request once support has been delivered or provided.
- No other charges are to be added to the support cost (including credit card surcharges) or any additional fees, including any ‘gap’ fees, late payment fees or cancellation fees. These requirements apply to all participants, whether they self-manage their funding or whether a plan manager or the agency manages it.

- A claim for payment is to be submitted within a reasonable time (and no later than sixty (60) days from the end of the service booking) to the participant or the NDIS.
- SilaCa Tasmania Pty Ltd will not charge cancellation fees unless provided explicitly in the NDIS Pricing Arrangements and Price Limits.
- SilaCa Tasmania Pty Ltd and participants (except for those that are self-managing) cannot contract out of the NDIS Pricing Arrangements. Where there are inconsistencies between the Service Agreement and the Pricing Arrangements, the Pricing Arrangements prevail.
- Where required, SilaCa Tasmania Pty Ltd will obtain a quote for services and have this approved by the participant and ensure it is approved before delivering the support.

4.7 Monitoring, evaluating and reporting

SilaCa Tasmania Pty Ltd exhibits a continuous improvement culture to facilitate refining our services and processes. The stakeholder's input is pursued and, when received, reviewed immediately.

All SilaCa Tasmania Pty Ltd's policies are reviewed annually and consider the input from all stakeholders. Policy reviews also consider the results attained through monitoring and evaluation and changes in legislation.

We will seek regular feedback from participants regarding financial assistance processes and review any complaints or incidents related to participant money and property as part of our safeguarding and continuous improvement systems. Trends or issues identified will be addressed proactively to prevent harm.

5.0 Related documents

- Participant Information Consent Form
- Financial Transaction Register
- Participant Money and Property Consent Form
- NDIS Price Guide
- Service Agreement
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Staff Training Record
- Staff Training Plan
- Support Plan
- Easy Read - Planning With You
- Reportable Incident, Accident and Emergency Policy and Procedure
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure
- Person-Centred Supports Policy and Participant Service Charter of Rights
- Advocacy Support Policy and Procedure
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Participant Safeguarding Policy

6.0 References

- Australian Securities Industry Council (financial abuse)
- Corporations Act 2001 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2021
- NDIS - Provider Registration Guide to Sustainability
- NDIS - Terms of Business for Registered Providers
- NDIS Code of Conduct 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Practice Standards — Worker Screening) Rules 2018
- NDIS Terms of Business and Pricing Arrangements
- NDIS Safeguarding Framework

Management of Medication Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants are supported with their medication needs in a way that promotes their independence, safety, and personal choice. Medication support will be delivered in a respectful and person-centred manner, recognising each participant's right to make decisions about their health and wellbeing.

Some participants may manage their own medications entirely, while others may require assistance. This policy outlines how support is provided, ensuring that every step—from medication prompting to administration—is clearly understood, documented, and performed in a way that safeguards both the participant and staff. It also supports transparent communication with families, health professionals, and authorised representatives.

2.0 Scope

The policy applies to all staff who support participants with medication.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting participants to manage their medications safely and with dignity. This includes promoting participant independence and decision-making wherever possible, while ensuring medication is handled correctly and in accordance with legislative, regulatory, and best practice requirements.

Where participants request help with their medication, the type of assistance must be clearly documented in their support plan, and consent must be confirmed. All staff providing medication support must be trained, hold a valid NDIS Worker Screening clearance, and follow protocols for medication handling, documentation, and secure storage. Any changes to medication must be clearly communicated and recorded.

Where a participant cannot provide informed consent, substitute decision-maker arrangements must be documented. Any use of medication for restrictive purposes (including PRN medications with behavioural intent) will only proceed where authorised under a Behaviour Support Plan and in compliance with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

Participants, carers and their advocates can be confident that all medication errors—such as missed doses, incorrect administration, or refusal—will be responded to in line with the Incident Management and Reportable Incidents Policy. Serious errors will be escalated to the NDIS Commission where required.

The optional NDIS Medication Purpose Form may be used with a medical practitioner to help clarify the intended purpose of prescribed medications. This tool is available to enhance communication and understanding but is not mandatory.

SilaCa Tasmania Pty Ltd follows the Twelve Guiding Principles for Medication Management in the Community developed by the Australian Pharmaceutical Advisory Council to promote consistency, safety, and continuous improvement in medication practices.

4.0 Definitions

Term	Definition
Medication support	Involves: ● reminding, or prompting, a participant to take medication ● assisting with opening medication containers ● providing other assistance, not involving medication aid
Medication assistance	Involves: ● storing of medicines ● opening medicine container/s ● removing the prescribed dosage (from an approved container) ● giving the medication as per instructions

5.0 Roles and responsibilities

Only staff who have completed medication competency training and hold a valid NDIS Worker Screening clearance will administer or assist with participant medications. A minimum of annual competency assessments and ongoing supervision will be implemented to maintain safe practice.

SilaCa Tasmania Pty Ltd:

- has policies and procedures in place for medication administration, storage, errors and incidents
- will provide the necessary training to the staff, which includes the effects and side-effects of medications, and the safe and secure methods for medication storage, in addition to medication safety

- will document the staff member's level of skill and knowledge of medication safety, storage and administration through a yearly competency assessment
- ensures a trained staff is available to perform tasks that are within their knowledge, skills and experience
- issues clear instructions (with the participant's consent) outlining the steps required to help the participant with their medication. These instructions will include, but are not limited to:
    - medication name and strength, where applicable
    - form of medication, e.g. tablets, suppositories, liquid
    - dose, route, frequency
    - allergies/adverse drug reactions the participant is aware of
    - prescriber's name printed on the medication, date and signature

SilaCa Tasmania Pty Ltd's qualified delegate will:

- undertake responsibility for medication management
- conduct and facilitate training sessions for qualified staff concerning medication support, assistance and administration
- provide annual training incorporating:
    - safe and timely medication administration
    - recording and monitoring medication
    - safe storage of medication
    - prevention of errors or incidents
- ensure staff follow professional guidelines in the delivery of medications

The staff will:

- follow the Management of Medication Policy and Procedure and all other related medication policies
- participate in annual training
- provide services that are consistent only with their level of training and competence
- seek advice from the Manager where doubt exists
- follow the instructions from the Manager or their qualified delegate and as per support plan requirements
- seek instruction from the Manager when a medication requires refilling

6.0 Procedure

SilaCa Tasmania Pty Ltd will (with the participant, carer or advocate's consent) liaise with the family or support network, general practitioner, pharmacist, registered nurse or enrolled nurse to clarify aspects of medication management.

The staff providing medication support will make sure to:

- identify the participant
- note the medication is current, and the label correctly identifies the participant
- administer oral medication, either from a:
    - dosage administration aid (DAA)
    - 'box' medication device filled by a pharmacist, doctor or dentist or SilaCa Tasmania Pty Ltd's Manager
    - participant labelled pharmacy container
- record the service in the participant's support plan
- monitor the participant for any adverse side effects of the medication

6.1 Safety considerations

The participants are observed for any changes to their health status, and changes are reported to the Manager.

Participants retain the right to refuse medications. Staff must respect this choice and seek advice from Manager and relevant health professionals. Supported decision-making practices will be applied to ensure participants are involved in decisions about their medications to the fullest extent possible. Where a participant refuses medication administration, the SilaCa Tasmania Pty Ltd's Manager is to be advised. Relevant health professionals (i.e. doctors and registered or enrolled nurses) will be consulted.

A staff member shall not decide to withhold a participant's medication unless certain about the participant's health status. The staff must consult with the Manager before withholding medication and follow the Manager's decision in consultation with relevant health professionals (e.g. doctor, registered or enrolled nurse).

Medications are to be stored to maintain the quality of the medicine and safeguard the participant, family, and visitors in their home. SilaCa Tasmania Pty Ltd may assist a participant, carer or advocate in obtaining and using a locked box, another suitable container, or cupboard.

6.2 Documentation

The staff is to record the date and time of medication administration and their signature and printed name on our medication chart or the pharmacy-generated medication chart.

Staff record any change in the participant's health status or medication incidents in the participant's health record.

6.3 Adverse drug reactions

- Adverse drug reactions must be reported immediately to the SilaCa Tasmania Pty Ltd's Manager.
- The Manager will immediately inform the general practitioner/nurse and document actions taken in the participant's health record.
- An adverse drug reaction is an incident and must be recorded on a Medication Incident Report Form and in the participant's health record, including symptoms and actions taken.

All adverse drug reactions are considered critical incidents and must be reported under the NDIS Incident Management and Reportable Incidents system. Where a participant is harmed or placed at serious risk, this must be escalated immediately as a Reportable Incident.

6.4 Medication errors

Staff who detect an error (including an error in dosage, time, frequency or type of medication administered to, or taken by, a participant) must:

- identify the nature of the error
- notify the Manager and the qualified delegate
- follow the advice from Manager or the qualified delegate
- complete an Incident Investigation Form
- monitor the participant for any adverse events that the error may cause

All medication errors, including near misses and refusals, must be reported as incidents. Serious errors and medication-related harm must be reported to the NDIS Commission as a Reportable Incident. Continuous Improvement processes will analyse medication incidents to identify patterns and prevent future risks.

6.5 Staff training for medication assistance

All staff providing medication assistance will also receive training in safeguarding participants from medication-related harm, including recognising signs of chemical restraint, supported decision-making, and identifying/reporting medication-related abuse or neglect.

The qualified delegate and health practitioners train staff to assist or support the participants in medication procedures. A Registered Training Organisation (RTO) will deliver all necessary registered training following the Australian Qualification Framework (AQF) Standards (e.g. first aid).

SilaCa Tasmania Pty Ltd ensures that appropriate staff hold current first aid and cardiopulmonary resuscitation (CPR) qualifications. This training will allow them to correctly respond when monitoring any adverse reactions that require action, intervention and escalation. An SilaCa Tasmania Pty Ltd support staff has relevant skills, experience, and competency level to provide an appropriate and safe support to a participant.

Our staff participate in regular supervision by a qualified delegate to strengthen their understanding of medication procedures and affirm their knowledge and practice.

SilaCa Tasmania Pty Ltd conducts an annual competency in medication management and administration practices for their support staff. Details will be recorded in the staff files, where appropriate. SilaCa Tasmania Pty Ltd's annual training will include, but will not be limited to, high-risk medication education as outlined below.

6.6 High-risk medication

Appropriate staff members will be trained and educated on the hazards and risks associated with high-risk medications that participants may consume. The PRN Protocols will be followed by staff at all times.

As required, staff will be trained to complete a PRN Care Plan and PRN Intake Checklist.

SilaCa Tasmania Pty Ltd training will incorporate the following topics for their support workers, where necessary for each participant's individual needs and specified in their support plans:

- PRN psychotropic medications
- Schedule 2 medicine (over-the-counter pharmacy medicine)
- Schedule 3 medicine (pharmacist-only medicines)
- Schedule 4 medicine (prescription-only medicines)
- Schedule 8 medicine (controlled drugs)
- Cytotoxic medications

Psychotropic medications, especially those used on a PRN basis, may constitute a restrictive practice (chemical restraint). Such use must be authorised under the NDIS Restrictive Practices and Behaviour Support Rules 2018, included in the participant's Behaviour Support Plan (if applicable), and reported to the NDIS Commission as required.

Schedule 8 medications and high-risk medications will be reviewed at least quarterly or when there are changes in the participant's condition, in collaboration with health professionals, and recorded in the participant's support plan and medication chart.

6.6.1 Schedule 8 (controlled drugs)

Doctors and pharmacists have strict guidelines and reporting requirements related to issuing any Schedule 8 drug (e.g. number of tablets, number of treatment days, specific personal details on the participant and reporting requirements). We will gain any permits to treat a person with Schedule 8 drugs if legislation requires.

Staff who care for (or are assisting in the care of) a participant who has prescribed and dispensed medicine is authorised to possess that medicine for the specific purpose for which it was supplied.

A participant must not direct or incite a registered health practitioner to do anything in the practitioner's practice of the health profession that amounts to unprofessional conduct or professional misconduct. Staff must only give medication as prescribed.

A registered nurse may only delegate medicine administration to someone appropriately qualified to administer medicine. The registered nurse may use their professional judgment about administering a medicine themselves or delegate the administration to another nurse or personal care worker with appropriate qualifications or scope of practice to administer the medicine by the specified route.

Enrolled nurses (who do not qualify for medicine administration approved by the Nursing and Midwifery Board of Australia) and personal staff (with appropriate medicine administration training) may, in some circumstances, be competent to administer medicine under the delegation of a registered nurse. If a registered nurse judges that an enrolled nurse or personal care worker is not appropriately qualified to administer the medicine to a particular resident, they should administer it themselves or delegate it to appropriately qualified personnel. Appropriate supervision must be provided.

6.6.1.1 Storage

Schedule 8 poisons must be stored in a lockable room and/or in a lockable storage facility firmly fixed to a floor or wall. A steel drug cabinet is not mandated because of the prevalence of dose administration containers. However, a steel drug cabinet:

- is strongly recommended for the storage of Schedule 8 poisons in original containers
- is strongly recommended for the storage of Schedule 8 poisons that cannot be packed into dose administration containers
- is required for the storage of Schedule 8 imprest medicine, where health services permit is held
- maybe required (for example, for larger quantities of Schedule 8 poisons), if directed

6.6.1.2 Procedure

The registered nurse must check for the following:

- written instruction of a medical practitioner or another authorised practitioner (the most common option)
- oral instructions of a medical practitioner or another authorised practitioner if, in the opinion of the practitioner, an emergency exists (for example, telephone orders)
- a written transcription of the emergency instructions by the person who received them
- directions for use on a container supplied by a medical practitioner, pharmacist or authorised practitioner (meaning administration of a person's own lawfully supplied medicine)

A registered nurse and witness remove stock from a drug safe and enter the drug register according to the dose required on the medication chart. Both persons then witness the supply to the different registered nurses who may administer the medication without a second person checking at the bedside.

The trained and qualified administrator must:

- confirm the identity of the participant
- administer the correct medication and fluid (if relevant)
- check the calculations are correct and appropriate for the dose
- make the correct dosage settings and adjustments to a rate-limiting device, such as an infusion pump
- countersign the administration on the medication administration chart by the registered nurse who supplied the medication against that of the administering registered nurse occurs
- countersigning of the amount of any medication discarded by the registered nurse in the room occurs

7.0 Related documents

- Authority to Act as an Advocate Form
- Code of Conduct Agreement
- Complaints and Feedback Policy and Procedure
- Complaints and Feedback Form
- Doctor's Medication Order Form - Subcutaneous Injections
- Drug Register for Controlled Drugs
- Incident Report
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Register
- Management of Medication Policy and Procedure
- Medication Incident Report Form
- Self-Administration of Medication Assessment Form
- Medication Plan and Consent Form
- PRN Care Plan
- PRN Intake Checklist
- PRN Protocols
- Support Plan
- Easy Read - Planning With You
- Service Agreement
- Privacy and Confidentiality Agreement
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Assessment Form
- Risk Indemnity Form
- Risk Management Plan Register
- Risk Management Policy and Procedure
- Worker Orientation Checklist
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Staff Training Record
- Staff Training Plan
- Training Needs Analysis
- Reportable Incident, Accident and Emergency Policy and Procedure
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure

8.0 References

- ACIA Administration of Non-Oral and Non-Injectable medications in the Community by Support Staff 2015 (Commonwealth)
- ACIA Administration of Oral Medications in the Community by Support Staff 2017 (Commonwealth)
- Australian Pharmaceutical Advisory Committee (APAC) Guidelines July 2006 (Commonwealth)
- The Medication Management Framework (Poisons Regulations 95AA January 2018)
- Twelve (12) Guiding Principles for Medication Management in the Community developed by the Australian Pharmaceutical Advisory Council (June 2006 updated January 2012)
- NDIS Quality and Safeguards Commission 2018
- NDIS Provider and Registration and Practice Standards 2020
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Code of Conduct 2018
- NDIS Practice Standards and Quality Indicators 2021
- Australian Commission on Safety and Quality in Health Care Medication Safety Guidelines
- NDIS Safeguarding Framework

Medication Management (swallowing difficulty) Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure participants who experience swallowing difficulties receive safe, respectful, and person-centred support with medications. This includes recognising risks associated with choking and ensuring participants are supported in ways that uphold their dignity, autonomy, and individual health needs.

Some medicines may contribute to swallowing difficulties or increase choking risk due to side effects such as drowsiness or dry mouth. It is essential that staff understand these risks and follow safe medication and mealtime practices to prevent avoidable harm. This policy outlines the procedures in place to support participants safely and effectively while maintaining their right to informed choice and involvement in their care.

2.0 Scope

The policy applies to all staff who support participants with medications that may affect swallowing.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting the health, safety, and wellbeing of all participants by ensuring that medications linked to swallowing difficulty are managed with care, competence, and in accordance with participant rights. All support provided will be aligned with the NDIS Practice Standards, the NDIS Code of Conduct, and safeguarding responsibilities.

Participants will be supported to make informed decisions regarding medication and mealtime management. Where a participant lacks decision-making capacity, a legally appointed guardian or representative will be consulted. All medication support will be delivered with informed consent and documented in the participant's support plan.

Staff must complete training specific to dysphagia and safe medication practices and be alert to signs of swallowing difficulty. Where medication contributes to ongoing swallowing problems or sedation, staff must report these concerns promptly so that a medical review can be arranged.

Managers are responsible for ensuring that competent staff are available to provide this support, and that appropriate risk assessments, communication protocols, and participant-specific plans are in place.

All suspected or actual choking incidents must be reported and managed under the organisation's Incident Management and Reportable Incidents Policy and Procedure, in line with the NDIS (Incident Management and Reportable Incidents) Rules 2018.

Version: 1 **Date approved:** 31/07/2025
Approved by: J Croft - Director **Next review date:** 31/07/2026

4.0 Procedure

Staff must be aware that people taking antipsychotic medicines may be at particular risk of muscular reactions that can affect swallowing:

- in the first few days after starting the medicine
- after an increase in the dosage of antipsychotic medicine or
- when they have been taking antipsychotic medicines for a long time or taking combinations of antipsychotic medicines or antipsychotic medicines in combination with other drugs that can affect swallowing

All staff involved in supporting participants at risk of swallowing difficulties must complete:

- Medication competency training, including awareness of medicines affecting swallowing.
- Mealtime Management and Choking Prevention training, including recognising early signs of aspiration.
- First aid and emergency response training, including responding to choking and aspiration events.
- Staff competencies will be assessed annually, and practical refreshers provided, including simulated choking response drills.

Manager or their delegate will review any medication that may cause swallowing problems within the first week, after increases in medication and at least annually during support plan review.

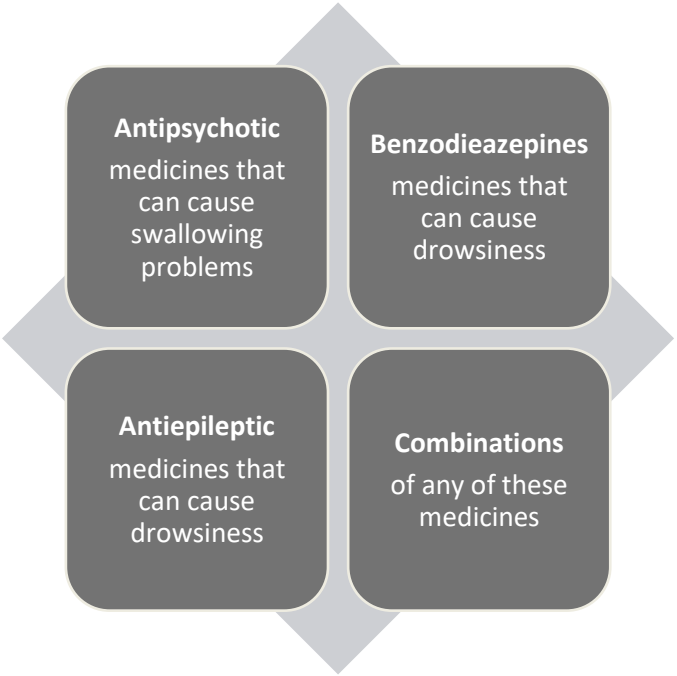
When a person's swallowing problems persist while taking these medicines, staff must inform Manager or their delegate, who will speak to the prescribing medical practitioner to get a medical review.

The Manager or their delegate must also consider the following:

- whether the medicine should continue to be prescribed to the person
- whether the current medicine could be changed to another medicine of the same type
- if the medicine is to continue - whether the dose can be reduced, or if dividing the dose over the day may reduce swallowing problems
- whether to seek an independent medical review, particularly if the person requires medical attention for aspiration pneumonia, experiences frequent coughing or sounds 'gurgly' or chesty during or after meals

4.1 Medications associated with swallowing problems

The major types of commonly prescribed medicines that have the potential to affect swallowing and cause problems while eating or drinking are:



4.1.1 Antipsychotic medicines associated with swallowing problems

The antipsychotic medicines listed below can cause swallowing problems.

- Aripiprazole (e.g. Abilify)
- Asenapine (e.g. Saphris)
- Chlorpromazine (e.g. Largactil)
- Flupentixol (e.g. Fluanxol)
- Haloperidol (e.g. Haldol, Serenace)
- Lurasidone (e.g. Latuda)
- Olanzapine (e.g. Zyprexa, APO-Olanzapine)
- Paliperidone (e.g. Invega)
- Quetiapine (e.g. Seroquel)
- Risperidone (e.g. Risperdal, Rixadone)
- Trifluoperazine (e.g. Stelazine)
- Ziprasidone (e.g. Zeldox)

4.1.2 Benzodiazepine medicines associated with drowsiness

The benzodiazepines listed below can cause drowsiness and influence swallowing by association, especially during eating.

- Alprazolam (e.g. Alprax, Kalma, Xanax, Zamhexal)
- Bromazepam (e.g. Lexotan)
- Clobazam (e.g. Frisium)
- Clonazepam (e.g. Rivotril, Paxam)
- Diazepam (e.g. Ducene, Valpam)
- Flunitrazepam (e.g. Hypnodorm)
- Lorazepam (e.g. Ativan)
- Midazolam (e.g. Hypnovel)
- Nitrazepam (e.g. Mogadon, Alodorm)
- Oxazepam (e.g. Alepam, Murelax, Serepax)
- Temazepam (e.g. Normison, Temaze, Temtabs)

4.1.3 Antiepileptic medicines associated with drowsiness

The antiepileptic medicines listed below can cause drowsiness and influence swallowing by association, especially during eating.

- Carbamazepine (e.g. Tegretol, Teril)
- Clonazepam (e.g. Rivotril, Paxam)
- Gabapentin (e.g. Neurontin, Nupentin, Pendine, Gabaran, Gantin)
- Lamotrigine (in combination with other medicines, e.g. Elmendos, Lamictal, Lamidus, Lamitrin, Lamogine)
- Phenobarbital (e.g. Phenobarb)
- Pregabalin (e.g. Lyrica)
- Valproate (in combination with other medicines, e.g. Epilim, Valpro)
- Vigabatrin (e.g. Sabril)

4.1.4 Commonly prescribed medicines that can affect swallowing

Preliminary data has identified that the three most commonly prescribed medicines for behaviour support are associated with swallowing problems. These medicines are:

- Risperidone (antipsychotic)
- Sodium valproate (antiepileptic)
- Olanzapine (antipsychotic)

4.2 Ongoing Monitoring and Early Detection

Staff will monitor participants for any signs of swallowing difficulty, including coughing during meals, changes in voice quality (gurgling), chest infections, drooling, refusal to eat, or unexplained weight loss.

Any concerns must be documented in the participant's records and escalated to the Manager, who will arrange for medical and speech pathology review as required.

Changes in swallowing status will trigger an immediate review of the participant's Support Plan, Mealtime Support Plan, and Medication Plan.

4.3 Capacity, Consent, and Supported Decision-Making

Before implementing or continuing medications known to increase swallowing risks, the participant's capacity to consent will be assessed.

Where participants cannot provide informed consent, their legally appointed decision-maker will be engaged.

Supported decision-making strategies will be applied, including using Easy Read materials, visual aids, and trusted support persons to help participants understand their medications and risks.
All consent will be documented in the Medication Plan and Consent Form.

5.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Mealtime Support Plan
- Management of Medication Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Person-Centred Supports Policy and Participant Service Charter of Rights
- Advocacy Support Policy and Procedure
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Participant Safeguarding Policy
- Independence and Informed Choice Decision-Making Policy and Procedure

6.0 References

- NDIS Practice Alert – Medicines associated with swallowing problems (November 2020)
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Workforce Capability Framework
- United Nations Convention on the Rights of Persons with Disabilities
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Safeguarding Framework
- Speech Pathology Australia Mealtime Management Guidelines
- Australian Commission on Safety and Quality in Health Care – Standard 4: Medication Safety and Standard 5: Comprehensive Care

Polypharmacy Policy

1.0 Purpose

The purpose of this policy is to ensure that participants who are prescribed multiple medications receive safe and well-informed support. Taking several medications at the same time (polypharmacy) can increase the risk of side effects, interactions, and health complications. This policy outlines how staff will support participants to manage their medications with confidence and clarity, including the importance of regular reviews to ensure treatments remain necessary, effective, and safe.

We aim to support participants to make informed decisions about their medication use, understand potential risks, and involve qualified health professionals in regular medication reviews to reduce the likelihood of harm.

2.0 Scope

The policy applies to all staff supporting participants who take multiple medications.

3.0 Definitions

Term	Description
Polypharmacy	Polypharmacy is the concurrent use of multiple medications (often defined as five or more medications) to treat one or multiple concurrent conditions. It includes using all prescription medicines, over-the-counter medicines, and complementary medicines. Polypharmacy use is significantly higher in people with disability. It is partly because people with a disability are more likely to have multiple health conditions, such as epilepsy, diabetes, stroke, heart problems, high blood pressure, and arthritis than the general population.
Psychotropic polypharmacy	Psychotropic polypharmacy is the concurrent use of two or more medications that can affect the brain's function. Psychotropic medications are 'any drug capable of affecting the mind, emotions, and behaviour.' The three main classes of psychotropic medicines are antidepressants, anti-anxiety agents (mostly benzodiazepines to manage anxiety and insomnia) and antipsychotics. Psychotropic polypharmacy is common in people with autism or an intellectual or developmental disability. Although people with these disabilities are more likely to receive

Term	Description
	medications because of co-existing mental health problems, medications are often prescribed without a diagnosis of a psychiatric disorder. Antipsychotics are also frequently prescribed to manage behaviours of concern, such as self-injury or aggression.
Home Medicines Review (HMR)	A Home Medicines Review (HMR) is a collaborative medication review for people in the community. It aims to maximise the patient's benefit from their medication regimen and prevent medication-related problems. A referral from a GP or medical specialist is required. An accredited pharmacist interviews a participant reviews their medications, and reports to the participant's doctor. It is fully subsidised by Medicare for eligible patients and is available every 24 months to any person at risk of or experiencing medication-related adverse effects.
Supported Decision-Making	An approach where participants are supported to make their own decisions, including about their medications, to the fullest extent possible.

4.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting participants to manage their medications safely, with dignity, autonomy, and in line with their individual needs. We recognise that polypharmacy can pose serious health risks and will ensure that participants' medication use is regularly reviewed by a medical practitioner or pharmacist every 3 to 6 months, or as otherwise clinically advised.

Staff will support participants to attend medication reviews, understand the purpose and effects of their medications, and make informed choices. Where participants do not have capacity, substitute decision-makers will be consulted and supported decision-making processes will be followed.

All staff involved in supporting participants with medications must hold a valid NDIS Worker Screening clearance and complete appropriate training, including understanding polypharmacy-related risks and procedures for reporting medication incidents.

This policy aligns with the NDIS Practice Standards, the NDIS Code of Conduct, and our Management of Medication Policy and Procedure. Staff must:

- ensure medications are administered only with informed consent.
- record all medications, doses, and support requirements clearly in the participant's support plan.
- store medications securely and ensure only trained staff have access.
- be aware of potential interactions, side effects, and signs that may indicate adverse reactions.

- promptly report concerns or incidents in accordance with our Reportable Incident, Accident and Emergency Policy and Procedure

All medication support must be documented, and any changes, refusals, or concerns must be escalated to the Manager and addressed in collaboration with the participant's health team.

4.1 Home Medicine Review

If clinically necessary, a Home Medicines Review can occur more frequently than 24 months in the following scenarios:

- a significant change to a participant's medication regimen in the past three months
- change in medical condition or abilities (including falls, cognition, and physical function)
- prescription of a medicine that may be more likely to cause harms
- symptoms that suggest an adverse drug reaction
- inadequate response to medications
- suspected non-compliance or problems with managing medications

Participants and their chosen representatives will be supported to be actively involved in Home Medicines Reviews, including preparing questions, reviewing medications, and understanding outcomes. Reviews will involve collaboration between GPs, pharmacists, behaviour support practitioners, and allied health professionals where relevant.

4.2 Risks associated with polypharmacy

Participants are among those most at risk of polypharmacy due to comorbid health conditions and the common use of several medicines of the same class (e.g. antipsychotics). A medical practitioner should conduct a medication review every 3–6 months or when requested by the participant, their carer or other health or disability professionals.

The use of multiple antipsychotics can increase the risk of:

- movement disorders
- hormone disorders
- sexual dysfunction
- obesity
- diabetes
- stroke and heart attack
- memory issues
- falls
- sedation.

Despite the risks associated with polypharmacy, it may be the most appropriate treatment, particularly for people with multiple conditions.

To ensure participants receive the correct medications, a medical practitioner and pharmacist review all medications to assess each drug in need, current and recommended dosages, the benefit versus risk of potential adverse effects or other side effects, and possible interactions between medications.

Where psychotropic polypharmacy is identified, a Behaviour Support Practitioner and relevant medical specialists will be consulted to assess if a restrictive practice is occurring. If so, necessary authorisations and behaviour support plans will be implemented.

5.0 Procedure

Before Review:
SilaCa Tasmania Pty Ltd will:

- Assess participant's capacity to engage in medication decisions.
- Document participant consent or involvement of substitute decision-maker.
- Support participants to understand the purpose of the review using Easy Read materials or communication aids.

During Review:
SilaCa Tasmania Pty Ltd will:

- Ensure involvement of GP, pharmacist, and where appropriate, behaviour support practitioner or speech pathologist.
- Discuss alternative strategies where risks are identified (e.g., dose reduction, non-pharmacological interventions).

Post Review:
SilaCa Tasmania Pty Ltd will:

- Update Support Plan, Medication Plan, and Risk Assessment Form with outcomes.
- Monitor participant for any adverse effects following changes.
- Report any identified restrictive practices to NDIS Commission as required.
- Document all communications and outcomes in participant records.

If participants receive multiple medications, SilaCa Tasmania Pty Ltd will:

- arrange for a medical practitioner or pharmacist to review these every 3 to 6 months as a participant may experience adverse effects when they take multiple medications
- arrange to have their medications reviewed by a pharmacist through the HMR program if participants take five or more medications (or two or more antipsychotics)
- keep a record of when participants last had their medications reviewed

- ensure that participants, carers and support staff have ready access to a full list of the participant's current medicines. Information can be accessed via NPS MedicineWise App or electronic medication records such as My Health Record
- make an appointment with a medical practitioner if staff suspect that a participant may be experiencing adverse effects due to medications, particularly if there has been a recent change in medication
- support participants during the review in a manner that suits their needs
- document the review and its outcomes in the support plan
- management to review the outcome and retrain staff, as required

6.0 Monitoring and Continuous Improvement

Medication reviews, including polypharmacy reviews, will be monitored by management. Incident trends, adverse reactions, and safeguarding concerns related to medications will be reviewed quarterly as part of the Risk Management and Continuous Improvement processes. Participants and their advocates will be invited to provide feedback on medication-related supports.

7.0 Related Documents

- Management of Medication Policy and Procedure
- Medication Incident Report Form
- Self-Administration of Medication Assessment Form
- Medication Plan and Consent Form
- PRN Care Plan
- PRN Intake Checklist
- PRN Protocols
- Support Plan
- Privacy and Confidentiality Agreement
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Assessment Form
- Risk Indemnity Form
- Risk Management Plan Register
- Risk Management Policy and Procedure
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Staff Training Record
- Staff Training Plan
- Training Needs Analysis
- Reportable Incident, Accident and Emergency Policy and Procedure
- Participant Safeguarding Policy
- Independence and Informed Choice Decision-Making Policy and Procedure
- Mealtime Management Policy and Procedure (where relevant)

8.0 References

- NDIS Practice Alert – Polypharmacy
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- United Nations Convention on the Rights of Persons with Disabilities
- ACIA Administration of Non-Oral and Non-Injectable medications in the Community by Support Staff 2015 (Commonwealth)
- ACIA Administration of Oral Medications in the Community by Support Staff 2017 (Commonwealth)
- Australian Pharmaceutical Advisory Committee (APAC) Guidelines July 2006 (Commonwealth)
- The Medication Management Framework (Poisons Regulations 95AA January 2018)
- Twelve (12) Guiding Principles for Medication Management in the Community developed by the Australian Pharmaceutical Advisory Council (June 2006 updated January 2012)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Code of Conduct 2018
- Australian Commission on Safety and Quality in Health Care – Medication Safety Guidelines
- Speech Pathology Australia guidelines (where mealtime and swallowing are affected by medications)
- NDIS Safeguarding Framework

Respiratory Depression Medication Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure participants are supported safely when prescribed medications that may increase the risk of respiratory depression. This includes medicines that affect the central nervous system, such as sedatives, antipsychotics, anticonvulsants, and opioids.

This policy guides staff to monitor participants' health and well-being, reduce the risk of medication-related harm, and respond appropriately to early warning signs. Participants will be supported to make informed choices about their medication use and emergency plans will be developed to respond to incidents. The overall aim is to protect health, uphold dignity, and prevent avoidable harm.

2.0 Scope

The policy applies to all staff who support participants taking medications linked to respiratory depression.

3.0 Definition

Term	Definition	Cause
Respiratory depression	• characterised by slow and ineffective breathing and can lead to increased carbon dioxide in the body and reduced oxygen availability. • a serious and sometimes life-threatening condition if it is not monitored and managed effectively. • can precede serious cardiovascular conditions such as respiratory arrest (cessation of breathing), cerebral hypoxia (insufficient oxygen to the brain) or respiratory acidosis (high levels of acid in the blood due to increased carbon dioxide in the body), which can lead to premature death.	• It can be caused by the side effects of medicines and can result from inappropriate dosing or drug-to-drug. Medicines that can increase the risk of respiratory depression include benzodiazepines such as midazolam or diazepam, particularly when combined with other psychotropic medicines such as antidepressants, antipsychotics, anticonvulsants or sedatives such as phenobarbital. • Opioids on their own or in combination with other psychotropic medicines are also associated with a significant risk of respiratory

Term	Definition	Cause
		depression. People with a disability may be at an increased risk because of pre-existing physical risks for breathing problems.

4.0 Policy

SilaCa Tasmania Pty Ltd is committed to ensuring participants receive safe and informed support when prescribed medications that may cause respiratory depression. This includes ensuring all relevant risks are identified, managed, and responded to promptly in line with individualised support plans.

SilaCa Tasmania Pty Ltd will ensure that all staff involved in administering or monitoring these medications:

- understand the risks associated with central nervous system depressants.
- are trained in identifying early signs of respiratory depression.
- follow emergency protocols where health concerns arise.
- support participants to make informed choices and involve substitute decision-makers when required.

High-risk medicines include:

- benzodiazepines (e.g. diazepam, oxazepam),
- antipsychotics (e.g. quetiapine),
- anticonvulsants (e.g. gabapentin, pregabalin),
- opioids (e.g. codeine, oxycodone), and
- any combination of the above.

All support plans must include emergency procedures and identify when to escalate concerns, including calling emergency services. Staff must observe, record, and report any physical or behavioural changes that may indicate respiratory distress or reduced breathing capacity.

All participants must have a clearly documented emergency plan, and staff must be familiar with the procedures to follow during a suspected incident. Managers must ensure staff are trained in both medication safety and emergency response practices.

This policy aligns with the NDIS Code of Conduct and the NDIS Practice Standards, including:

- Access to supports
- Human resource management
- Incident management

- Independence and informed choice
- Information management
- Responsive support provision
- Risk management
- Safe environment
- Support planning

All medication risks, incidents, or near misses must be recorded and escalated in accordance with SilaCa Tasmania Pty Ltd's Incident Management and Reportable Incidents Policy and Procedure. Support planning and medication reviews must be regularly updated to reflect changes in the participant's condition, medication use, or preferences.

5.0 Procedure

5.1 Risk of respiratory depression

Risk assessment and identification will involve collaboration with healthcare professionals, including GPs, pharmacists, and behaviour support practitioners, especially where psychotropic medications are prescribed. Staff must immediately escalate any identified risks to the Manager, who will coordinate with the participant's health team for a review. Where mealtime safety or swallowing is impacted, referral to a speech pathologist must occur.

Staff monitoring participant medication must know the medical risk related to respiratory depression, including the high-risk cohort, who have the following characteristics:

- aged over 55 years
- experience obstructive sleep apnoea
- obese
- severely compromised status of health
- multiple comorbid health conditions
- prescribed more than one opioid, benzodiazepines, antipsychotics, antidepressants and other psychotropic drugs
- experience daytime drowsiness
- impaired kidney or liver function
- smoke
- history of opioid dependence, drinking alcohol while taking prescribed opioids

The following medication is identified as increasing the risk of respiratory depression:

- Benzodiazepines such as midazolam, diazepam (Valium), and lorazepam
- Opioids such as oxycodone, codeine, and fentanyl
- Polypharmacy with medicines that compromise kidney or liver function

- Psychotropic polypharmacy (two or more medicines that affect the CNS (antipsychotics, antidepressants, sedatives and anticonvulsants)
- Combinations of any of the above increase the risk further and increase the risk of drug-to-drug interactions

5.2 Supporting participants

Before commencing medications that may cause respiratory depression, SilaCa Tasmania Pty Ltd will ensure that:

- Participants are supported to make informed choices using Easy Read materials and supported decision-making.
- Capacity assessments are conducted when necessary, and consent is documented.
- Substitute decision-makers are involved where participants lack capacity.
- A collaborative health team (GP, pharmacist, behaviour practitioner if relevant) reviews the medication plan.
- Medication use for behavioural purposes (psychotropics) will be assessed for restrictive practice status and appropriate authorisation sought.
- All consent and review outcomes are documented in the Participant Medication Plan.
- SilaCa Tasmania Pty Ltd will:
- support participants prescribed medicines that can cause respiratory depression by being aware of the risks and how to respond to potential emergencies.
- support participants to make an appointment with their medical practitioner or pharmacist if they report or are observed experiencing adverse effects due to medicines, particularly if there has been a recent change in medicine.
- support participants, where appropriate, to follow up on medication review appointments. Especially when a participant commences taking a new medicine, the prescribing doctor may recommend specific timeframes for review of its effectiveness and potential adverse effects.
- Review participants who take multiple medicines (or polypharmacy) every 3 to 6 months by a medical practitioner or pharmacist (See Polypharmacy Policy and Procedure). This review will:
    - identify the need to assess the effectiveness, potential interactions and risk versus benefit profile of all medicine and any associated adverse effects. If the participant intends to be on a combination of long-term medicines, Manager will consider a Home Medication Review (HMR) with a pharmacist who can identify potential drug interactions.

Note: Participants are eligible for medicine reviews with a pharmacist to ensure their medicine is safe and effective. A medical practitioner can provide the participant with a referral for this medicine review.

5.3 Emergency Response

SilaCa Tasmania Pty Ltd has emergency plans to identify and manage risks to participants. Workers should follow the emergency plan regarding when to call an ambulance or seek medical assistance. An expert medical review is required to ensure the plan is accurate and reliable.

5.4 Record keeping

Each participant must have current health, and medical records ready to be taken to the hospital should a participant require emergency treatment allowing doctors and hospital staff to identify current medicines and potential medicine-related adverse events. The participant can obtain their medication history from their regular pharmacy and request a new copy when there is a medication change. This document must be easily accessible for staff to send with the participant. Staff must keep participants' information on site.

In the event of respiratory depression, staff must immediately follow the participant's Emergency Health Management Plan and call emergency services. An incident report must be completed and escalated to management for review and action. All critical incidents, including respiratory distress requiring ambulance or hospitalisation, will be reported as per NDIS Incident Management and Reportable Incidents Rules 2018. Post-incident, a review and debrief will be conducted, and participant safeguarding actions implemented.

All health records, medication charts, and consent forms must be up to date and readily accessible to staff for emergency use. A copy of the participant's medication list must be available to emergency responders. Staff are required to review and update participant health records after every medication review or change.

5.5 Training

Workers providing medication must be trained in how the medication that may cause respiratory depression about:

- the administration of those medicines
- the risks of medicines associated with respiratory depression
- guidelines on responding to potential emergencies, particularly related to using medicines associated with respiratory depression

All staff administering or supporting participants on CNS depressants must complete training on:

- Safe medication administration
- Recognising and responding to respiratory depression
- Safeguarding and incident reporting

- Chemical restraint identification and compliance
- Training completion and competency must be recorded annually

Manager will identify staff and organise relevant training by a trained professional.

6.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Access to Supports Policy and Procedure
- Support Planning Policy and Procedure
- Responsive Support Provision and Support Management Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Comprehensive Health Assessment Policy and Procedure
- Transitions of Care between Disability Services and Hospitals Policy and Procedure
- Polypharmacy Policy and Procedure
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Participant Safeguarding Policy
- Advocacy Support Policy and Procedure

7.0 References

- NDIS Practice Alert: Medicines that can cause respiratory depression: https://www.ndiscommission.gov.au/rules-and-standards/quality-practice
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- Me and my medication - Council for Intellectual Disability (cid.org.au)
- Me and my doctor - Council for Intellectual Disability (cid.org.au)
- MedicineWise app - NPS MedicineWise
- Keep track of medicines and access important health info anytime and anywhere, especially in emergencies
- Medicine Finder, NPS medicine wise
- Symptom Checker | healthdirect
- Safe use of mental health medications | healthdirect
- Risks associated with benzodiazepines, SA Health
- Benzodiazepines - Better Health Channel
- Opioid medicines - safety, prescribing, side effects | healthdirect
- Opioid medicines and chronic non-cancer pain - NPS MedicineWise
- Psychotropic Medication Resources (unsw.edu.au)
- Opioids_Narcotics+for+chronic+pain.pdf (squarespace.com)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- Australian Commission on Safety and Quality in Health Care – National Safety and Quality Primary and Community Healthcare Standards (2021-2023)
- NDIS Safeguarding Framework
- Speech Pathology Australia guidelines (relevant for swallowing and aspiration risks)

Mealtime Management Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants who require mealtime management are supported in a safe, respectful, and person-centred manner. Mealtimes should be enjoyable and inclusive experiences, tailored to each participant's preferences, dietary requirements, cultural background, and health needs.

This policy supports the provision of meals that are appropriate in texture and nutritional value, delivered in a way that reduces the risk of harm and promotes dignity, autonomy, and comfort. It also ensures that staff understand and follow safe practices to minimise the risk of choking, aspiration, or other mealtime-related incidents.

2.0 Scope

The policy applies to all staff supporting participants who require mealtime management.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting participants requiring mealtime management in a way that promotes dignity, safety, and choice. All support provided must align with the NDIS Practice Standards, the NDIS Code of Conduct, and relevant clinical advice.

Each participant requiring mealtime management will have a Mealtime Support Plan, developed in consultation with the participant and their representative where appropriate. Plans are created collaboratively with qualified professionals such as speech pathologists, dietitians, occupational therapists, or general practitioners. These plans will include:

- an assessment of nutrition and swallowing ability.
- guidance on food texture and fluid consistency.
- details on safe eating and drinking positions.
- behavioural, cultural, or communication considerations.
- training needs for staff.

Staff must follow the Mealtime Support Plan exactly as written and complete relevant training in safe mealtime practices and choking prevention. Plans must be reviewed annually or earlier if there is a change in the participant's condition or if an incident occurs.

Any choking, aspiration, or mealtime-related incidents must be responded to in line with first aid procedures and reported through the Incident Management System, in accordance with the NDIS (Incident Management and Reportable Incidents) Rules 2018.

Participants will be encouraged to participate in planning their meals and mealtime routines where possible. Their choices and cultural preferences will be respected, and any concerns about safety or wellbeing must be reported and addressed promptly by the Manager in collaboration with the participant's healthcare team.

4.0 Procedure

A mealtime management plan is recommended when a person has trouble swallowing. A mealtime management plan will incorporate the following information, details and practices.

All staff involved in mealtime support must complete:

- Mealtime management and dysphagia training (informed by Speech Pathology best practices).
- Annual refresher training on mealtime risks and participant-specific plans.
- Training on supporting participant choice, cultural considerations, and dignity in mealtime management. Staff competency will be assessed annually and documented in training records.

4.1 Staff training

- staff training of mealtime management needs of the participant to ensure:
  - their capabilities to deliver support and
  - stay alert to ensure safe eating and drinking
  - steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids
  - preparing and providing safe meals with participants that would reasonably be expected to be enjoyable
  - proactively managing emerging and chronic health risks related to mealtime difficulties, including seeking help to manage such risks
- Mealtime management plans are accessible to staff providing these services

4.2 Planning mealtime management plans

- Mealtime management plans planning include:
  - nutritious meals provision that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by a Speech Therapist that are reflected in their mealtime management plan; and
  - proactively risks management if the participant has chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)
- providing the participant with information about the mealtime management plan and the consequences of not following this plan
- when the person should be assessed, monitored and reviewed by a speech pathologist for mealtime and swallowing safety and support needs
- whether the person should be supervised or assisted during mealtimes

- communication with the participant about supports during the plan implementation
- changing the foods offered to the person, such as foods and drinks that are easy to chew and swallow or other food and drink modifications as recommended by a speech pathologist
- how the person is positioned during and after mealtimes
- the amount of food and pace of each mouthful during mealtimes
- Mealtime Support Plans must include:
- Consent from the participant or their guardian (documented)
- Speech Pathologist assessment and recommendations
- Consideration of cultural, religious, and personal food preferences
- Identification of choking, aspiration, or other mealtime risks, and risk mitigation strategies
- Seating and positioning guidance from an Occupational Therapist where relevant
- Clear escalation and emergency instructions, including when to call an ambulance
- Regular review and update triggers, including any change in health, medications (especially psychotropics), or weight
- Clear communication to participants about their rights to make informed decisions regarding their mealtime plan and the consequences of not following recommendations

4.3 Mealtime provision

Staff are required to ensure the following:

- consider who the participant wants to share their meal with (sitting with them)
- establish a positive environment during mealtimes, for example, avoiding a noisy environment which can be distracting
- seek the participant's input in exploring ways to enjoy their mealtime
- support the participant in understanding how to prepare or request preferred meals and learning basic food safety
- store meals safely and as per health standards
- label each meal to allow differentiation between participants
- match the meals to the individual's plan
- who to report any signs of complications or difficulties
- Respond as per the Mealtime Support Plan if you are having problems eating and swallowing

Staff must also ensure:

- Mealtime environments are calm, supportive, and respectful of participant preferences.
- Continuous observation of participants during meals for signs of distress (e.g., coughing, choking, fatigue).
- Immediate response to choking incidents per First Aid/ CPR training.
- Clear labelling of food and fluid texture modifications per participant plans.
- Collaboration with participants to promote choice and enjoyment in meals.
- Prompt reporting of any difficulties or adverse events to the Manager.

4.4 Documentation

- complete documentation on implementation strategies and how they are functioning by identifying the following:
  - barriers and challenges
  - when supports are no longer required
  - strategies that are working
- Staff must document:
  - All supports provided during mealtime. Any adverse events or difficulties (e.g., coughing, choking).
  - Changes in participant health or swallowing ability.
  - Outcomes of mealtime reviews and interdisciplinary meetings.
  - All choking incidents must be reported as incidents under NDIS Reportable Incident Rules if they result in serious injury or medical intervention.
  - Mealtime plans must be reviewed promptly following any incident, change in participant health, or new clinical recommendations.
- regularly reviewing mealtime management plans, especially if there are ongoing issues with aspiration.

5.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Mealtime Support Plan
- Practice Guidelines – Choking
- Practice Guidelines – Food Preparation
- Practice Guidelines – Textured Food Preparation
- Reportable Incident, Accident and Emergency Policy and Procedure
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Participant Safeguarding Policy
- Consent Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure

6.0 References

- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Workforce Capability Framework
- United Nations Convention on the Rights of Persons with Disabilities
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- Speech Pathology Australia – Dysphagia and Mealtime Management Best Practice Guidelines
- Dietitians Australia: Nutrition and Mealtime Management in Disability
- Safe Work Australia: Guide to Preventing Choking in Disability Services

Practice Guidelines - Food Preparation

Food hygiene must comply with the Australia New Zealand Food Standards Code, NDIS Practice Standards, and relevant local/state health legislation. All food prepared for participants must align with individual mealtime management and allergy risk management plans.

Definition

Food hygiene refers to the conditions and measures necessary to ensure food safety from production to consumption. Food hygiene measures are intended to prevent the hazards caused by cross-contamination, biological contamination and allergens.

Cross-contamination

Cross-contamination is when bacteria or other microorganisms are unintentionally transferred from one substance or object to another, with harmful effects. Cross-contamination between raw and cooked food is the cause of most infections.

Biological hazards

Microbial hazards in food include bacteria such as salmonella, viruses such as Norovirus, and parasites such as trematodes (flukes) and prions (e.g. mad cow disease).

Diarrhoeal diseases are the most common illnesses resulting from consuming contaminated food, causing 550 million people to fall ill and 230,000 deaths globally every year (WHO).

Allergens

A food allergy is when the immune system reacts to a food substance (allergen), producing allergy antibodies (proteins in the immune system) that identify and react with foreign substances.

An allergic reaction happens when a participant develops symptoms following exposure to an allergen. Symptoms may include hives, swelling of the lips, eyes or face, vomiting or a wheeze.

The most common triggers are egg, cow's milk, peanut, tree nuts, sesame, soy, fish, shellfish, and wheat. Some food allergies can be severe, causing life-threatening reactions known as anaphylaxis. About two per cent of adults have food allergies.

All participant allergies must be documented in the participant's Mealtime Support Plan. Staff must follow documented Anaphylaxis Action Plans and notify supervisors immediately if there are concerns about exposure to allergens or signs of allergic reactions.

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Principles

These food hygiene principles are part of our safeguarding framework to protect participants' health and well-being, aligned with NDIS Practice Standards. All staff preparing or serving food must hold current food safety training and participate in annual refresher training on infection control and allergen management.

The key elements of food hygiene are:

- **Personal hygiene:** This includes handwashing, protective clothing, illness procedures, and other duties (e.g. avoiding smoking).
- **Cross-contamination** includes preventing bacterial, physical, chemical, and allergenic contamination, particularly by having appropriate equipment (such as separate cutting boards).
- **Cleaning procedures:** Thoroughly clean the kitchen, equipment, and kitchenware (including plates and cutlery).
- **Allergen control:** All providers must clearly explain which foods contain allergenic products and prevent allergens from cross-contaminating other food.
- **Safe food storage:** This includes storage locations and containers, using a first-in, first-out system, appropriate labelling and temperature control.
- **Cooking temperatures:** Providers must ensure they cook and hold food at appropriate temperatures to prevent bacterial risks.

Mealtime support plan

Dietary requirements, including allergies, will be documented in the participant's Mealtime Support plan. Ensure you check the support plan for any known allergies.

All meals must be prepared in accordance with each participant's Mealtime Support Plan, including texture modifications, choking prevention guidelines, and allergy management. Participants' choices, preferences, and cultural/religious dietary needs must be respected. Any observed changes in a participant's ability to eat or swallow must be immediately reported as a potential incident.

Participants with food allergies

Check the participant's plan for any known food allergies. It can be valuable to check again with the participant and their family. Foods that may cause an allergic reaction are called allergens, and even a tiny amount of an allergen can cause a reaction.

If the participant lives alone, it can be possible to eliminate all food allergens at home by carefully reading labels on packaging and taking necessary precautions during cooking.

If the participant does not choose to eliminate all food allergens from home, or you are preparing food in an environment away from home (where there is a potential for allergens to come into contact with the allergic participant's food), the following steps should be taken:

- Read all labels on cans, jars and packaging.
- Label foods as "safe" or "not safe" (perhaps using red/green stickers).
- Designate particular shelves for 'safe' foods rather than putting similar foods next to each other.
- Avoid contamination by:
    - washing hands
    - not allowing allergen-covered utensils to touch "safe" foods
    - confine all eating to limited areas, e.g. kitchen or dining areas
    - use different utensils to prepare non-allergenic and allergenic dishes
    - wash foods or place in sink/dishwasher immediately after use
    - clean grills; use foil to protect the surface when cooking
    - clean all surfaces after preparing food
    - clean countertops before preparing food

Staff must ensure they are familiar with each participant's allergy action plan. In cases of suspected exposure to allergens or symptoms of allergic reaction (e.g., swelling, difficulty breathing), staff must immediately:

1. Call 000 (emergency services).
2. Administer an EpiPen (if required and trained to do so).
3. Follow the participant's Anaphylaxis or Emergency Plan.
4. Report as an incident under the Incident Management Policy and NDIS (Incident Management and Reportable Incidents) Rules 2018.
5. All foods stored in shared environments must be clearly labelled to prevent cross-contamination, including allergen risk signage.

General food preparation

All food preparation areas must comply with infection control guidelines, including COVID-19 risk minimisation strategies as per national standards.

- Minimise the cumulative time that potentially hazardous food is kept within the temperature danger zone (maximum two hours).
- Clean, sanitise and dry all food contact surfaces, utensils, chopping boards and equipment after preparing food.
- Store raw and cooked food separately.
- Wash all fruits and vegetables to remove contamination.
- Use single-use or disposable cloths where possible.
- If multi-use cloths are used, they will be cleaned and sanitised after each task.

Cleaning and sanitation

- Clean all food preparation areas with an anti-bacterial solution and paper towel.
- Thoroughly wash glasses, cutlery, crockery and utensils with hot water and detergent.

Utensils

- Saucepans, bowls, plates, etc., must be cleaned and sanitised.
- Utensils should be durable, washable, unchipped and uncracked.
- Use microwave-safe containers in microwaves.

Cutting boards

- Allocate and label separate plastic boards for preparing cooked or raw foods.
- After use, scrape boards and wash in hot, soapy water; use a sanitiser.
- If using a wooden board, wash in hot soapy water, smear with salt and then wash again before using.

Food Preparation

- Tongs, spoons and forks should be used for handling food, in preference to gloved hands.
- Separate tongs should be used for serving raw foods and cooked foods.
- Use gloves to handle food if no tongs are available.
- Wash and dry hands thoroughly.
- Hair must be tied back, and a hairnet used.
- Stop clothes, jewellery or a phone from touching food or surfaces (e.g. tie hair back, remove loose jewellery and rings, cover open sores).
- Wear clean clothing and aprons.
- Do not eat, spit, smoke, sneeze, blow or cough over food or surfaces that touch food.
- Inform the supervisor if sick or unwell or if food has been contaminated.

Washing hands properly

- Use the sink provided just for handwashing.
- Wet hands under warm, running water.
- Lather hands with soap.
- Thoroughly scrub fingers, palms, wrists, back of hands, and under nails for approximately 20 seconds.
- Rinse hands under warm, running water.
- Turn off taps using a paper towel or elbow.
- Thoroughly dry hands with a single-use towel.

When to wash hands

- Before handling food, or if returning to handle food after completing other tasks.
- Before working with ready-to-eat food.

- After handling raw food.
- After using the toilet.
- After smoking, coughing, sneezing, using a handkerchief or tissue.
- After eating or drinking.
- After touching the face, hair, scalp, nose, etc.
- After doing anything else that could dirty their hands, e.g. handling garbage, touching animals or children or completing cleaning duties.

When to wear gloves

Gloves are not a substitute for handwashing.

- Wear neatly fitting disposable gloves at all times.
- Wear fresh gloves when alternating between handling raw foods and cooked foods.
- Discard gloves after each use.
- Wear gloves during cleaning up to protect hands from food contamination.
- Staff must always wash hands thoroughly before and after glove use.

Freezing, defrosting and reheating food

Frozen foods must be maintained below -17°C. To maintain the integrity of frozen food, the freezer requires the following:

- regular defrosting
- never to be overloaded
- cabinet doors to be shut when not in use
- regular checking of temperature

Our workers observe the following rules:

- store delivered frozen foods immediately in the freezer
- rotate older goods to the top/front of the freezer
- expel air and reseal bulk frozen foods, review the use-by date and return promptly to the freezer if still within the use-by date
- store frozen solids and potentially hazardous foods, and never partially thaw.
- inspect potentially hazardous food daily to ensure it remains frozen
- wrap or cover food, store in food-grade containers which allow for proper air circulation
- keep the storage area in a clean condition
- check daily to ensure food is protected from contamination, stored in food-grade containers, and has free air circulation

Defrosting

- Defrost all foods in a refrigerator at or below 5° or rapidly defrost them in a microwave oven using the defrost setting.

- When using microwaves, thaw food at medium/low defrosts.
- Use correct microwave procedures, such as:
    - alter the position of food pieces during thawing
    - ensure potentially hazardous food is properly thawed
    - only use microwave-approved materials
    - cook all meat immediately after thawing
- **Never refreeze** food after thawing or keep and reheat hot foods left from the day before.

Reheating

- Reheat food immediately before use, where possible.
- Heat food from a refrigerator to above 60°C as quickly as possible.
- Use a meat probe thermometer, if available, to check internal temperatures.
- Slow cooking, as in a crockpot, can be dangerous and is not recommended.
- Never reheat a pre-cooked product more than once.
- Boil eggs for 10 minutes and then place in cold water for five minutes.

Food storage

General storage requirements

- Check packaging and labels are in good condition and "use by" dates are current.
- Check labels for special storage instructions.
- Unpack frozen or cool-type foods and place them in the fridge immediately.
- Store food in a cool, dry area in food-grade containers with tight-fitting lids and date-mark.
- Store chemicals in a separate area so as not to contaminate food.
- Store food off the floor (e.g. at a minimum height of 15 centimetres) to allow easy cleaning.

Dry goods storage

Dry good storage areas must:

- be fly-proof and vermin proof
- be adequately ventilated
- have properly fitting doors which seal completely
- have the lowest shelf at least 30 centimetres from the floor
- have containers made from food-grade materials with tight-fitting lids that are emptied and washed before refilling

Refrigerated storage

All foods that require refrigeration must be stored below 5°C. Cooked and uncooked foods must be kept separate to prevent cross-contamination:

- Store raw meats below cooked, where they cannot drip onto cooked foods.
- Store dairy products in their original packaging.
- Reseal opened cheeses or store them in airtight containers.
- Recap and refrigerate after opening products sold in jars (e.g. mayonnaise, pickles, etc.)
- Store food according to the manufacturer's instructions.
- Use food within its date marking and on a stock rotation basis.
- Cover food products with plastic or store them in food-grade containers.
- Keep the storage area clean.
- Use insulated thermal bags when grocery shopping with participants, and there is likely to be a delay in returning foods to a refrigerator.
- Clean and sanitise refrigerators weekly.

Transporting food and delivery of meals

Staff must monitor and record the temperature of food during transport to ensure it remains within safe limits (e.g., cold foods ≤ 5°C, hot foods ≥ 60°C). Records must be retained for audit purposes. Thermal bags or eskies must be used, and staff must ensure meals are not left unattended. Delivered meals must be checked for damage and contamination, and participants should be informed of storage and reheating requirements.

- no animals or chemicals are to be carried in the vehicle while food is being transported
- keep food transport containers/eskies in a clean and sanitary condition
- keep food transport vehicles in clean condition
- keep all meals under appropriate temperature control to prevent the growth of food poisoning bacteria and the production of toxins
- delivered food or meals within a minimal period
- do not deliver food or meals damaged during transportation
- store any meals or food damaged during transportation separately from undamaged food or meals in the transport vehicle
- deliver food or meals directly to the client and do not leave unattended
- return or discard all left-over meals and never leave them in eskies at the participant's home

Storage

All stored food must be clearly labelled with the participant's name, contents, preparation date, and expiry date. A First-In, First-Out (FIFO) system must be used for all food items to prevent expired food use. Storage areas must be monitored and recorded to ensure appropriate temperatures and hygiene are maintained.

Pest control

Staff must report any pest control issues, including flies, cockroaches, or rodents, immediately to management to safeguard the participant's environment. Smoking is prohibited in all food preparation and participant areas in line with Work Health and Safety standards and out of respect for participant dignity and safety.

Report to the supervisor any evidence of the need for:

- pest control
- fly screens
- airtight garbage bins

Smoking

Smoking is not permitted in any food preparation area or the participant's home while workers are present.

Staff Training and Competency

All staff involved in food preparation, preparation, and delivery must:

- Hold Food Safety Training Certificate
- Complete annual refresher training in food safety, allergen management, and choking prevention
- Be trained in infection control measures, including hand hygiene and PPE use, aligned with post-COVID-19 standards
- Participate in competency checks and observations during mealtime support to ensure ongoing adherence to mealtime management plans

References

- NDIS Practice Standards and Quality Indicators (2021)
- Food Standards Australia New Zealand (FSANZ) – Food Standards Code
- NSW Food Authority Guidelines – Food Safety Supervisors and Safe Food Handling
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- Speech Pathology Australia – Mealtime Management Guidelines
- NDIS Code of Conduct Rules 2018

Practice Guidelines - Choking

Choking risk management must align with the NDIS Practice Standards and NDIS Code of Conduct, ensuring participants are supported safely and competently. These guidelines apply to all staff providing mealtime or daily living supports.

Definition

Choking occurs when something gets stuck in the back of the throat and blocks the airway. When the airway has been partially blocked, the participant can usually cough and still make noises. When it is blocked, the participant cannot make any sound.

Causes

As participants age, their swallowing function can deteriorate, and their teeth can be weak or absent. There is a loss of muscle strength in the mouth and throat; this slows the swallowing process and makes it difficult for some aged persons to swallow hard or dry solid foods. The surfaces in the mouth and throat are also less moist.

The following factors may increase the risk of choking:

- eating or drinking too quickly
- swallowing food before it is properly chewed
- swallowing small bones or small objects
- inhaling small objects

All identified risks of choking must be documented in the participant's Mealtime Support Plan, which must be developed with input from speech pathologists or other relevant health professionals, and regularly reviewed. Staff must follow these plans to ensure individual needs are met.

Common food choking hazards

Foods that are choking hazards must not be provided to participants unless they are included in their approved Mealtime Support Plan. The plan must specify if these foods are to be modified (e.g., minced, pureed, or thickened fluids), and all staff must strictly follow these directions.

Foods that present a choking hazard include:

- lollies
- raw peas
- meat, including chicken and fish (especially with bones)
- nuts
- raw carrot

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- raw apple
- fruit pips and stones
- water and thin fluids - thickening agents can be added to make water more viscous.
- bread
- dairy foods

Prevention strategies

Choking prevention strategies must be applied as part of the participant's Mealtime Support Plan, respecting their preferences and dignity, while ensuring safety. Staff must:

- Follow any dietary plan as outlined in the Meal Support Plan.
- Please do not rush the participant to eat their meal.
- Keep noise and activities in the environment to a minimum.
- Do not encourage the participant to drink fluids while eating.
- Do not encourage talking while the participant is eating, as the epiglottis (the hinge-like flap at the base of the tongue that keeps food from entering your windpipe) does not know whether to open or close as it cannot register whether food or air is entering.
- Do not let the participant eat lying down.
- Always peel fruit (e.g. apples, pears) before serving to a participant.

If a participant is choking

If a participant is choking:

1. Immediately assess if the participant can cough. If they can cough, encourage continuous coughing to try to clear the airway.
2. If they cannot cough or are showing signs of severe distress (silent choking, blue lips, unable to breathe):
    - Call 000 immediately for emergency assistance.
    - If trained in first aid, commence back blows and abdominal thrusts (if safe and appropriate)
1. If the participant becomes unconscious, commence CPR if trained to do so.
2. Stay with the participant until emergency services arrive.
3. Document the incident clearly and report it as per our Reportable Incident, Accident and Emergency Policy and Procedure.

Note: Any choking incident that requires emergency medical attention, including calling an ambulance or hospitalisation, must be reported as a Reportable Incident to the NDIS Commission in line with the NDIS (Incident Management and Reportable Incidents) Rules 2018.

Observe, record, and report

Staff are responsible for:

- Observing and documenting any signs of swallowing difficulties or risks, including coughing, choking, or reluctance to eat.
- Reporting any concerns immediately to their supervisor and documenting in participant records and handovers.
- Following incident management procedures, including completing Incident Reports and notifying managers of serious incidents.
- Reviewing and updating participant Mealtime Support Plans with the clinical team as needed.
- If a choking event occurs, this must be reviewed through our Risk and Incident Management framework to identify any systemic issues and required training.

It is essential that staff:

- are alert to any changes in the participant's condition and signs of issues with swallowing
- act quickly in passing on this information to a supervisor or clinical manager, and in the handover documentation
- call 000 in emergency
- in the event of a serious incident, follow the Reportable Incident, Accident and Emergency Policy and Procedure

Staff Training and Competency

All staff who provide mealtime or daily living supports must be trained and assessed as competent in:

- Choking prevention strategies and mealtime support.
- Basic First Aid and CPR, including responding to choking incidents.
- NDIS Practice Standards requirements for mealtime management and risk management.
- Recognising signs of swallowing difficulties and when to escalate concerns.

Training must be updated annually and recorded in staff files. Any staff member who is unsure or has not completed training must not assist participants with eating or drinking until training is completed.

References

- NDIS Practice Standards and Quality Indicators 2021
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Code of Conduct Rules 2018
- Speech Pathology Australia – Mealtime Management and Swallowing Safety
- NSW Health Choking First Aid Guidelines
- Australian Resuscitation Council First Aid Guidelines

Practice Guidelines - Textured Food Preparation

This guideline ensures that texture-modified meals are safely prepared and provided to participants with chewing or swallowing difficulties (dysphagia), consistent with the participant's Mealtime Support Plan. It aligns with the NDIS Practice Standards, FSANZ standards, and International Dysphagia Diet Standardisation Initiative (IDDSI) Framework, to reduce choking risk and uphold the rights and dignity of NDIS participants. It supports providers in meeting obligations under the NDIS Code of Conduct, particularly ensuring safe, person-centred mealtime support.

The IDDSI Framework supports safe swallowing by standardising texture levels from thin liquids to pureed foods, helping reduce choking risk and ensuring consistency in care. All preparation must be documented, risk-assessed, and reviewed as part of the participant's support planning process.

All adverse events during meals (e.g. coughing, choking, refusal to eat) must be recorded and reported immediately to the Manager. All choking incidents must be managed in accordance with the organisation's Incident Management System. Where required, serious incidents must be reported to the NDIS Commission as a Reportable Incident.

Definition

Texture-modified meals are provided for participants with difficulty chewing and swallowing. Texture-modified foods may be thickened, minced or pureed. Due to the extra handling involved with the preparation of texture-modified foods, there is an increased potential for cross-contamination and cases of foodborne illness have been attributed to hygiene failure during this process

Cleaning and sanitising equipment

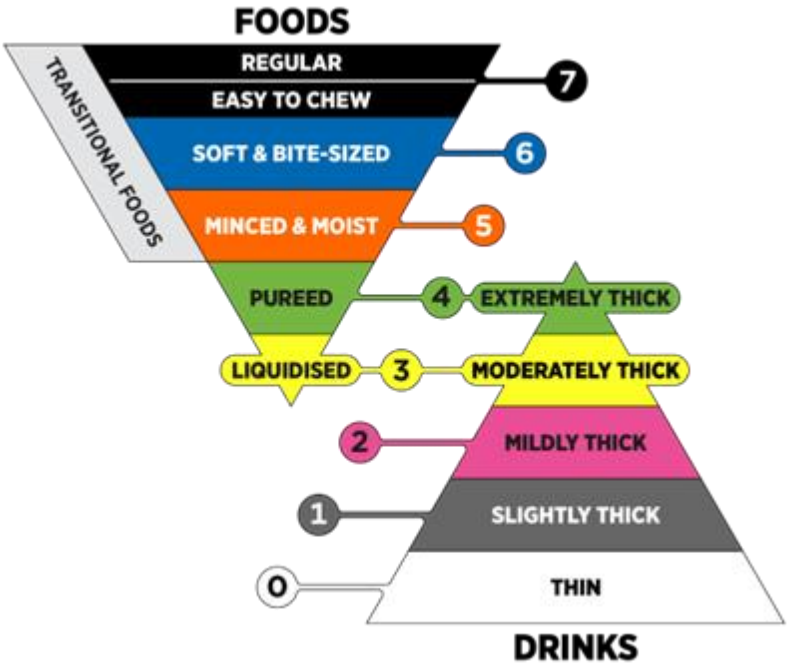
Our food safety program includes a procedure that outlines equipment dismantling, cleaning and sanitising. Equipment used to homogenise food usually requires complete disassembly to be fully clean. Contamination of blenders and mixers has been identified as a potential problem because they are difficult to clean. All cleaning and sanitising processes must comply with SilaCa Tasmania Pty Ltd's Infection Control Management Policy. This includes disassembling all blenders, processors, or utensils used for preparing texture-modified meals. All surfaces must be sanitised before and after each use.

Procedure for preparing texture-modified foods

Your procedure should include the following steps to ensure that texture-modified foods are produced safely:

- Wash hands thoroughly with soap and warm water and dry thoroughly – clean gloves may be used as an additional barrier.
- Texture-modified foods should be prepared according to the directions for using the thickening agent or recipe. Sometimes, a blender might be required to achieve a good mix.
- Any equipment such as blenders and stab mixers should be dismantled to enable thorough and effective cleaning and sanitising.
- To ensure liquids meet the prescribed thickness, staff should be trained to use IDDSI testing methods, such as the IDDSI Flow Test for liquids and the Fork Drip Test or Fork Pressure Test and Spoon Pressure Test for foods.
- Check the textured food matches the meal preparation plan requirements.

IDDSI Texture Levels:



- Texture-modified diets must follow the IDDSI Framework:
  - Level 7 (Regular / Easy to Chew)
  - Level 6 (Soft & Bite-Sized)
  - Level 5 (Minced & Moist)
  - Level 4 (Pureed)
  - Level 3 (Liquidised)
  - Level 2 (Mildly Thick)
  - Level 1 (Slightly Thick)
  - Level 0 (Thin)
- Thickened fluids and puréed foods must be prepared in accordance with the participant's documented Mealtime Support Plan, which is developed by a qualified health practitioner (e.g., a speech pathologist). The plan must be:

- Tailored to the participant's individual swallowing and nutritional needs; Communicated and accessible to all relevant staff involved in mealtime support; and reviewed regularly—at least annually, or sooner if the participant's needs or health status change.

- Thickened liquids commonly prescribed to individuals with dysphagia:
  - All levels below align with the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework and must be prescribed and documented in the participant's Mealtime Support Plan by a qualified health practitioner.

IDDSI Framework – Thickened Liquids

- Level 1 – Slightly Thick (formerly "Nectar-thick")
  - Liquids are thicker than water but still flow easily.
  - Examples: Buttermilk, thin lassi, avocado milkshake (if blended smooth).
- Level 2 – Mildly Thick (formerly "Honey-thick")
  - Flows more slowly off a spoon, drips in dollops.
  - Examples: Flavoured yogurt without fruit pieces, thick smoothies, thicker lassi.
- Level 3 – Moderately Thick / Liquidised
  - Can be drunk from a cup; moderate effort is required to drink through a wide straw. Cannot be eaten with a fork, smooth texture with no lumps.
  - Examples: Smoothies, thick milkshake, thickened soups.
- Level 4 – Extremely Thick / Pureed (formerly "Pudding-thick")
  - Usually eaten with a spoon, not drunk from a cup. Holds its shape on a spoon.
  - Examples: Plain thick Greek yogurt, pudding, mousse.

Where food is modified or puréed without cooking:

Before preparing texture-modified foods:

- Check the participant's current Mealtime Support Plan
- Confirm dietary requirements and swallowing instructions
- Document any variations or refusals
- Notify Manager of any concerns, changes, or incidents
- Follow emergency response steps (e.g., call 000 in choking situations)

For food that is texture modified and not intended to be cooked (e.g. puréed fruit):

- Use equipment dedicated to uncooked ready-to-eat foods only
- Ensure all equipment is clean and sanitised before modifying/puréeing
- Ensure these foods are processed before other foods that need to be cooked
- Ensure the equipment is cleaned and sanitised in between uses.

Where food is modified or puréed before cooking:

For food that is texture modified before being cooked:

- Minimise the amount of time between texture modification and cooking (e.g. less than 1 hour)
- Thoroughly cook food to temperatures of at least 70°C for 2 minutes (or use an equivalent process). All temperature controls, storage and reheating practices must comply with the Australia New Zealand Food Standards Code (Standard 3.2.2 – Food Safety Practices and General Requirements)
- Ensure texture-modified food remains above 60°C before serving

Where food is modified or puréed after cooking:

For food that is intended to be texture modified after cooking:

- Thoroughly cook food to temperatures of at least 70°C for 2 minutes (or use an equivalent process).
- To limit the risk of contaminating foods that are thickened, puréed or cut up after cooking: – process food in an area away from raw meats and other non-ready-to-eat foods on equipment dedicated to ready-to-eat foods only,
- Texture modifies or purée food immediately after cooking
- Ensure food is cooled in compliance with Food Standards Code requirements (the '2- hour/4-hour cooling rule') such that the food is cooled: – within two hours—from 60°C to 21°C – within a further four hours— from 21°C to 5°C – then modified once cooled.
- Ensure all equipment has been dismantled, cleaned and sanitised before use.
- Minimise the time it takes to texture modify the food before chilling (e.g. place it in a cool room as soon as possible).
- Minimise the amount of time texture-modified food is stored between cooking and reheating: – Refrigeration should be limited to 48 hours at 5°C or below – Frozen food should be used within 48 hours of being thawed.
- Foods should be reheated to 70°C for 2 minutes (or equivalent) before serving. All temperature controls, storage and reheating practices must comply with the Australia New Zealand Food Standards Code (Standard 3.2.2 – Food Safety Practices and General Requirements).
- Serve reheated food above 60°C.

Texture modifying left-over food

Left-over food from the plating line may be texture modified, providing it is refrigerated during plating or processed within 2 hours of food temperature entering the danger zone. Reheating should allow for potential Listeria monocytogenes contamination (70°C for 2 minutes).

Storage and Reheating Section

- ∉ Refrigerate modified foods immediately at or below 5°C
- ∉ Store for a maximum of 48 hours
- ∉ If frozen, use within 48 hours of thawing
- ∉ Label with participant name, preparation date, and use-by date
- ∉ Food must not be reheated more than once, and any uneaten reheated leftovers must be discarded
- ∉ Reheat to internal temperature of at least 70°C for 2 minutes. All temperature controls, storage and reheating practices must comply with the Australia New Zealand Food Standards Code (Standard 3.2.2 – Food Safety Practices and General Requirements)
- ∉ Serve hot foods above 60°C
- ∉ Ensure that reheated and modified leftovers still meet the participant's prescribed IDDSI level using approved tests

Staff Training

Staff must be trained in using IDDSI testing methods, such as the IDDSI Flow Test (for liquids) and Fork Drip or Spoon Tilt Tests (for foods), to accurately assess and confirm that food and fluid textures meet the participant's prescribed IDDSI level. Training must be delivered by a qualified person and include practical demonstrations and assessments using IDDSI testing tools. Refresher training should be provided annually, or earlier if there are changes in participant needs, best practice guidelines, or equipment used.

All staff involved in the preparation, handling, or assistance of texture-modified meals must complete training in:

- Safe food preparation practices (including temperature control, contamination prevention, and reheating standards)
- Dysphagia risk, mealtime choking response, and emergency procedures
- The IDDSI Framework, including practical application of the IDDSI Flow Test, Fork Drip, and Spoon Tilt Tests
- Infection prevention and control in food preparation environments
- Interpretation and implementation of participant-specific Mealtime Management Plans

Training must be delivered by a qualified person, include practical demonstration and assessment, and be reviewed at least annually or when participant needs, equipment, or guidelines change.

All staff must pass a competency assessment before preparing or assisting with texture-modified meals unsupervised. Training and assessment outcomes must be recorded in both the individual's training record and the organisation's Staff Annual Organisational Training Register.

Management of Waste Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that waste produced during the delivery of services is managed safely, effectively, and with respect for the wellbeing and dignity of all participants. Waste handling must minimise health and safety risks to participants, staff, and the community while ensuring safe, hygienic environments within participant homes and service settings.

This policy promotes responsible waste practices by supporting staff to manage general, clinical, and hazardous waste in a manner that prevents harm, protects the environment, and upholds the rights of participants to live in safe, clean surroundings. Staff are guided to apply appropriate safety measures and support informed decision-making while managing waste in line with individual needs and preferences.

2.0 Scope

The policy applies to all staff involved in waste management during service delivery. It covers the safe and hygienic handling of general, clinical, and hazardous waste, ensuring minimal health risks to participants, staff, and the community, while maintaining clean and safe environments.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to ensuring that all waste management procedures uphold participant safety, dignity, and informed choice, in accordance with the NDIS Practice Standards, the NDIS Code of Conduct, the Work Health and Safety Act 2011, and related legislation.

All waste generated during the provision of supports must be managed in a way that prevents risk to participants, staff, or others present in the service environment. This includes ensuring that infectious, clinical, or hazardous substances are handled using appropriate controls, including personal protective equipment (PPE), correct containment, and safe disposal in line with current legal and local health district requirements.

Hazardous waste includes:

- infectious waste such as blood-contaminated materials, used swabs, and bandages.
- sharps including needles and blades.
- pathological waste such as human tissue or fluids (excluding hair, nails, and teeth).
- chemical and pharmaceutical waste.
- cytotoxic and radioactive waste from medical treatments

Where required, waste risk factors must be documented in a participant's Support Plan or Risk Assessment, and staff must be trained in appropriate disposal procedures.

Waste such as urine, faeces, vomit, sputum, and meconium may generally be disposed of via landfill or flushed, except when contaminated by blood or infectious disease, in which case they must be treated as hazardous.

All incidents involving accidental exposure to hazardous waste, injury (e.g., from sharps), or release into the environment must be escalated to the Manager and managed in accordance with SilaCa Tasmania Pty Ltd's Incident Management and Reportable Incidents Policy and Procedure.

This policy seeks to prevent adverse effects resulting from poor waste practices, including infection, environmental harm, antimicrobial resistance, chemical burns, or injury.

4.0 Procedure

4.1 Waste storage and disposal

All waste should be stored in secure areas until collected. Waste disposal companies licensed with the Environmental Protection Authority (EPA) will collect all clinical and pharmaceutical waste for disposal in specialised waste disposal facilities, which the EPA also licenses.

Waste should be removed from clinical areas at least thrice daily and more frequently as needed, such as from specialised areas. Waste bags should be tied before removing them from the area.

For participants receiving supports in their homes, individual waste management strategies will be developed as part of their Support Plans, considering their preferences, home environment, and any specific waste handling needs (e.g., clinical waste, continence aids). Participants will be informed and provide consent for any specific waste management practices undertaken in their homes.

4.1.1 Safe Collection of Hazardous Waste

All sharps containers and biohazard waste bins must comply with current Australian and New Zealand Standards, including AS 4031:2022 and AS/NZS 4261:2022 for sharps containers. Regular inspections will ensure these standards are maintained.

Hazardous waste should be bagged, packaged, or placed into the designated container at the time and place of generation. After this initial collection, there should be no more direct contact with the waste.

When collecting waste in a plastic bag, ensure the bag is strong enough to contain the waste and is appropriately labelled depending on the type.

Do not fill the bag beyond two-thirds of its capacity.

The following are essential considerations for waste collection:

- If the container is to be incinerated, use non-PVC plastic liners
- Do not secure bags with closure devices (e.g. metal staples) that could puncture them
- Waste must be transported in containers. Do not use bags to transport waste
- Containers that store cytotoxic waste must be strong enough to resist spillage, leakage or breakage. They must not be reusable
- Containers that store pharmaceutical waste must be non-reactive, tamper-proof, resist impact rupture and contain spills. Once the waste is ready to be disposed of, you should not be able to remove it from the container
- Double-bagging may be used to increase strength when transporting heavy loads. However, this will need to be performed carefully to avoid spillage or accidental exposure to waste

4.1.2 Waste Segregation

- Segregation is an integral component of safe waste, allowing different types of waste to be easily identified. It must be maintained during storage and transportation.
- Waste is segregated using a standardised colour-coding system. Each type of waste should be disposed of in a designated colour bin, and staff should separate waste at the time and place it is generated.

Type of Waste	Colour	Symbol
Clinical (infectious, pathological and sharps waste)	Yellow	
Cytotoxic	Purple	
Radioactive	Red	

(Adapted from QLD Government 2019)

4.1.3 General waste disposal

This section relates to household waste that workers may deal with in a home or community environment. Materials from infectious participants must be handled carefully. By taking simple measures, workers can protect themselves and the participants

1. Infected materials such as tissues, cleaning cloths, masks and gloves should be placed in a sealed plastic or paper bag.

2. Put paper, cardboard and other recyclables mixed with the above disposable items into general waste.
3. Use a waste bin with a liner so you can use this liner to seal the infectious materials
4. Do not overfill waste bins
5. If bins become overfilled, use gloves to push down the overflow, seal the bag and dispose of the gloves
6. Place in the general waste bin for removal.
7. Wash hands after handling waste

4.1.4 Clinical waste disposal

1. Staff are required to use the biohazard bags provided by our organisation.
2. Staff workers will place clinical waste in biohazard bags as soon as possible.
3. Biohazard bags have a biohazard symbol and are currently coloured yellow
4. Single-use sharps are to be placed (by the user) into a sharps container that meets the Australian and New Zealand Standards AS 4031:1992 and AS/NZS 4261:1994.

4.1.5 Pharmaceutical waste disposal

1. When uncertain about how to dispose of leftover pharmaceuticals, staff workers should return to the pharmacy for correct disposal.
2. Most disinfectants can be disposed of through the sewer system by running cold water into the sink before pouring the disinfectant into the sink. Leaving the cold water running for a few moments after the disinfectant has been disposed of dilutes the disinfectant.

4.1.6 Sharps disposal

Collecting Sharps

Sharps containers must have rigid walls (hard, unbendable sides resistant to breakage). Single-use sharps containers must never be reused.

When collecting sharps:

1. Ensure a sharps container is closed when handling sharps for immediate sharps disposal.
2. Always wear PPE when handling sharps.
3. Ensure the sharps container has adequate space to accommodate the sharp.
4. Place the needle and syringe (still connected) into the sharps container).
5. Do not try to recap the needle or separate the needle and syringe.

Sharps Containers

Sharps containers must only be used for objects that can puncture the skin, including:

- Hypodermic needles

- Syringes
- Scalpels
- Lancets
- Wires

Do not put other objects or non-sharp components of sharps (e.g. IV bags) into sharps containers.

4.1.7 Safe Storage of Hazardous Waste

Hazardous waste has designated storage areas away from food and clean storage areas. Storage areas are enclosed spaces such as sheds, garages or fenced areas. They must be cleared routinely and provide access to the necessary cleaning materials.

Storage areas must be inaccessible by the public or other unauthorised persons, labelled with appropriate signage and ideally segregated by a lockable door. The flooring of the storage area should be a rigid, impervious surface (e.g. concrete). Specific waste may require refrigeration to prevent decomposition and odour.

Hazardous waste is stored in bags and containers according to the colour-coding system.

4.1.8 Safe Disposal of Hazardous Waste

There are a variety of treatment methods for hazardous waste. The most appropriate method will depend on the type of waste, with the goal being to:

- Make the waste as safe as possible
- Minimise harm to the environment
- Reduce the volume of the waste
- Render the waste non-recognisable by altering its physical nature

Furthermore, the treatment and disposal process should:

- Limit the creation of hazardous or toxic by-products
- Have automatic controls and fail-safe mechanisms
- Ensure no waste can bypass the process

Once treated, the waste is generally sent to a landfill. Compaction can decrease the volume of some types of waste before treatment and disposal, but it is not an appropriate standalone method (QLD Government 2019).

The following table outlines the appropriate treatment and disposal options for each type of hazardous waste:

	Incineration	Autoclaving and shredding	Chemical disinfection (hypochlorite) and shredding	Chemical disinfection (peroxide and lime) and shredding	Microwave and shredding	Compaction	Landfill
Chemical	YES (if licensed)	NO	NO	NO	NO	NO	NO
Cytotoxic	YES	NO	NO	NO	NO	NO	NO
Pharmaceutical	YES	NO	NO	NO	NO	NO	NO
Radioactive	NO	NO	NO	NO	NO	NO	NO
Treated clinical	-	-	-	-	-	YES	YES
Untreated clinical	YES	YES	YES	YES	YES	YES (other than animal carcasses and sharps)	NO (other than in a scheduled area)

(Adapted from QLD Government 2019)

4.2 Cytotoxic Waste Management

Cytotoxic medications are agents that are toxic to cells and are mainly used to treat cancer. However, they may also treat autoimmune diseases such as multiple sclerosis, psoriasis, rheumatoid arthritis and lupus. Their function is to destroy rapidly growing cells.

They are known to be mutagenic, carcinogenic and/or teratogenic and have proven highly toxic to non-target cells, mainly through their action on cell reproduction. Some have been shown to cause secondary cancers in cancer patients.

A participant taking cytotoxic medication excretes body fluids contaminated with the unchanged medication or its metabolites.

All staff must report any incidents involving exposure to cytotoxic substances or breaches in cytotoxic waste handling immediately to the Manager, and such incidents will be recorded and managed according to our Incident Management Policy. Where the incident presents a serious risk, including harm to a participant, it will be reported to the NDIS Commission as a reportable incident.

4.2.1 Cytotoxic Waste

Damaged medication packages must be discarded in the cytotoxic waste bin (provided by the selected waste management company and organised by SilaCa Tasmania Pty Ltd), and the pharmacy must be notified.

A purple waste disposal receptacle is provided for cytotoxic waste, e.g. a dropped pill or continence pads. Cytotoxic waste must be removed by an environmental protection authority for appropriate destruction.

Unused cytotoxic medications must be appropriately sealed and returned to the pharmacy. Staff should place medications in a sealed plastic bag, ensuring that the purple container is visible, or apply a purple cytotoxic sticker to the outside of the bag.

4.2.2 Caring for a participant taking cytotoxic medication:

- If the participant is incontinent of urine or faeces, always wear two pairs of purple cytotoxic gloves when attending to toileting or personal care.
- Place soiled incontinence pads in a purple plastic waste bag and outer gloves and seal purple plastic waste bags.
- Assist in changing consumer clothing and bed linen.
- Discard grossly contaminated linen in the purple cytotoxic waste bag.
- Linen that is only moderately to lightly soiled can be laundered using the following process:
    - wear PPE, including gloves and an apron, throughout the washing and drying process
    - launder separately from all other linen
    - place the linen into the consumer's washing machine
    - do not stir up linen to avoid the generation of dust/particles
    - use domestic washing powder
    - wash linen at a maximum cycle in either hot or cold water
    - dry laundry on a line or in a dryer
- Once laundered, previously contaminated linen and clothing can be reused.
- Remove gloves and discard them into the cytotoxic waste bin.
- Wash hands.

4.2.3 Managing a cytotoxic spill:

- Alert all those in the immediate vicinity that a cytotoxic spill has occurred and tell them to stay clear.
- Locate the spill kit and read the instructions inside the spill kit.
- Bring a spill kit to the spill area, restrict access and call the Manager for assistance, if required.
- Don an N95 face mask, two pairs of cytotoxic gloves (inner and outer), and appropriate personal protective equipment (e.g. gown, goggles).

- For liquid spills, wait a few seconds for aerosols to settle, then cover the spill using available absorbent material, not generating any splashes. For large spills, use a spill pillow to absorb the liquid.
- If the spill involves a powder, place an absorbent mat over the powder and ensure minimal dust production. Carefully wet the mat, so the powder dissolves and is absorbed by the mat. Discard collected waste into a cytotoxic plastic waste bag.
- Wash the area several times with detergent and water, work from the least-contaminated area, and rinse the area thoroughly with water.
- Dry the affected area with absorbent towels or other suitable materials.
- Discard the contaminated cleaning waste into the purple cytotoxic plastic waste bag.
- Discard the outer gloves into the cytotoxic plastic waste bag, seal the bag, and place it inside a second cytotoxic plastic waste bag.
- Discard contaminated PPE and inner gloves in the outer bag and seal it.
- Place the cytotoxic plastic waste bag into the large purple cytotoxic waste bin.
- Wash hands with soap and water.
- Complete Incident Investigation Form and inform the Manager immediately.
- Ensure that the cytotoxic spill kit is replenished/replaced.

4.3 Donning and doffing of personal protective equipment

Staff must wear personal protective equipment when handling hazardous or infectious materials, including urine, faeces, vomitus, and body fluids. Below are the donning and doffing of PPE. When supporting participants, staff must ensure that the use of PPE is explained to participants to reduce anxiety and preserve dignity. Staff must engage participants in a respectful and reassuring manner when donning or doffing PPE in their presence.

4.3.1 Donning

1. Perform hand hygiene.
2. Put on the gown.
    - Fully cover the torso from your neck to your knees and your arms to the end of your wrists, then tie at the back.
    - The gown should be large enough to allow unrestricted movement without gaping.
    - Fasten at the back of the neck and waist.
3. Put on a surgical mask or P2/N5 respirator.
    - Secure the ties or elastic bands at the middle of the head and neck.
    - Fit flexible band to the nose bridge.
    - Fit mask snug to the face and below the chin.
    - A fit-check respirator according to manufacturer instructions.
4. Put on protective eyewear or a face shield.
    - Place over eyes/face and adjust to fit.

5. Put on gloves.
    - Extend the gloves to cover the wrist of the gown.

4.3.2 Doffing

Following a correct doffing procedure is crucial in controlling and preventing infection and is essential to preventing infection transmission. The doffing of PPE should protect the clothing, skin and mucous membranes from contamination. Remember that all PPE is contaminated after use.

Perform hand hygiene immediately after each step of doffing. Gloves and gowns should be removed before exiting the participant's room (CDC 2014).

1. Remove gloves.
    - Using one hand, grasp the palm of the other hand and peel off the first glove.
    - Hold the removed glove in the gloved hand.
    - Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel it off over the first glove.
    - Discard gloves in a waste container.
2. Perform hand hygiene.
3. Remove gown.
    - Unfasten the ties, ensuring the sleeves don't contact your body.
    - Pull the gown away from the neck and shoulders, touching the inside only.
    - Turn the gown inside out.
    - Fold or roll the gown into a bundle and discard it in the waste container.
4. Perform hand hygiene.
5. Exit the patient's room and close the door.
6. Remove goggles/face shields.
    - Remove from the back of the head by lifting headbands or earpieces.
    - If reusable, place it in the designated reprocessing receptacle. If not, discard it in the waste container.
7. Perform hand hygiene.
8. Remove mask/respirator.
    - Grasp the bottom ties/elastics, then the top ones, and remove them without touching the front of the mask.
    - Discard in the waste container.
9. Immediately perform hand hygiene.

4.4 Incidents

All incidents involving infectious material, body substances or hazardous substances are:

- reported to the Manager
- recorded on a Hazard Report Form
- investigated by the Manager
- reviewed and added to the Continuous Improvement Register

All incidents involving waste, including hazardous exposure, spills, or participant injuries, must be reported following our Reportable Incident, Accident and Emergency Policy and Procedure. Where required, incidents will be notified to the NDIS Commission in line with the NDIS (Incident Management and Reportable Incidents) Rules 2018. Management will ensure these incidents are reviewed, and corrective actions implemented, with outcomes added to the Continuous Improvement Register.

4.5 Emergency plan

An individual waste management emergency plan will be developed for participants whose supports involve clinical or hazardous waste, including clear guidelines for staff to follow in case of spills, exposures, or other incidents. The emergency plan will be reviewed in line with the participant's Risk Management Plan and updated as needs change. This emergency plan will identify the following:

- type of waste
- waste management
- risk assessment
- actions in case of emergency

This information is recorded in their support plan and staff trained in this process.

During an emergency, such as a chemical spill or biohazard, staff will:

- identify the spilt hazardous material or biohazard
- contact the Manager
- follow the cytotoxic spill procedure (see 4.2.4)
- alert people at the workplace to an emergency, e.g. in a home environment, inform the participant or other people onsite
- evacuate participants, ensuring that correct processes are implemented to assist hearing, vision or mobility-impaired people as required
- follow the emergency evacuation map in the workplace, which illustrates the location of fire protection equipment, emergency exits and assembly points
- if in a home environment, take the participant and others to a safe location away from the house

After the emergency, the Manager will:

- record the incident
- notify the regulator, if applicable
- organise trauma counselling or medical treatment.

4.6 Reviewing and evaluating

- The Manager will train staff in the necessary process and procedures.
- The Manager will analyse the emergency and inform of any updates required to the Continuous Improvement Policy and Procedure.

4.7 Staff training

SilaCa Tasmania Pty Ltd will undertake the training of all staff workers who are involved in handling waste or hazardous substances. This training will include the following:

- safe handling of hazardous materials and substances, including:
  - body waste
  - infectious materials (e.g. used dressings)
  - Hazardous substances (e.g. chemicals, toxic or corrosive substances, bloodborne pathogens, biological hazards, chemical exposures, respiratory hazards, sharps injuries)
- use of personal protective equipment
- clothing requirements (e.g. leather shoes, face masks or similar)
- removal or mitigation of the hazard and reporting procedure to the Manager of any problems/issues
- correct use of the off-site work kit, including emergency contact details, gloves and aprons.
- All staff involved in waste handling will receive initial and annual refresher training in:
- Safe handling and disposal of hazardous, infectious, and clinical waste NDIS Practice Standards and participant safeguarding principles
- Use of PPE and managing participant dignity during waste procedures
- Reporting of incidents in accordance with NDIS requirements

Staff competency in these areas will be assessed at least annually, and records of training and competency will be maintained in the Staff Annual Organisational Training Register and Review.

5.0 Related documents

- Continuous Improvement Policy and Procedure
- Continuous Improvement Plan Register
- Emergency Plan - Waste Disposal
- Hazard Report Form
- Incident Report
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Register
- Worker Orientation Checklist
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Staff Training Record
- Staff Training Plan
- Work Health Safety and Environmental Management Policy and Procedure
- Individual Risk Assessment Profile
- Support Plan
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Management Policy and Procedure
- NDIS Code of Conduct
- NDIS Practice Standards and Quality Indicators

6.0 References

- Disability Services Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2021
- Monash University 2011, Syringes and Needles: Use, Disposal and Incident Follow-up, Monash University, viewed 17 July 2020, https://www.monash.edu/ohs/info-docs/safety-topics/biosafety/syringes-and-needles-use,-disposal-and-incident-follow-up
- NDIS Quality and Safeguards Commission 2020, NDIS Practice Standards: NDIS Practice Standards and Quality Indicators, NDIS Quality and Safeguards Commission, viewed 16 July 2020, https://www.ndiscommission.gov.au/sites/default/files/documents/2019-12/ndis-practice-standards-and-quality-indicators.pdf
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- Western Australia Department of Health 2016, Operational Directive: Clinical and Related Waste Management Policy, Western Australia Department of Health, viewed 02 April 2025,https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Public-health-act/Code-of-practice-for-clinical-and-related-waste-management.pdf
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Code of Conduct 2018
- Australian/New Zealand Standard AS 4031:2022 Non-reusable sharps containers
- Australian/New Zealand Standard AS/NZS 4261:2022 Reusable containers for clinical and related waste