



# READINESS WORKBOOK: CORE MODULE

NDIS PRACTICE STANDARDS  
& QUALITY INDICATORS

Assisting psychosocial disability service providers to comply with the NDIS Quality and Safeguarding Commission's requirements

Updated February 2022 in line with NDIS Practice Standards and Quality Indicators Version 4

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## Disclaimer

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Unless specifically named, WAAMH is in no way affiliated with the author of any of the resources included in this workbook, nor is there any associated financial gain. Resources have been included purely for informational purposes from reputable sources, to assist psychosocial providers comply with the NDIS Quality and Safeguarding Commission's requirements. Some of the additional resources provided are from jurisdictions other than Western Australia, this means they may be subject to different State legislation to what may apply to your organisational context.

Please Note: Further information resources and evidence examples were up-to-date at time of publishing (February, 2022) and may be subject to change at any time.

## ACKNOWLEDGEMENTS

We wish to acknowledge the traditional custodians of the land on which we are based, the Wadjuk people of the Nyoongar nation and pay our respects to the elders, past, present and future. We extend this acknowledgement to all Aboriginal Peoples throughout Australia acknowledging their continuing culture and connection to land, sea, sky and community.

We also acknowledge the essential contribution made by people with a living or lived experience of mental health issues. We recognise the generosity, courage and resilience of those who share this unique perspective for the purpose of learning and growing together and working towards better outcomes for all. We would like to thank those consumers and carers who contributed to the development of this workbook.

We would also like to thank the following organisations for their contributions to this project:

360 Health and Community

HelpingMinds

Mental Health Coordinating Council (NSW)

Rise Network

Consumers and Carers

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Government of **Western Australia**  
Department of **Communities**

# CONTENTS

Disclaimer	i
Acknowledgements	ii
Definitions	2
Acronyms	4
The WAAMH NDIS Quality and Safeguarding Commission Sector Readiness Project	5
How to Use the Readiness Workbook Guide	8
Which modules do I need to complete?	10
Key Types of Evidence	12
A Word on Consent....	13
What is next?	13
Standard	14
Indicator	14
Interpretation	14
Evidence Examples	14
Implementation into Everyday Practice	14
Self-Assessment	14
Gaps Identified	14
Readiness Action Plan	14
Core Module: Rights & Responsibilities	15
Core Module: Governance & Operational Management	49
Core Module: Provision of Supports	157
Core Module: Support Provision Environment	209
Appendices	271
Appendix 1: Mapping NDIS Practice Standards to NSMHS	272
Appendix 2: Incident Management System Checklist for NDIS Providers	276
Appendix 3: Complaints Management System Checklist	279
Appendix 4: Legislation, Rules and Regulations	282
References	283

## DEFINITIONS

**Consent:** There are five characteristics of consent, it must be voluntary, informed, specific, current and the participant must be deemed to have capacity.

**Dignity of risk:** supporting an individual's right to participate in life experiences that could pose a risk to their safety, including making a choice that could result in a negative consequence. We all have the right to make mistakes, and this is often how we learn and develop as individuals. Dignity of risk is a process that if implemented correctly, may result in improved independence, health, social participation and interaction, autonomy and self-worth (Everyday Practice 2020).

**Formal support network:** This network includes the participant's medical professionals, psychologists, social workers and support workers, as well as any other paid supports they have in their life to support their recovery.

**Informal support network:** This network includes the participant's family, friends, informal carers and chosen community.

**Leadership team:** We use 'leadership team' and consider it to include the heads of each department of your organisation, who report to the chief executive officer, but you might use something different – management team, executive team etc.

**Outcomes:** Each module of the NDIS Practice Standards and Quality Indicators include a series of high-level, participant-focused outcomes.

**Participant:** A person with a disability that receives services and supports from your organisation, which are funded through an NDIS Plan – you might use the term consumer or client within your organisation.

**Provider:** An organisation that provides services and supports to people with a disability under the National Disability Insurance Scheme (NDIS 2013).

**Psychosocial disability:** Psychosocial disability is a term used to describe a disability that may arise from a mental health issue. Not everyone who has a mental health condition will have a psychosocial disability, but for people who do, it can be severe, longstanding and impact on their recovery (NDIA 2020).

**Quality indicator:** Each outcome is further broken down into a series of indicators that NDIS providers use to demonstrate conformity with the outcomes. Auditors will use these indicators to assess a provider's compliance.

**Recovery:** A deeply personal and unique experience of being able to live a good life as defined by the individual, with or without symptoms. It is a process of developing meaning and purpose to live a satisfying, hopeful and contributing life beyond the impact of mental health challenges (Department of Health 2010).

**Recovery-oriented practice:** From the perspective of the individuals who have experienced mental health challenges, recovery means gaining and retaining hope, understanding ones' abilities and limitations, engaging in an active life, personal autonomy, social identity, meaning and purpose, and a positive sense of self. Recovery-oriented mental health practice principles are in place to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers, these principles are as follows (Department of Health 2010):

- Uniqueness of the individual
- Attitudes and rights
- Partnership and communication
- Real choices
- Dignity and respect
- Evaluating recovery

In the context of mental health, this means that the client provides permission for a specific treatment to occur based on their understanding of the nature of the procedure, the risks involved, the consequences of withholding permission and their knowledge of available alternative.  
*(Department of Health 2010).*

Recovery-oriented practice maximises self-determination and self-management of mental health and wellbeing and involves person-first, person-centred, strengths-based and evidence-informed treatment, rehabilitation and support.

**Restrictive Practice:** Any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with a disability (NDIS 2013). There are five types of restrictive practice:

**Seclusion:** is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.

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

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

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

**Environmental restraint:** involves restricting a person's free access to all parts of their environment, including items or activities (Department of Communities 2020).

**Size, scale and scope:** This term is used throughout the NDIS, generally prefaced by relevant and proportionate. Size refers to the number of staff you have, and the number of participants you support. Scale refers to the number of service delivery locations you have, and where these are located (i.e. metro, regional, rural and/or remote). Scope refers to the types of services and supports you provide in line with your NDIS registration groups, and their associated level of risk and complexity.

**Supported decision-making:** is a practical way for participants to make sure they are at the centre of making their own decisions, and are heard by those around them. Support is provided by someone the participant trusts, in their informal or formal support network. Supported decision-making may also help the participant build their skills in decision making and develop the confidence to decide more for themselves (Family and Community Services).

**Trauma-informed practice:** an approach which recognises and acknowledges trauma and its prevalence, alongside awareness and sensitivity to its dynamics, in all aspects of service delivery. Trauma-informed practice is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and interpersonal violence and the prevalence of these experiences in persons who receive mental health services (MHS). Trauma-informed practice is founded on five core principles – safety, trustworthiness, choice, collaboration and empowerment as well as respect for diversity.

## ACRONYMS

ACSQHC	Australian Commission on Safety and Quality in Health Care
AQA	Approved quality auditor
ATSI	Aboriginal and Torres Strait Islander
CaLD	Culturally and linguistically diverse
CEO	Chief executive officer (or executive officer or managing director)
HR	Human resources
JDF	Job description framework
KPI	Key performance indicator
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex and questioning people
NDIA	National Disability Insurance Agency (Administrators of the NDIS)
NDIS	National Disability Insurance Scheme
NDIS Commission	NDIS Quality and Safeguards Commission
NSMHS	National Standards for Mental Health Services
NSQHS	National Safety and Quality Health Service (Standards)
PPE	Personal protective equipment
SIL	Supported independent living
SDA	Specialist disability accommodation
WAAMH	Western Australian Association for Mental Health
WHS	Work, health and safety

# WAAMH NDIS QUALITY AND SAFEGUARDING COMMISSION SECTOR READINESS PROJECT

The Western Australian Association for Mental Health (WAAHM) was funded by the Department of Communities to deliver a project to support the capacity building of Western Australian psychosocial disability service providers to operate in compliance with the NDIS Quality and Safeguarding (QSC) requirements. Western Australia came under the jurisdiction of the NDIS QSC on 1 December 2020. This aligned WA with the other states and territories in a nationally consistent approach to the provision of quality and safe disability services in Australia. All service providers who wish to deliver NDIS supports must comply with the requirements put in place by the NDIS Commission.

## Why did we create a workbook?

During a consultation process WAAMH undertook with registered NDIS service providers operating in the psychosocial disability sector, the need for a resource was identified specific for psychosocial disability service providers, to build their capacity to be able to achieve compliance with the NDIS Commission requirements. Part of this was being able to present adequate evidence when audited against the NDIS Practice Standards and Quality Indicators, that is applicable and familiar to what psychosocial providers already know or have in place.

We have developed this workbook to make the process easier and more relatable to existing knowledge. It has been developed employing the principles (and language) of recovery-oriented, trauma-informed care. We hope that by using this approach, this workbook is a useable resource that relates to the day-to-day operations of service delivery.

## Rationale for mapping

During the consultation process it was found that numerous providers of psychosocial supports were mental health providers and were often already accredited against the National Standards for Mental Health Services (NSMHS). This means that these providers already have a large pool of evidence of quality that can be drawn on to meet the NDIS Practice Standards. The inclusion of the mapping of the NDIS Practice Standards to the NSMHS serves as a guide to where providers can find evidence that meets the NDIS Practice Standards and Quality Indicators if the NSMHS are already being met.

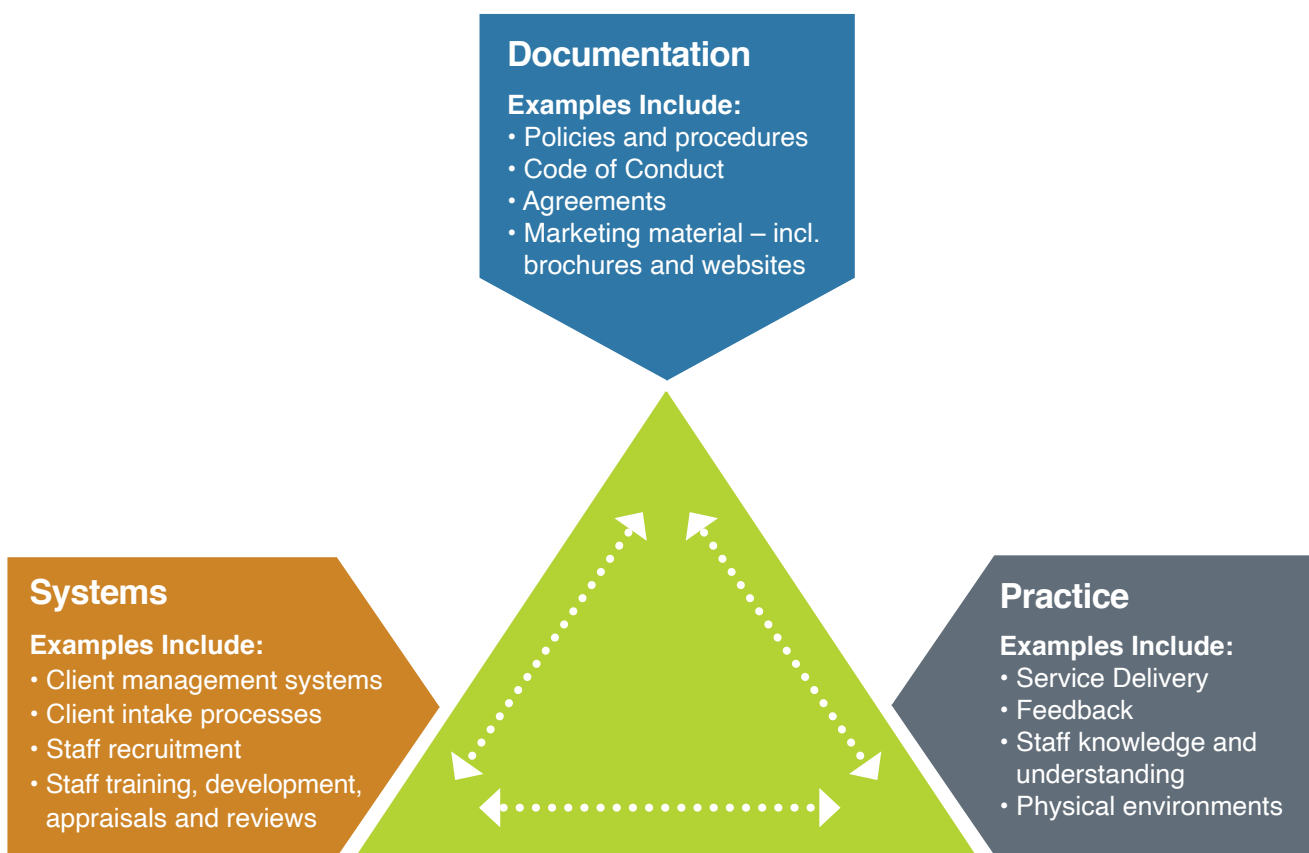
Whilst the mapping between the NDIS Practice Standards and NSMHS has been included, those who aren't familiar with the NSMHS can still benefit from using this Readiness Workbook to prepare for their NDIS registration renewal. A summary table showing how the two standards match up has been incorporated into the Appendix.



## Rationale for Evidence and Implementation into Everyday Practice

The Evidence and Implementation into Everyday Practice sections under each quality indicator provide information about how your organisation can satisfy an approved quality auditor (AQA) that you comply with each specific indicator, when it comes to your NDIS Audit. These lists of evidence and examples are not exhaustive; however, they will provide guidance on the types of things you could provide as evidence or demonstrate through day-to-day operations at your organisation. It is important to note that not all listed examples will be relevant to all providers, so ensure you have what is relevant to the size, scale and scope of your organisation.

The way that your documented evidence and everyday practice interact is explained through the following diagram, it is important to remember they do not exist in silos, they are heavily intertwined:



While legislation has been incorporated under Further Information throughout the workbook, you will find a list of the some of the key documents that may relate to your service delivery in the Appendix. Ensure you understand your obligations under these legislative instruments, and refer to them in your policy and procedure.

As we know your time is precious, we have also included NDIS Legislation Checklists in the Appendix for your Incident Management and Complaints Management Systems, to ensure they comply with outlined requirements.

## Key documents

- [National Standards for Mental Health Services](#)
- [NDIS Quality Indicators & Practice Standards](#)
- [NDIS Code of Conduct](#)
- [NDIS Quality and Safeguards Commission Legislation and Rules](#)

## Resources that informed the workbook's development

- [MHCC Recovery Oriented Guide](#)
- [NSMHS Implementation Guidelines for Non-Government Community Services](#)
- [Mental Health Outcomes: Indicators and Examples of Evidence](#)
- [A National Framework for Recovery-oriented Mental Health Services: Guide for Practitioners and Providers](#)
- [Map of the NSQHS Standards \(second edition\) with the NSMHS](#)
- [NSQHS Standards User Guide for Health Services Providing Care for People with Mental Health Issues](#)
- [NSQHS Accreditation Workbook](#)

# HOW TO USE THE READINESS WORKBOOK GUIDE



1.1.2

## 1.1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Communication with each participant about the provision of supports is **responsive** to their needs **provided** in the language, mode of communication and terms that the participant is most likely to understand.

This is the indicator exactly as written in the [NDIS Practice Standards and Quality Indicators](#). The words are in bold are things you need to be doing to demonstrate your compliance.

### INTERPRETATION

An alternative interpretation of what the indicator is saying, in plain language.

Your organisation communicates in a way that meets the communication needs of the Participant. This may include plain language/easy read resources, interpreting or translating services, as well as other age, literacy or cultural considerations. In addition, it is important to ensure Participants understand the meaning or message you are trying to convey when communicating.

### MAPPING TO NSMHS

**Primary Standards:**  
1.4, 1.7

**Other relevant Standards:**  
4.5, 4.6, 6.3, 9.3

These are the NSMHS we have mapped to this NDIS Indicator. You might find evidence used in your NSMHS audit, that will also demonstrate compliance here.

### EVIDENCE EXAMPLES

- During the intake process communication needs are identified including Supported Decision Making Agreements, and Participant Information Agreements.
- A documented Service Delivery Plan of what services/supports look like within the parameters around what is needed.
- Print resources about your services and supports are available and accessible to Participants with different communication needs.
- Advice that written information is available in alternative formats is included on all information, resources and documentation.

These are some examples of organisational evidence you can use to demonstrate your compliance with this indicator. Make sure your evidence is proportionate to the size, scale and scope of your organisation.

**Please note** this is not an exhaustive list. Tick the boxes if you already have this evidence.

*"Service delivery at our organisation is implemented in line with recovery-oriented principles and trauma informed practice. Our organisation empowers Participants, by protecting their legal and human rights whilst facilitating choice and control."*

These boxes provide helpful hints. It could be example wording, or what the evidence might look like within the psychosocial disability context.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- Staff can confirm that they know how to access alternative communication services
- Relationships are maintained with organisations that can assist in promptly meeting Participants communication needs. English formatted documents. Accessibility functions are used.
- Participants can confirm the availability and accessibility of communication services.

This section provides helpful hints about how to evidence the indicator in your day-to-day service delivery, or what it might look like in practice. If this is done at your organisation, it will have supporting documentation.

**Please note** this is not an exhaustive list.

**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

- Participants' preferred language, format and mode of communication is captured as part of the Intake Process.
- Types of supports are outlined in the Service Delivery Policy.
- Advice on alternative information formats included on all documentation.

In this box, write down what evidence you already have to meet this indicator, including any relevant documentation, as well as what you do in day-to-day-business.

**GAPS IDENTIFIED** (what you might be missing)

- Staff aren't trained in how to access interpreting and translating services should it be required.
- Development of main policy/procedure/marketing documents in easy read formatting.

In this box, write down what you might be missing in current policy, procedure and/or practice.

What are you doing but don't have policy/procedure around? What might you be missing completely?

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

- Develop and deliver training to staff on how to access interpreting translating services.
- Research of and engagement with organisation who can development easy read resources.

This box is where you write down what needs to be done for your organisation to fully address this indicator and meet the standard. Anything written here can be put into your quality improvement plan.

**FURTHER INFORMATION**

- [Translating and Interpreting Services](#)
- [Hemingway App](#) – tool to assist
- [HelpingMinds What is the NDIS](#) an alternative format
- [Bild An Introduction to PBS video](#) alternative format
- [Web Content Accessibility Guidelines \(WCAG\)](#)
- [Australian Style Manual](#) – guidelines on writing, editing or publishing content
- [Guide to making content accessible](#)

In this section, you will find links to resources, information and sample documents that will provide further guidance about how to meet the relevant indicator.

**Please note** any sample documents are provided here as a guide only. You can use these examples to inform creation of your own documentation.

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## WHICH MODULES DO I NEED TO COMPLETE?

Depending on what registration groups you are registered to provide under the NDIS will determine which modules you have to comply with and therefore the audit pathway you must undergo. Both Verification and Certification audit pathways are structured around a three-year audit cycle, with a mid-term surveillance audit at 18 months. The Core Module consists of four divisions, which all must be complied with, unless specifically stated otherwise. These modules are:

- Rights and responsibilities;
- Governance and operational management;
- Provision of supports; and
- Support provision environment.

The following table shows the NDIS Practice Standard module/s which your organisation will need to comply with, depending on your Registration class/groups.

Class of Supports/Registration Group	NDIS Practice Standard Modules
Assistance in coordinating or managing life stages, transitions and supports Assistance to access and maintain employment or higher education Assistance with daily life tasks in a group or shared living arrangement Assistance with daily personal activities Development of daily care and life skills Group and centre based activities Participation in community, social and civic activities Specialised supported employment	Core Module
High intensity daily personal activities	Core Module High Intensity Daily Personal Activities Module
Specialist positive behaviour support	Core Module Specialist Behaviour Support Module
Individual or partnership (only) Early intervention supports for early childhood and any other verification registration	Core Module: Freedom from violence, abuse, neglect, exploitation or discrimination Outcome only Early childhood supports Module
Early intervention supports for early childhood	Core Module Early childhood supports Module

Class of Supports/Registration Group	NDIS Practice Standard Modules
Specialist disability accommodation only	Specialist Disability Accommodation Module
Specialist disability accommodation and one or more other registration classes/groups	Core Module Specialist Disability Accommodation Module
Specialised support coordination	Core Module Specialist Support Co-ordination Module
Assistance animals Assistive equipment for recreation Accommodation/tenancy assistance Assistive products for personal care and safety Assistive products in household tasks Assistance with travel/transport arrangements Communication and information equipment Community nursing care Customised prosthetics Exercise physiology and personal training Hearing equipment Hearing Services Home modifications Household tasks Innovative community participation Interpreting and translation Management of funding for supports in participant plans Personal mobility equipment Specialised hearing services Specialised driver training Therapeutic supports Vehicle modifications Vision equipment	Verification Module

**Please Note:** Providers using restrictive practices in the delivery of any NDIS supports and services must also meet the:

Implementing Behaviour Support Plans Module

## KEY TYPES OF EVIDENCE

**Policy and Procedure Documents** – a policy is a documented statement, consistent with organisational objectives, that formalises an approach to a task or concept. A procedure is documented instructions and recommended steps to be taken for the completion of a task or specific process. A policy and procedure may exist for a single indicator, include several indicators, or address an entire outcome. The number of policy and procedure documents your organisation has, and the amount of detail in each document will depend on the size, scale and scope of your organisation. Several sample policy and procedure documents have been included here in the ‘Further Information’ section, but these are to be **used as a guide only**.

**Forms** – forms are templates used to gather certain types of information. This could range from gathering staff or participant information, collecting feedback from stakeholders, or obtaining participant consent, for example.

**Registers** – registers can be used to hold lots of key information in a central location. Registers to be used for evidence against could include a Risk Management Register, Incident and Accident Register, Feedback and Complaints Register, Staff Training Register and Quality Improvement Register, to name a few. These registers could be as simple as an excel spreadsheet, or more complex and be housed within a software program – this will depend on how your organisation operates.

**Service Agreements** – a Service Agreement is a document that is agreed to and signed by two (or more) parties (i.e. your organisation and a participant) which outlines the roles and responsibilities of all parties, and lays the ground work for expectations about what a participant will or will not receive whilst being supported by your organisation.

**Participant Information Pack** – a Participant Information Pack is ideally handed out when a participant first begins being supported by your organisation. It gives them all the vital information they need about receiving supports, including things such as cancellation policies, how to provide feedback and complaints, how their rights will be upheld and how they will be protected from violence, abuse, neglect and exploitation. There is a great [factsheet](#) to guide what you must inform participants about.

Some example Participant Information Packs can be found below:

- Example One – [Possability: Working Together: Our Policies and Practices](#)
- Example Two – [NDIS Commission: Participant Information Pack](#)

## A WORD ON CONSENT....

All participants should be deemed to have capacity to provide their own consent. A family member, carer, advocate, guardian, nominee, or other suitable individual may need to be involved in decision making and obtaining of consent, where a participant does not have this capacity. Your organisation should support the participant to make their own decisions as much as possible but facilitate the involvement of others where supported or substituted decision making is required. Extra consideration may need to be taken depending on participant age and maturity.

Sometimes participants may not have this capacity, or their capacity may change over time and they require a substitute decision maker. Given the ever-changing nature of psychosocial disability, capacity should be reassessed each time consent is required. Where this is the case, this substitute decision maker relationship should be documented, and still involve the participant in the decision-making process as much as possible.

For more information about deeming an individual's capacity to consent, please see some of the below resources:

- Mental Health Foundation (UK) – [Mental Capacity](#)
- Office of the Public Advocate (Vic) – [Patient Capacity to Consent](#)
- Office of the Chief Psychiatrist (WA) – [Capacity and the Mental Health Act 2014](#)
- Western Australian Legislation - [Mental Health Act 2014 \(WA\)](#)
- Office of the Public Guardian (QLD) – [What is Impaired Decision-Making Capacity?](#)

## WHAT IS NEXT?

Once you have completed this Readiness Workbook, you have done considerable work in preparing your organisation for complying with the NDIS Quality and Safeguards Commission requirements. Here are some steps to guide you in what to do next:

1. Use the information gathering in Box 1 (self-assessment) to aid in completion of your self-assessment through the NDIS Commission portal. The self-assessment forms part of the initial registration or re-registration process you will need to undertake. It involves providing a written explanation of everything your organisation is doing to meet practice standards, both documented evidence, systems in place and what you do in everyday practice.
2. Ensure you start to address anything identified in Box 2 (gap analysis). If you implement an action plan to address specific gaps identified, this can be used as evidence for your audit that you are working towards best practice and meeting this indicator. Depending on the area for development, you may want to include this on your Risk Register.
3. Start implementing your quality improvement activities identified in Box 3. Each of these activities can be included in your Readiness Action Plan, ensuring they are allocated to a specific staff member/s for completion, and include a due date. This is where you can demonstrate to your Auditor you are embedding continuous quality improvement, and they will want to see progress against or completion of these actions at your mid-term surveillance audit.

Once you are prepared to meet your NDIS registered provider requirements, you might want to expand your Readiness Action Plan to become a continuous quality improvement plan which could be applicable across your entire organisation.

If you are a registered provider requiring any assistance completing the workbook, or understanding what to do next, please contact the project team at [Ready4QSC@waamh.org.au](mailto:Ready4QSC@waamh.org.au)



# STANDARD

MAPPING

INDICATOR

INTERPRETATION

EVIDENCE EXAMPLES

IMPLEMENTATION INTO EVERYDAY PRACTICE

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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# CORE MODULE: RIGHTS & RESPONSIBILITIES

## NDIS PRACTICE STANDARDS & QUALITY INDICATORS

**This division of the Core Module sets out the rights of participants and the responsibilities of providers that deliver supports and services to them**

## RIGHTS & RESPONSIBILITIES

**These NDIS Practice Standards set out the rights of participants and the responsibilities of providers that deliver supports and services to them.**

### **How does Core Module – Division 1: Rights and Responsibilities line up with the NSMHS?**

NDIS indicators under the Person-Centred Supports; Privacy and Dignity; Independence and Informed Choice outcomes are covered by NSMHS Standard 1: Rights and Responsibilities, other evidence may be located under Standards 6, 7 and 10.

NDIS indicators under the Individual Values and Beliefs outcome are covered by NSMHS Standard 4: Diversity Responsiveness, other evidence may be located under Standards 7 and 10.

NDIS indicators under the Violence, Abuse, Neglect, Exploitation and Discrimination outcome are covered by NSMHS Standard 2: Safety, other evidence may be located under Standards 1, 6 and 10.

## 1.1 PERSON – CENTRED SUPPORTS

### OUTCOME:

Each participant accesses supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.

### 1.1.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant's legal and human rights are **understood** and **incorporated** into everyday practice.

#### INTERPRETATION

Your organisation ensures a participant's legal and human rights are known and understood by both staff and the participant. Service delivery upholds, promotes and protects these rights. Supports are delivered in line with current legislation and other regulatory requirements. Including the UN Convention on the Rights of Persons with Disability, the NDIS Practice Standards & Quality Indicators and NDIS Code of Conduct, as well as Commonwealth, Territory and State legislation.

#### MAPPING TO NSMHS

##### Primary Standards:

1.2, 1.4

##### Other relevant Standards:

1.3, 1.7, 1.9, 1.10

#### EVIDENCE EXAMPLES

A Documented Statement of Participant Rights is provided to participants and displayed on your website and at service delivery sites. Staff should also discuss this Statement with participants to ensure their understanding

A Participant Information Pack which includes the Statement of Participant Rights

Service Agreements include an outline of how participants' rights are upheld in practice at the organisation

Documented commitment to uphold the principles of the NDIS Code of Conduct

Identification and application of relevant legislation/regulations in policy, procedure and processes

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff education and training on legal and human rights are included in orientation and induction and recorded in the Staff Training Register

Staff can describe how they incorporate respect for legal and human rights into service delivery

An acknowledgement of understanding and commitment to upholding the Code of Conduct is signed by all staff members and periodically reviewed

Supervision and support of staff ensures they uphold, protect and promote legal and human rights in daily practice, including additional training as required

Board members can confirm there is a schedule of policy review that ensures policy remains compliant with relevant legislation, regulations, and best practice. Staff can confirm policy changes are communicated and embedded in practice.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Achieving Great Person-Centred Care Factsheet](#)
- [UN Convention on the Rights of Persons with Disabilities](#)
- [Disability Services Act 1986](#)
- [Mental Health Act 2014](#)
- [Privacy Act 1988](#)
- [Australian Human Rights Commission](#)
- [Australian Charter of Healthcare Rights](#)
- [Carers Recognition Act 2010](#)

## 1.1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Communication with each participant about the provision of supports is **responsive** to their needs and is **provided** in the language, mode of communication and terms that the participant is most likely to **understand**.

### INTERPRETATION

Your organisation communicates in a language and format that meets the communication needs of the participant. This may include plain language/easy read resources, interpreting or translating services, as well as other age, literacy or cultural considerations. In addition, it is important to ensure participants understand the meaning or message you are trying to convey when communicating.

#### MAPPING TO NSMHS

##### Primary Standards:

1.4, 1.7

##### Other relevant Standards:

4.5, 4.6, 6.3, 9.3

### EVIDENCE EXAMPLES

During the intake process, participants language and communication needs are identified and documented, including supported decision-making requirements. This information is included in Support Plans, Service Agreements, and participant records

A documented Service Delivery Policy includes an outline of what services/supports look like at your organisation, and the parameters around what is/is not provided

Print resources about your organisation's provision of supports are available and accessible to participants with different communication needs

Advice that written information is available in alternative formats is included on all information, resources and documentation

*"Service delivery at our organisation is implemented in line with recovery-oriented principles and trauma-informed practice. Our organisation empowers participants, by protecting their legal and human rights whilst facilitating choice and control."*

*"Please be advised that this document can be made available in a different language or format if required."*

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff can confirm that they know how to access alternative resources, including interpreting and translating services

Relationships are maintained with organisations that provide interpreting and translating services, to assist in promptly meeting participants communication needs. This could include organisations that develop easy English formatted documents. Accessibility functions are embedded onto your website.

Participants can confirm the availability and accessibility of resources in different formats.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Translating and Interpreting Service (TIS): [TIS National](#) – Certified NDIS Service
- [Hemingway App](#) – Tool to assist you in writing in plain language
- HelpingMinds [What is the NDIS? Animation](#) – An example of communicating a message and information in an alternative format
- Bild [An Introduction to PBS video](#) – An example of communicating a message and information in an alternative format
- [Web Content Accessibility Guidelines \(WCAG\)](#)
- [Australian Style Manual](#) – Guidelines on writing, editing or publishing content
- [Guide to making content accessible](#)

## 1.1.3. QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant is **supported** to engage with their support network and chosen community as **directed** by the participant.

### INTERPRETATION

With participant consent and guidance, their informal support network are engaged in their support and recovery journey. Organisational processes recognise, maintain and reconnect participants with their informal support networks while maintaining a participant-centred approach.

### EVIDENCE EXAMPLES

During the intake process, information about key people in a participants' informal support network is collected, recorded and regularly reviewed (i.e. during NDIS Plan reviews)

Documented organisational policy and procedures outline how formal and informal support networks are incorporated into service delivery. Inclusion (with participant consent) is facilitated and documented in support planning, delivery and exit

A Carers Rights and Responsibilities Statement is provided to families and carers, displayed on websites and at service delivery locations

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Ongoing training and support for staff on the collaborative involvement of the participant's informal support networks

Staff confirm knowledge and understanding of how to include a participant's informal support network and can demonstrate this in everyday service delivery

With participant consent inclusion of informal support networks are documented in Participant and Support Plans. This is regularly reviewed and routinely communicated with all those involved in the participant's supports

With participants' consent, there is communication with informal networks about supports and recovery

Members of the informal network confirm awareness of their rights and responsibilities and that their inclusion is considered by the provider.

#### MAPPING TO NSMHS

##### Primary Standards:

1.11, 4.3

##### Other relevant Standards:

1.12, 3.2, 7.1, 7.16, 10.4.3

In the mental health and psychosocial disability sector, a collaborative informal support network surrounding participants are recognised as vital to their recovery.



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Carer Recognition Act 2010](#)
- [A Practical Guide for Working With Carers of People With a Mental Illness](#)
- [Mental Health Carers Australia – Carer Inclusive Practice](#)
- [Mental Health Statement of Rights and Responsibilities of Carers and Support Persons](#)
- Your organisation could also consider the role of a nominee in the participants life – for more information, see the [NDIS Nominee Operational Guidelines](#)
- It is important to note that not all carers will identify, or describe themselves, as carers, or want to be referred to as carers, but supporting them in their role is just as important. For support for families and carers, see the [Carer Gateway](#).

## 1.2 INDIVIDUAL VALUES AND BELIEFS

### OUTCOME:

Each participant accesses supports that respect their culture, diversity, values and beliefs.

### 1.2.1 QUALITY INDICATOR TO BE DEMONSTRATED:

At the direction of the participant, the culture, diversity, values and beliefs of that participant are **identified** and sensitively **responded** to.

#### INTERPRETATION

Your organisation takes the time to identify, understand and consider the uniqueness of a participant's culture, diversity, values and beliefs, and then demonstrates respectful inclusion of these factors into service provision.

#### MAPPING TO NSMHS

##### Primary Standards:

4.1, 7.5

##### Other relevant Standards:

4.2, 4.6

#### EVIDENCE EXAMPLES

Documented policies and procedures that include your organisational approach to identification of, respect for and responsiveness to participant culture and diversity

Information about a participant's culture, diversity, background, values and beliefs is collected, recorded and incorporated into supports at their direction. This may include whether they identify as Aboriginal and/or Torres Strait Islander, their country of birth, their primary language spoken at home, gender and whether they identify as LGBTIQ+

Preferences about how participants would like their needs responded to are documented in participant records, embedded into service delivery, and regularly reviewed

Acknowledgement of Country statements displayed at service delivery sites and included in appropriate events, meetings etc.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff education and training includes understanding how individual participant needs and preferences might differ in relation to cultural diversity, values and beliefs and how they might appropriately respond to these. Some examples may include:

- Cultural Competency/Awareness and Sensitivity
- CultureReady – Culturally Responsive Service Delivery to equip NDIS providers
- LGBTIQ+ – Opening Closets training. Delivered by Living Proud in WA

Staff supervision, mentoring and reflective practice ensures responsiveness to culture, diversity, values and beliefs

Organisational partnerships with providers who have the skills and knowledge to respond to the cultural and diverse needs of your participants

Foster the break-down of cultural barriers, and prevent discrimination, through the development of an inclusive workplace. This may include employment of staff with diverse backgrounds.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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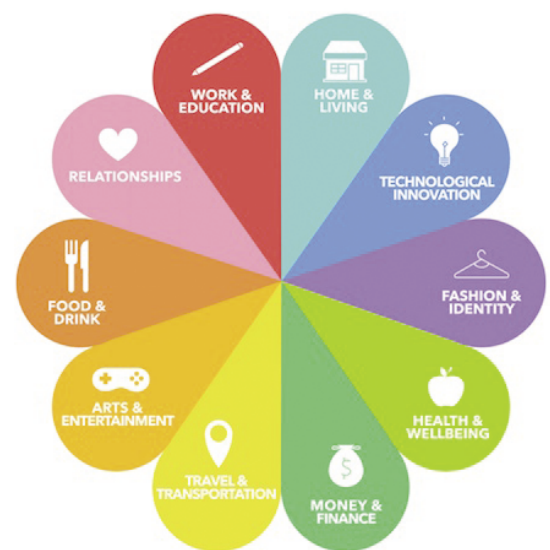
**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Reconciliation Australia – Acknowledgement of Country](#)
- [Framework for Mental Health in Multicultural Australia](#)
- [Embrace Multicultural Mental Health – Cultural Competence Online Training](#)
- [The Fifth National Mental Health and Suicide Prevention Plan](#) identifies a number of populations that have specific mental health needs, these include Aboriginal and Torres Strait Islander peoples, LGBTIQ+, rural and remote Australians, migrants, refugees and people from culturally and linguistically (CALD) backgrounds.
- Cultural Mapping (examples right) could be incorporated into your service delivery, to identify the participants culture, diversity, values and beliefs relating to their life, and service provision
- [Aboriginal Cultural Capability Toolkit](#)
- [Aboriginal and Torres Strait Islander Cultural Capability Framework](#)



**Above:** The Lab – Cultural Mapping<sup>1</sup>

<sup>1</sup> [The Lab – Cultural Mapping](#)

## 1.2.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant's right to practice their culture, values and beliefs while accessing supports is **supported**.

### INTERPRETATION

Your organisation actively supports, promotes and upholds participants' rights to practice their culture, diversity, values and beliefs during service delivery.

#### MAPPING TO NSMHS

##### Primary Standards:

4.5, 10.1.5

##### Other relevant Standards:

4.3, 4.4, 4.6, 7.5

### EVIDENCE EXAMPLES

Documented Statement of Participant Rights includes the right to practice culture, diversity, values and beliefs during service delivery

Participant Information Pack includes information about how your organisation considers participant needs and practices relating to culture and diversity

Staff training includes how to support the diverse needs of participants, being respectful and preventing discrimination

Documentation in participant records outlines how these practices are supported i.e. scheduling around cultural and/or religious practices

Participant feedback about support they have received to practice their culture, diversity, values and beliefs

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Your organisation employs staff with diverse backgrounds, including those with lived experience of mental illness/psychosocial disability, and matches these staff with participants appropriately

Staff supervision and mentoring ensures ongoing responsiveness to culture, diversity, values and beliefs

Staff can demonstrate how to facilitate interpreting and translating services.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Culturally and Linguistically Diverse People – Head to Health](#)
- [ATSI peoples Hub – Reimagine Today](#)
- [Multicultural Hub – Reimagine Today](#)
- [LGBTIQ+ Communities Hub – Reimagine Today](#)
- [Working With Clients from Culturally Diverse Backgrounds](#)

## 1.3 PRIVACY AND DIGNITY

### OUTCOME:

Each participant accesses supports that respect and protect their dignity and right to privacy.

### 1.3.1. QUALITY INDICATOR TO BE DEMONSTRATED:

Consistent processes and practices are in place that **respect** and **protect** the personal privacy and dignity of each participant.

#### INTERPRETATION

Your organisation has implemented policies and procedures that ensure the privacy and dignity of each participant is always respected and protected. This is evidenced in documentation and demonstrated in everyday service delivery.

#### EVIDENCE EXAMPLES

Documented Privacy and Confidentiality Policy and Procedure with reference to the relevant Commonwealth, State and Territory legislation. Staff can demonstrate knowledge of, and explain how, policy is enacted in service delivery

Confidentiality Agreement signed by all staff

Participant Information Pack includes a Statement of Participant Rights about their right to privacy and dignity

Participants confirm relevant consent forms are used

Signed consent forms are present in participant's records

Participants can describe how the organisation has upheld their right to privacy and dignity

#### MAPPING TO NSMHS

##### Primary Standards:

1.1, 1.8

##### Other relevant Standards:

10.1.2

**Privacy:** The participants' right to have control over how their personal and sensitive information is collected, stored and used.

**Dignity:** Valuing the knowledge, abilities and experiences that participants possess, supporting them to use this to live a life they want.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff training about how the privacy and dignity of participants is upheld in line with policy and procedure

Staff are supported by supervision and reflective practice to understand and demonstrate expectations of organisational behaviour outlined in policy, procedure and the Code of Conduct

Security measures are in place to protect personal and sensitive participant information. For example, password protected content so it reads on information management systems.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Privacy Act 1988](#)
- [Disability Discrimination Act 1992](#)
- [Australian Privacy Principles](#)
- [Not-for-Profit Law – Information on Privacy](#)

## 1.3.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant is **advised** of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.

### INTERPRETATION

Your organisation communicates information around confidentiality in a language and format that meets the communication needs and preferences of participants. This may include plain language/easy read resources, interpretation or translation, or other age, literacy and cultural considerations. In addition, you must ensure participants understand the meaning of messages you are trying to convey when communicating with them.

#### MAPPING TO NSMHS

##### Primary Standards:

1.8

### EVIDENCE EXAMPLES

Documented Privacy and Confidentiality Policy and Procedure includes reference to relevant Commonwealth, State and Territory Legislation. Staff can demonstrate knowledge of policy and procedure and embed this into service delivery

Documented organisational statement explains the availability of written information in alternative formats, including privacy and confidentiality information

Participant Information Pack includes a Statement of Participant Rights, and information about when confidentiality may need to be breached e.g. when the safety of the participant or others is at risk

Staff training on the incorporation of privacy and confidentiality principles put into practice including when confidentiality may be breached

*“Please be advised that this document can be made available in a different language or format if required.”*

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Intake processes include identification of participants language and communication preferences

Staff understand and demonstrate how to facilitate interpreting and translating services and how to access information in alternative formats

Staff give participants opportunities to ask questions about the information that has been communicated

Participants are provided with information about how to lodge a complaint or give feedback.



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Privacy for Health Service Providers](#)
- [Australian Privacy Principles Poster](#)
- [NDIS Privacy Easy Read](#)

## 1.3.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant **understands** and **agrees** to what personal information will be collected and why, including recorded material in audio and/or visual format.

### INTERPRETATION

Participants understand what information your organisation is collecting and why. Procedures are in place to determine and document how consent for information collection is obtained.

### EVIDENCE EXAMPLES

Documented consent form and supporting policy and procedure

Documented Privacy and Confidentiality Policy and Procedure which includes your organisational approach to deciding if a participant has capacity to consent

Documented Statement of Participant Rights states that personal information is not collected without consent and that can be withdrawn at any time

Participant Information Pack describes when consent is needed, how and why information is collected

Staff training includes how to establish whether a participant has capacity at the time that consent is being sought

### MAPPING TO NSMHS

#### Primary Standards:

1.3

#### Other relevant Standards:

1.13, 7.7, 7.8, 7.9, 7.10

Participant's capacity to consent can change throughout their recovery journey. It is a good idea to reassess or review capacity, each time consent is required.

It is important to note that participants have the right to withdraw consent at any time.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Information is obtained during the intake process about a participant's capacity to consent and make informed choices on their own. This is also the time to identify if there is a substitute-decision maker involved.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Mental Health Act 2014](#)
- Office of the Chief Psychiatrist WA – [Capacity and the Mental Health Act 2014](#)
- Informed Consent means that a participant:
  - Is provided with appropriate and adequate information;
  - Is capable of understanding the nature of the information and the consequences of a decision made in relation to this information; and
  - Can freely make decisions without unfair pressure or influence from others.<sup>2</sup>

<sup>2</sup> [NSMHS Implementation Guidelines](#) – Informed Consent

## 1.4 INDEPENDENCE AND INFORMED CHOICE

### OUTCOME:

Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.

### 1.4.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Active decision-making and individual choice is **supported** for each participant including the **timely** provision of information using the language, mode of communication and terms that the participant is most likely to understand.

#### INTERPRETATION

One of the fundamental principles of the NDIS is choice and control.<sup>3</sup> Your organisation demonstrates support for a participant's right to choice and control and to make their own decisions. This may involve the facilitation of supported decision-making, whilst maintaining the principles of person-centred supports and recovery-oriented practice. Decision-making processes consider the participant's communication needs and preferences.

#### MAPPING TO NSMHS

##### Primary Standards:

1.10

##### Other relevant Standards:

1.3, 3.1, 10.1.6, 10.1.8

#### EVIDENCE EXAMPLES

Documented policy and/or procedure on decision making and facilitation of participant choice and control, includes processes your organisation undertakes to assist participants when making decisions, for example, use of a supported decision-making tool

Participant Information Pack contains information about how the participant takes part in decision-making

Staff Training Register includes evidence of professional development in this area

Given the episodic nature of psychosocial disability, this decision-making process may look different throughout the participant's recovery journey.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff training is provided around the facilitation of choice and control

Staff undertake the Supported Decision Making Practice Framework training, a series of online modules about supporting people through the decision making process

Staff understand and demonstrate how to facilitate interpretation and translation services and access information in different formats

Participants can describe experiences with your organisation in decision-making and choice

<sup>3</sup> NDIS Quality and Safeguards Framework

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [People With Disability and Supported Decision-Making and the NDIS](#)
- [Recovery and Supported Decision Making](#)
- [People Making Choices: the Support Needs and Preferences of People With Psychosocial Disability](#)
- [Options for Supported Decision-Making to Enhance the Recovery of People Experiencing Severe Mental Health Problems](#)
- Office of the Public Advocate Victoria – [Guide to NDIS Decision-Making](#)
- ACSQHC Shared Decision Making [Videos](#) and Supportive Resources
- [WaiS Supported Decision Making Resources](#)
- [Mental Health Advocacy Service](#)

## 1.4.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant's right to the dignity of risk in decision-making is **supported**. When needed, each participant is **supported** to make **informed** choices about the benefits and risks of the options under consideration.

### INTERPRETATION

Your organisation supports participants to make informed choices when there are potential risks involved. Your organisation empowers participants to have opportunities for positive risk-taking and learning. Open discussions should be facilitated to understand why the participant wants to undertake the potentially risky activity, and the positives and negatives of doing so.

#### MAPPING TO NSMHS

##### Primary Standards:

1.10

##### Other relevant Standards:

1.3

### EVIDENCE EXAMPLES

Documented Statement of Participant Rights outlines participant's right to positive risk-taking

Participant Information Pack describes how your organisation supports the participant's dignity of risk while maintaining duty of care

Documented policy and procedure are in place about supported decision making, participant choice and dignity of risk

Notes documenting discussions about options, risks and benefits of treatments or activities demonstrating facilitation of informed decision-making are kept on participant's records

A standardised template to facilitate discussion around decision-making is used

We all have the right to make mistakes, and this is often how we learn and develop as individuals. Inhibiting dignity of risk for people living with psychosocial disability denies them the opportunity for recovery and growth and can impact on their quality of life. If implemented correctly, dignity of risk may result in improved independence, health, social participation and interaction, autonomy and self-worth.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff employ recovery-oriented principles, including supporting dignity of risk, when working with participants to undertake positive Risk-Taking Behaviour

Your organisational service delivery is guided by participant determined recovery goals and Support Plans that could involve risk-taking and making mistakes

Staff facilitate supported decision-making when assisting participants to analyse the benefits and risks of a decision. Staff maintain a person-centred approach and with participant consent, include the informal support network

Staff education and training on supporting dignity of risk while maintaining duty of care

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [People With Disability and Supported Decision-Making and the NDIS](#)
- [Recovery and Supported Decision Making](#)
- [What is Duty of Care? Duty of Care vs Dignity of Risk \(video\)](#)
- [WAIIS Supported Decision Making Resources](#)

## 1.4.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant's autonomy is **respected**, including their right to intimacy and sexual expression.

### INTERPRETATION

Your organisation ensures participants' autonomy and independence is supported, including decisions about relationships and sexual expression. This may involve helping identify and respecting participant wants and needs in relationships, intimacy and sexual expression.

#### MAPPING TO NSMHS

##### Primary Standards:

1.7

### EVIDENCE EXAMPLES

Documented Statement of Participant Rights includes the participant's right to intimacy, personal relationships and sexual expression that is in line with their personal values and interests

Participant Information Pack includes a Statement of Participant Rights, and an explanation of how your organisation supports a participant's autonomy

Staff education and training on autonomy and participant's independence, particularly in relation to intimacy and sexual expression

Documentation showing how participant autonomy is respected, and supported decision-making is facilitated in relation to intimacy and sexual expression is kept on the participant's records

**Autonomy:** A participant's ability to act on their own values and interests and have independence on their own thoughts and actions. E.g. participants can act on their own wants and needs when determining what their supports look like.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Assist participants to identify their needs and goals in relation to intimacy, relationships and sexual expression, and support them with positive risk taking in pursuit of these needs and wants

Actively inform participants of their rights to autonomy, independence and choice and how your organisation will uphold these rights



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Head to Health – [Sexuality and Intersex People](#)
- Reimagine – [LGBTIQ+ Communities Hub](#)
- [LGBTI+ Health Australia](#)

## 1.4.4 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant has sufficient time to **consider** and **review** their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review and exit.

### INTERPRETATION

Your organisation provides adequate support so participants can understand and make informed decisions, and provide avenues to seek advice and support about making a decision. Decision-making processes, and review of options, is an individual process and is not time-bound. Your organisation ensures participants are never denied the right to control through coercion.

#### MAPPING TO NSMHS

##### Other relevant Standards:

1.11, 10.4.5

### EVIDENCE EXAMPLES

Participant Information Pack includes information about decision-making and participant's options to seek advice when considering and reviewing support provisions

Documented information provided to participants about where they can go for additional advice and/or support, for example, a list of advocacy service contacts or a flyer outlining how they can involve their informal support network to assist with decision-making

Documentation in participant records outlines the different options provided/available to participants, including how the decision was made and, if there were others involved, who they were and the role that they played in supported decision-making

Participant feedback about their experiences of decision making, including options, availability of advice and, the time allowed to make a decision

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Participants are actively involved in determining their recovery goals and designing Support Plans, this may also include the support of others

Options presented to participants are unbiased, and free from any conflict of interest

Your organisation facilitates access to additional decision making support for participants

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Healthtalk Australia – [Mental Health & Supported Decision Making](#)
- Mental Health Australia – [Supported Decision Making, Psychosocial Disability & NDIS](#)

## 1.4.5 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant's right to access an advocate (including an independent advocate) of their choosing is **supported**, as is their right to have the advocate present.

### INTERPRETATION

Your organisation ensures participants understand the role of and their right to access an advocate. Include advocates in service delivery at the participants direction. An advocate may be a participant nominated family member, carer, friend or guardian, or an independent advocate.

#### MAPPING TO NSMHS

##### Primary Standards:

1.15

##### Other relevant Standards:

1.11, 3.4

### EVIDENCE EXAMPLES

Documented Statement of Participant Rights highlights the participants right to have an advocate present

Provide and display information about the role of an advocate and how these services can be accessed by participants and their informal support network

Participant Information Pack includes information about the role of an advocate, how advocacy services can be accessed, and how your organisation supports and facilitates this process

Participant records document instances when a participant has accessed and had an advocate present, and includes participant feedback relating to the advocates involvement

Your organisation may suggest an independent advocate who specialises or has experience in psychosocial disability.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff support the inclusion of an advocate

Memoranda of Understanding (MOU), or other collaboration initiatives, are in place with advocacy services. It is also important to provide independent options to avoid any conflict of interest

Employment of a peer support worker or volunteer who assists with participant advocacy

Staff assist participants to understand the role of an advocate

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Mental Health Advocacy Service](#)
- [Mental Health Law Centre](#)
- [CoMHWA](#) – Consumer Advocacy Service
- [HelpingMinds](#) – Mental Health Carer Advocacy and Support
- [Multicultural Futures](#) – Mental Health Advocacy for individual from a CaLD background
- [COPMI](#) – Children of Parents with a Mental Illness

## 1.5 VIOLENCE, ABUSE, NEGLECT, EXPLOITATION AND DISCRIMINATION

### OUTCOME:

Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.

### 1.5.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Policies, procedures and practices are in place which **actively prevent** violence, abuse, neglect, exploitation or discrimination.

#### INTERPRETATION

Policy, procedure and practices are documented and implemented to embed your organisational approach to the prevention of violence, abuse, neglect, exploitation and discrimination. This approach is built on the upholding of human rights, participant empowerment, safeguarding, and promotes a zero-tolerance approach.

#### MAPPING TO NSMHS

##### Primary Standards:

2.1

##### Other relevant Standards:

2.9, 2.10

#### EVIDENCE EXAMPLES

Documented policy and procedure clearly outlining organisational approach and steps on how violence, abuse, neglect, exploitation and discrimination are actively prevented

Documented Environmental Risk Assessments conducted at service delivery sites

Documented Participant Risk Assessments (and Safety Plans where applicable)

Documented quality improvement activities that have originated from previous allegations or incidents involving violence, abuse, neglect, exploitation and discrimination

Participant Information Pack outlines everyone has a role in minimising and eliminating violence, abuse, neglect, exploitation and discrimination; and the importance of reporting incidents

Prevention of discrimination could be done through mental health promotion and education, to reduce stigma currently surrounding mental illness and psychosocial disability.

## IMPLEMENTATION INTO EVERYDAY PRACTICE

NDIS Code of Conduct compliance activities, for example, all workers complete the NDIS Worker Orientation Module

Adoption, embedding and continuous improvement of an organisational approach on the prevention of violence, abuse, neglect, exploitation, and discrimination

Staff education and training on the prevention of violence, abuse, neglect, exploitation and discrimination, for example, de-escalation training

Staff supervision to ensure they are actively preventing incidents of violence, abuse, neglect, exploitation and discrimination from occurring

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## SELF-ASSESSMENT (what you already have e.g. policy/procedure/practice)

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## GAPS IDENTIFIED (what you might be missing)

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## READINESS ACTION PLAN

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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## FURTHER INFORMATION

- NDS Zero Tolerance Framework – [Preventing Abuse](#)
- [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)
- QLD Government Resources – [Preventing & Responding to Abuse, Neglect and Exploitation](#)

## 1.5.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant is **provided** with information about the use of an advocate (including an independent advocate) and access to an advocate is **facilitated** where allegations of violence, abuse, neglect, exploitation or discrimination have been made.

### INTERPRETATION

Your organisation ensures participants are given information and resources about what an advocate is, and how they can involve advocates in their service delivery. Participants are informed and understand that you can support them to facilitate this access when allegations of violence, abuse, neglect, exploitation, or discrimination are made.

#### MAPPING TO NSMHS

##### Primary Standards:

1.15

##### Other relevant Standards:

1.11, 2.1

### EVIDENCE EXAMPLES

Documented Statement of Participant Rights highlights the participants right to access an advocate

Participant Information Pack describes an advocate's role, the right to access one, and provides information about how your organisation supports and facilitates engaging an advocate

Participant records document the provision of information about advocacy services, particularly when there has been an allegation or incident of violence, abuse, neglect, exploitation or discrimination

Resources about the role of an advocate and how these services can be accessed by participants, and their informal support network, are provided and displayed in service delivery locations

Participant feedback about their experience throughout these processes

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Memoranda of Understanding (MOU), or other collaboration initiatives, with advocacy services, potentially those who specialise in psychosocial disability and/or have experience in incidents involving violence, abuse, neglect, exploitation and discrimination

Staff support and facilitate the inclusion of an advocate

With participant consent, incident reporting may include the involvement of an advocate



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)
- [Mental Health Advocacy Service](#)
- [Mental Health Law Centre](#)
- [CoMHWA](#) – Consumer Advocacy Service
- [HelpingMinds](#) – Mental Health Carer Advocacy and Support
- [Multicultural Futures](#) – Mental Health Advocacy for individuals from a CaLD background
- [COPMI](#) – Children of Parents with a Mental Illness

## 1.5.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Allegations and incidents of violence, abuse, neglect, exploitation or discrimination, are **acted upon**, each participant affected is **supported and assisted**, records are made of any details and outcomes of reviews and investigations (where applicable) and action is taken to **prevent** similar incidents occurring again.

### INTERPRETATION

Organisational policies, procedures and processes are in place to appropriately respond to and act upon allegations and incidents of violence, abuse, neglect, exploitation or discrimination including procedures on how to best support and assist participants through this process. Documentation and processes include guidance around recording, reviewing and investigating any allegations or incidents, and what action your organisation is taking to prevent recurrence.

#### MAPPING TO NSMHS

##### Primary Standards:

1.16

##### Other relevant Standards:

2.1, 2.10, 4.6, 10.1.5

### EVIDENCE EXAMPLES

Documented Incident Report Form, Incident Management Policy, Procedure and Register. Policy outlines how incidents are reported internally, as well as when and how to report incidents externally, for example, to the NDIS Commission

Documentation of previous investigations into alleged or actual incidents

Participant records include documented details of actual or alleged incidents they were involved in, any steps taken, the resulting outcome, and how your organisation facilitated support for that participant

Staff meeting minutes show incidents are discussed, reviewed, any learnings or outcomes inform continuous quality improvement processes

Participant feedback about their experiences throughout this process of review and investigation, for example, did it remain person-centred?

Any investigations maintain a collaborative, person-centred approach, being mindful of trauma-informed practice.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff training on procedures and responses to incidents

Incidents involving restrictive practice are managed in accordance with Positive Behaviour Support Guidelines, and follow-up actions are undertaken in line with the NDIS Commission requirements

Embedding of a continuous quality improvement culture, where allegations and incidents are learned from, and actions taken to prevent them from occurring again

Engagement with an employee assistance program (EAP) that supports staff through these processes

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- NDIS Commission: [Incident Management & Reportable Incidents](#) – A wide range of factsheets, information for providers, workers and participants, and videos on incident management
- [NDIS \(Incident Management and Reportable Incidents\) Rules 2018](#)
- [NDS – Zero Tolerance Framework](#)



# CORE MODULE: GOVERNANCE & OPERATIONAL MANAGEMENT

## NDIS PRACTICE STANDARDS & QUALITY INDICATORS

This division sets out the governance and operational management requirements for registered NDIS providers.

## GOVERNANCE & OPERATIONAL MANAGEMENT

**These NDIS Practice Standards set out the governance and operational management responsibilities for NDIS providers.**

### **How does Core Module 2: Governance and Operational Management line up with the NSMHS?**

NDIS Indicators under the Governance and Operational Management Division are mostly covered under the NSMHS Standard 8: Governance, Leadership and Management. Additional evidence may be found under NSMHS Standard 1, 2, 3, 6 and 7. There are some NDIS Indicators under this Division that do not map to the NSMHS.

## 2.1 GOVERNANCE AND OPERATIONAL MANAGEMENT

### OUTCOME:

Each participant's support is overseen by robust governance and operational management systems relevant (proportionate) to the size, and scale of the provider and the scope and complexity of supports delivered.

### 2.1.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Opportunities are provided by the governing body for people with disability to **contribute** to the governance of the organisation and **have input** into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights.

### INTERPRETATION

Participants actively contribute to organisational planning, governance decision-making and policy and procedure development. Your organisation demonstrates how you support and listen to participants, taking into consideration their opinions and ideas, specifically around service delivery and participant rights.

#### MAPPING TO NSMHS

##### Primary Standards:

7.14, 8.3

##### Other relevant Standards:

3.3, 3.7

### EVIDENCE EXAMPLES

Policy and/or procedure documents on participant partnership and involvement in your organisation

Documented examples of participant feedback/ideas that have been implemented to instigate change

Documented meeting agendas and minutes to demonstrate participant involvement

Feedback from participants about their experiences in the development and review of organisational policy and procedure

Staff Training Register documents training provided to board members, staff and/or participants to ensure participant involvement is effective

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Your organisation may consider creating a participant's co-design group to support review of policy, procedure, and other documentation that is relevant to participants

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [You Matter: A Guideline to Support Engagement with Consumers, Carers, Communities and Clinicians in Health](#)
- Mental Health Australia – [Co-Design in Mental Health Policy](#)
- [WACOSS – Lived Experience Engagement Framework](#)

## 2.1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

A **defined structure is implemented** by the governing body to meet a governing body's financial, legislative, regulatory and contractual responsibilities, and to **monitor and respond** to quality and safeguarding matters associated with delivering supports to participants.

### INTERPRETATION

Your organisation has identified its financial, legislative, regulatory and contractual responsibilities. You have a definitive organisational structure in place to meet these responsibilities. Each individual's roles and level of authority are clear, including responsibilities in relation to the quality and safeguarding of participants.

#### MAPPING TO NSMHS

##### Primary Standards:

8.4, 8.11

##### Other relevant Standards:

8.9, 8.10, 10.4.5

### EVIDENCE EXAMPLES

Documented organisational structure that is regularly reviewed to ensure effectiveness

Board Constitution that includes Board structure and committees

Committee Terms of Reference that outlines roles and responsibilities

Documented monitoring strategies to track progress on how the organisation and Board are meeting financial, legislation, regulatory and contractual responsibilities

Regular Board evaluation and review to ensure responsibilities are being met, and changes are made where necessary

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Ensure that the governing bodies financial, legislative, regulatory, contractual and quality and safeguarding responsibilities are identified. Processes and procedures are implemented and regularly reviewed to ensure these responsibilities are met

Operational staff understand and report on their responsibilities in meeting these obligations, in line with policy and procedure

Your organisational structure may include a Board/Committee of management, leadership team, and functional area committees or working groups (for example, finance, audit, risk and governance committees)

Meeting agenda and minutes with standard agenda items on quality and safeguarding in relation to participants



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Quality and Safety of NDIS Services Governance Tool](#)
- Australian Institute of Company Directors – [Board Charter and Role of The Board](#)
- Australian Institute of Company Directors – [Board Committees](#)
- [Governance Structure and Charter](#)
- [NDIS Toolkit for Directors](#)

## 2.1.3 QUALITY INDICATOR TO BE DEMONSTRATED:

The **skills and knowledge required** for the governing body to govern effectively are **identified**, and relevant **training is undertaken** by members of the governing body to address any gaps.

### INTERPRETATION

Your board identifies the knowledge and skills needed to effectively govern the organisation. Should any gaps be identified, training is sought to appropriately address these gaps and facilitate effective governance.

#### MAPPING TO NSMHS

##### Primary Standards:

8.7

##### Other relevant Standards:

3.3

### EVIDENCE EXAMPLES

Documented Board member profiles outlining current skills, knowledge and qualifications

Board recruitment process documents – for example, an application or expression of interest form

Documentation showing how training gaps and opportunities have been identified, e.g. this could be included within meeting minutes

Staff Training Register is documented and includes Board members

Certificates of Completion from training undertaken

If Board members have little to no experience in mental illness or psychosocial disability, you may wish to provide them with training in this area to better enable them to meet the needs of this group.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Use a board of directors skills matrix to ensure your Board includes a range of individuals with varied experience and expertise. Consider including a lived experience consumer and/or carer representative

Identify and document what skills and areas of knowledge are required to ensure the Board can continue to govern effectively, and meet the needs of the organisation as it evolves

Consider the skills that may be required by Board members to execute the strategic plan. Considerations may include the time taken for individuals to have an effective contribution, and succession planning for organisational longevity

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Australian Institute of Company Directors – [Assessing Board Composition](#)
- Australian Institute of Company Directors – [Guide for Preparing a Board Skills Matrix](#)
- [NDS: Fundamentals for Boards](#) – Resource for Boards operating in the NDIS environment
- ECCV – [Good Governance for an NDIS Environment](#)
- [Building the Right Board](#) (includes sample skills matrix)

## 2.1.4 QUALITY INDICATOR TO BE DEMONSTRATED:

The governing body ensures that strategic and business **planning considers** legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example agency requirements and guidance), participants' and workers' needs and the wider organisational environment.

### INTERPRETATION

When developing the strategic and/or business plan/s, your Board and leadership team fully understand and incorporate relevant legislation, organisational risks, and adherence to the NDIS Code of Conduct and Practice Standards. These documents should also include strategies to meet participant and staff needs in line with these requirements.

#### MAPPING TO NSMHS

##### Primary Standards:

2.9, 2.12, 3.1, 8.3

##### Other relevant Standards:

4.3, 5.2, 6.17, 8.10

### EVIDENCE EXAMPLES

Strategic/business and/or operational plan/s documents

Documents that demonstrate compliance with these requirements – e.g. an organisational risk register, and policy and procedure incorporating legislative responsibilities

Board meeting agenda and minutes that shows discussion of the organisational legislative requirements, risks and NDIS registered provider responsibilities

Documented leadership team meeting agenda and minutes that show discussion of how the strategic and operational plans are implemented on an ongoing basis

Previous audit reports

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Identify all legislative requirements, organisational risks and other responsibilities related to operating under the NDIS. This may include referring to the Terms of Business, the Practice Standards, the Code of Conduct, and applicable legislation and rules

Describe how you will meet these obligations in your actionable items in strategic and operational plans

Ensure staff can describe their roles and responsibilities under the strategic and/or operational plans, which should be outlined in their job description form (JDF)

Participants and staff are involved in the development, monitoring and review of the strategic plan

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Developing a Strategic Plan](#) – Organisational resource
- [Registered Provider requirements](#) under the NDIS Quality and Safeguards Commission
- [NDIS \(Provider Registration and Practice Standards\) Rules 2018](#)
- [NDIS \(Registered Provider Notice of Changes and Events\) Guidelines 2019](#)
- [NDIS Provider Toolkit](#) – Self-assessment for Organisational Capability
- NDIS Provider – [Legal Requirements](#)

## 2.1.5 QUALITY INDICATOR TO BE DEMONSTRATED:

The **performance** of management, including responses to individual issues, is **monitored** by the governing body to drive continuous improvement in management practices.

### INTERPRETATION

The Board overseeing your organisation provides optimal leadership and takes responsibility for an organisational culture that values continuous quality improvement. This should include managing the performance and the role that the chief executive officer and leadership team have in continuous quality improvement.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.7, 8.11

### EVIDENCE EXAMPLES

Leadership team JDFs include KPIs relating to continuous quality improvement

Staff performance reviews are conducted at least annually, guided by policy and procedure

Documented Board and leadership team meeting agendas and minutes include discussion of performance, KPIs and continuous quality improvement. Any feedback or changes are communicated back down through the organisation in accordance with the organisational structure

Quality Improvement Register documents changes in management practices

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Performance management policy and procedure outlines the requirement of action plan implementation that specifies steps, personnel responsibilities, reporting requirements and timeframes for resolution, where required

Foster a culture of continuous quality improvement into your organisation

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Australian Institute of Company Directors – [Improving Board Effectiveness](#)
- Australian Institute of Company Directors – [Board Evaluation and Director Appraisal](#)
- [Questions for Directors](#) – Ensuring your organisation is meeting the necessary levels of quality assurance

## 2.1.6 QUALITY INDICATOR TO BE DEMONSTRATED:

The provider is **managed** by a suitably qualified and/or experienced persons with clearly **defined responsibility, authority and accountability** for the provision of supports.

### INTERPRETATION

Members of the leadership team have the appropriate skills and knowledge to fulfill their roles and responsibilities. They are also responsible and accountable for the service delivery standard of the staff who report to them.

#### MAPPING TO NSMHS

##### Other relevant Standards:

7.16, 8.6, 8.7

### EVIDENCE EXAMPLES

Leadership team JDFs which clearly define responsibility, authority and accountability

Staff performance reviews are undertaken as guided by policy and procedure

Monitoring and review of the leadership team roles, responsibility, and performance outcomes are documented and reported to the CEO and the Board

Separation of authority and accountability of the leadership team roles are captured in the documented organisational structure

Delegations and/or escalations policy documents outline authority and accountability responsibilities

### IMPLEMENTATION INTO EVERYDAY PRACTICE

When recruiting for a member of the leadership team, clearly identify what qualifications and experience your organisation requires from the individual in this position. Consider what they can contribute to your organisation based on their skills and experience, your organisational service delivery and the organisational values.



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Online tool to help you [construct an organisational structure diagram](#)
- [Information on internal controls for not-for-profit organisations](#)
- [Good Governance Guide](#) – Separation of Authority Between Board and Management

## 2.1.7 QUALITY INDICATOR TO BE DEMONSTRATED:

There is a **documented system** of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.

### INTERPRETATION

Your organisation clearly outlines and documents escalation and delegation pathways, to ensure all roles and responsibilities continue to be fulfilled by an appropriately qualified person should the usual staff member be unavailable.

#### MAPPING TO NSMHS

##### Primary Standards:

2.8

##### Other relevant Standards:

2.9

### EVIDENCE EXAMPLES

Staff JDFs include descriptions of responsibilities around delegation and authority

Key responsibilities and separation of authority are defined in the organisational structure

Delegations and/or escalations policy outlines authority and accountability in situations of staff absence/unavailability

Staff can confirm they understand who to report or refer to in the absence of their usual line manager, in line with delegations and escalations procedures and in response to specific situations

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Communication is open, honest and transparent and ensures staff understand their responsibility and authority if the usual position holder is absent

Staff are educated to understand and use delegation and/or escalation pathways, monitoring of situations is completed to ensure appropriate pathways are utilised by staff

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Governance Structure Charter – Delegations of authority information on pages 9-11. This should be used as a guide only.
- Governance Toolkit: A Resource to Help Improve Governance Knowledge and Practice Template Functions and Delegations matrix (page 55)
- Internal and External Escalation Guideline (this is a guide only)

## 2.1.8 QUALITY INDICATOR TO BE DEMONSTRATED:

Perceived and actual conflicts of interest are **proactively managed and documented**, including through development and maintenance of organisational policies.

### INTERPRETATION

Any perceived or actual conflicts of interest (COI) are identified, documented, and managed to maintain a high level of service quality and safeguarding for all participants. The documentation and management requirements of COIs are supported by policy and procedure.

#### MAPPING TO NSMHS

##### Primary Standards:

8.10

### EVIDENCE EXAMPLES

COI Disclosure Form

Documented COI Policy, Procedure and Register

Your organisational Code of Conduct outlines responsibilities in relation to COIs, in line with the NDIS Code of Conduct

Evidence of communication with a participant where a COI is disclosed, if applicable

Staff education and training on what a conflict of interest is, how to report one, and how they are actively managed by the organisation

**Conflict of Interest:** occurs when an individual or provider is in a position to exploit their own professional or official capacity for personal or corporate benefit. This includes any financial and/or corporate interest or personal relationship the provider may have with other entities. Conflicts of Interest may be actual, potential or perceived.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Foster a culture of transparency by encouraging staff to be open and honest about COIs, allowing proactive organisational management

Reporting pathways are developed and communicated to participants, allowing them to inform your organisation of a COI. This may include alternative pathways, other than through their primary support worker

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- TSP for all – [Conflict of Interest Policy, Procedure, Declaration Form and Register Templates](#) (under Tools and Templates)
- NDIS and Conflict of Interest – [Sample Policy](#)
- [NDIS Code of Conduct](#)

## 2.2 RISK MANAGEMENT

### OUTCOME:

Risks to participants, workers and the provider are identified and managed.

### 2.2.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with provision of supports are **identified, analysed, prioritised and treated**.

### INTERPRETATION

Your organisation has identified risks that may affect your business operations, service provision, participants and staff. Risks are analysed and prioritised according to potential consequences and their likelihood of occurrence. Strategies for management and mitigation of these risks are implemented.

#### MAPPING TO NSMHS

**Primary Standards:**  
2.9, 2.11, 8.10

**Other relevant Standards:**  
1.8, 2.3, 2.4, 2.6, 2.10, 2.13

### EVIDENCE EXAMPLES

Risk and/or Hazard Identification Form

Documented Risk Management Policy and/or Procedure which includes a risk management framework and matrix

Risk Register document that includes for each risk, a risk rating, potential management or mitigation strategies, and review dates for reassessment

Implemented Participant Risk Assessment and Safety Plans

Documented Environmental Risk Assessments for all service delivery locations

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Identify all risks associated with participants, staff and to the organisation itself and plan strategies to be implemented to manage and mitigate these risks. These elements should be documented and become core components of your risk register

Regular reviews of service delivery sites are conducted for any potential risks/hazards

Ensure your organisation has adequate insurance protection in place

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- FACS NSW – [Risk and Safety Procedures](#) – Starting point in developing your own organisational procedure on identifying, analysing, prioritising and treating risks
- [Sample Mental Health Risk Assessment](#)
- [Home Visit Checklist](#) – This is quite a complex checklist, but you could use it as a starting point to develop one that aligns with your organisation
- [Home Visiting Risk Assessment Tool](#)
- [Challenging Behaviour Toolkit](#)

## 2.2.2 QUALITY INDICATOR TO BE DEMONSTRATED:

A documented risk management system that effectively **manages identified risks** is in place, and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports provided.

### INTERPRETATION

Your organisation effectively manages risks, supported by a documented risk management system, relative to the complexity of your organisation and the supports you provide. The risk management system details routine data collection used to monitor and manage risk and inform prevention strategies. Your organisation ensures all staff are aware of identified risks, and how to identify, report and actively manage new risks.

#### MAPPING TO NSMHS

##### Primary Standards:

2.13, 8.10

##### Other relevant Standards:

2.3, 2.11, 10.3.3

### EVIDENCE EXAMPLES

Risk Management Policy and/or Procedure documents that include a risk management framework and matrix

Documented and actively managed Risk Register – this could be as simple as an excel spreadsheet, or as complex as a dedicated software program

Implemented Participant Safety Plans, where development has been informed by a completed Participant Risk Assessment

Documented Business Continuity Plan and/or Emergency Management Plan

Documented evidence of risk management simulations, for example, evacuations drills or mental health emergency drills

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Regular review and update of the Risk Register to demonstrate active management. Risks with a higher likelihood of occurrence should be reviewed more regularly

Establish a committee, group or key individuals who oversee organisational risks, eg. a Risk Committee as part of the Board structure, and members of the leadership team overseeing risks on a day-to-day level

Staff understand that every individual has a role in managing, minimising and eliminating risk, and undertake this responsibility in their service provision



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS \(Risk Management\) Rules 2013](#)
- [Australian Government – Business: Assess and Manage Business Risk](#)
- [Community Door: Risk Management \(for community service organisations\)](#)
- [Family and Community Services \(NSW\): Risk Management](#)

## 2.2.3 QUALITY INDICATOR TO BE DEMONSTRATED:

The risk management system covers each of the following:

- Incident management
- Financial Management
- Human resource management
- Work health and safety
- Complaints management and resolution
- Governance and operational management
- Information management
- Emergency and disaster management

### INTERPRETATION

Your organisational risk management system is designed to support the delivery of services, incorporating all operational areas, as well as corporate and governance functionalities.

#### MAPPING TO NSMHS

##### Primary Standards:

8.10

##### Other relevant Standards:

1.9, 1.11, 2.3, 2.8, 2.9, 6.15, 10.4.5

### EVIDENCE EXAMPLES

Risk Register that documents risks arising in each of the areas mentioned above, as well as anything else relevant to your organisation

Policy and/or procedure documents include a risk management framework, matrix and risk management process relating to the above areas may include, but are not limited to:

- Incident Report Form, Incident Management Policy, Procedure and Register
- Feedback and Complaints Form, Policy, Procedure and Register
- Policy and procedure relating to work, health and safety
- Policies and procedures relating to human resources, information management, financial management
- Policies and procedures relating to the safeguarding of participant information
- Emergency and disaster management policies and procedures which includes how participants will be transitioned to other services (where required) to ensure continuity of supports

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Your Risk Register could be structured around the organisational area listed above with categories relevant to your service delivery added, where applicable. This may assist when identifying key themes/trends of where risks are occurring and instigate activities to undertake continuous improvement for future risk prevention

Discuss and document risk as a standing agenda item at leadership and all staff team meetings, to demonstrate active risk maintenance and management. Invite staff responsible for each area to speak to their area of risk e.g., HR manager covers information around human resource management risks and how these are mitigated

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDS: OHS Management System Audit](#)
- [NDS: Risk Management and Controls Model for Disability Services](#)
- [Victoria Government – Department of Health: Sample Risk Register](#)
- [Australian Government – Business: Risk Management](#)
- [Workplace Health and Safety Queensland: Psychosocial Risk Assessment Tool](#)

## 2.2.4 QUALITY INDICATOR TO BE DEMONSTRATED:

Where relevant, the risk management system includes measures for the **prevention and control** of infections and outbreaks.

### INTERPRETATION

Relative to the size, scale and scope of your organisation, the risk management system details measures to be taken for the prevention and control of infections and outbreaks (including COVID-19).

#### MAPPING TO NSMHS

##### Primary Standards:

2.7

##### Other relevant Standards:

2.9, 2.11, 2.12, 8.10, 10.33

### EVIDENCE EXAMPLES

Risk Management Policy and/or Procedure documents include measures to be taken for the prevention and control of infections and outbreaks

Documented and actively managed Risk Register – this could be as simple as an excel spreadsheet, or as complex as a dedicated software program

Implemented Participant Safety Plans, where development has been informed by a completed Participant Risk Assessment

Routine data collection is used to monitor and manage risk and inform prevention strategies

Documented training given to staff in prevention and control of infections for example, in hygiene, first aid and use of personal protective equipment (PPE)

Documented evidence of risk management simulations to control infections during outbreaks, e.g. lockdown/ isolation drills

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Risk Management Policy and/or Procedure documents are reviewed to ensure they include measures to be taken for the prevention and control of infections and outbreaks

New policies and procedures are developed for the prevention and control of specific infections and outbreaks e.g. COVID-19

Regular review and update of the Risk Register to demonstrate active management. When there is a higher likelihood of occurrence this should be reviewed more often

Staff understand every individual has a role in managing, minimising and eliminating the spread of infections, and undertake this responsibility in their service provision, e.g. by regularly washing/sanitising their hands, wearing PPE where relevant etc.

As a preventative measure, quality controls are in place to maintain a high standard of cleanliness

Supervisors ensure all staff adhere to directives concerning wearing of masks and PPE

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS \(Risk Management\) Rules 2013](#)
- [Australian Government – Business: Assess and Manage Risk](#)
- [Australian Commission on Safety and Quality in Health Care: COVID-19 Resources](#)
- [Safe Work Australia: COVID-19 Information for Workplaces](#)
- [COVID-19 Coronavirus: Business Tools and Information \(WA\)](#)

## 2.2.5 QUALITY INDICATOR TO BE DEMONSTRATED:

Support and services are **provided** in a way that is consistent with the risk management system.

### INTERPRETATION

Your organisation effectively manages risks, supported by a documented risk management system, relative to the complexity of your organisation and the supports you provide. Staff are made aware of the risk management system and ensure they are mindful of this when providing support and services.

#### MAPPING TO NSMHS

**Primary Standards:**

**Other relevant Standards:**

10.4.5, 2.9, 2.11, 2.12, 8.10, 10.3.3

### EVIDENCE EXAMPLES

Policy and/or procedure documents for support and services provision include references to the risk management system

Documented and actively managed Risk Register – this could be as simple as an Excel spreadsheet, or as complex as a dedicated software program

Documented induction training and refresher courses for all staff covering risk management

Documented evidence of risk management simulations, for example, evacuations drills or mental health emergency drills

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Regular review and update of the Risk Register to demonstrate active management. Risks with a higher likelihood of occurrence should be reviewed more often

Establish a committee, group or key individuals who oversee organisational risks, e.g. a Risk Committee as part of the Board structure, and members of the leadership team overseeing risks on a day- to-day level

Staff understand every individual has a role in managing, minimising and eliminating risk, and undertake this responsibility in their service provision

Any incidents that reveal support and service provision is not consistent with the risk management system are investigated and lessons learned are shared with staff.

Supervision or staff to ensure they support and service delivery is consistent with the risk management system

Joining communities of practice which share information on how to manage risk in service delivery e.g. COVID- 19 Communities of Practice

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS \(Risk Management\) Rules 2013](#)
- [Assess and Manage Risk](#)
- [Risk Management for Community Service Organisations](#)
- [Risk Management and Controls for Disability Services](#)

## 2.2.6 QUALITY INDICATOR TO BE DEMONSTRATED:

Appropriate **insurance** is in place, including professional indemnity, public liability and accident insurance.

### INTERPRETATION

Your organisation has appropriate insurance is in place so all staff and clients are reassured that in the event of an incident that damages people or property, they are protected financially and not liable for the costs involved.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Certificates of Insurance with valid dates are made available on request

Policy and/or procedure documents provide details of the process to follow when there is an incident that may result in an insurance claim

Documented reviews of insurance policies are undertaken annually – or when business circumstances change significantly. This could include written communication with an insurance broker showing that you have the appropriate insurance for the size, scale and scope of your organisation

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Responsibility for insurance policies and claims is assigned to a specific senior manager or team

Staff responding to queries concerning incidents and insurance claims are adequately trained to provide assistance promptly

Insurance policies are reviewed annually – or when business circumstances change significantly – to ensure the insurance is still relevant and the policy is providing adequate cover

Legal requirements for the insurance to remain valid are known and adhered to



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS \(Risk Management\) Rules 2013](#)
- [Risk Management for Community Service Organisations](#)
- [Insurance for NDIS Disability Service Providers](#)
- [DSC: Insurance Threat for Providers](#)
- [Practical Guide to Business Insurance](#)

## 2.3 QUALITY MANAGEMENT

### OUTCOME:

Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.

### 2.3.1 QUALITY INDICATOR TO BE DEMONSTRATED:

A quality management system is **maintained** that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system **defines** how to meet the requirements of legislation and these standards. The system is **reviewed and updated** as required to improve support delivery.

### INTERPRETATION

Your organisation has a quality management system that is actively managed, scheduled for review and updated on a regular basis. This includes information on how your organisation meets its legislative requirements, as well as the requirements under the NDIS Practice Standards, to continually improve service delivery.

#### MAPPING TO NSMHS

##### Primary Standards:

8.11

##### Other relevant Standards:

3.1

### EVIDENCE EXAMPLES

Quality Improvement Activity Form

Continuous Quality Improvement Policy and/or Procedure documents

Documented Quality Management System or Register – this could be as simple as an Excel spreadsheet, or as complex as a dedicated software program

Evidence of mechanisms for monitoring compliance against legislation and the NDIS Practice Standards – for example, a policy and procedure register which includes scheduled review dates, previous audit and accreditation reports

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Work on embedding a continuous quality improvement culture at your organisation, this may help the ongoing improvement of quality and safe service delivery

Make the process for suggesting quality improvement activities as simple as possible – for example, on the organisational intranet or through a phone app or dedicated email inbox, this may increase the likelihood of individuals making a suggestion

Include a standardised section on policy and procedure about legislation, regulations and rules that are applicable to your organisation, in the context of that policy or procedure – for example, organisational Privacy Policy includes the Privacy Act 1988

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Quality Management Resource](#)
- Mental Health Commission – [Quality Management Framework](#): Information for Community Managed Organisations
- Mental Health Commission – [Mental Health Outcomes](#): Indicators and Evidence

## 2.3.2 QUALITY INDICATOR TO BE DEMONSTRATED:

The provider's quality management system has a **documented** program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered.

### INTERPRETATION

Your organisation designs and implements an internal audit schedule, undertaking regular internal audits across all areas. Results and findings should be documented and contribute to continuous quality improvement, where applicable. The extent of this audit should be relative to the complexity of your organisation and the services you deliver.

#### MAPPING TO NSMHS

##### Primary Standards:

8.11

##### Other relevant Standards:

2.12, 2.13

### EVIDENCE EXAMPLES

Documented Internal Audit Schedule

Form used to collect evidence and data while undertaking the internal audit

Internal Audit Policy and/or Procedure documents that outline the steps and intended outcomes from undertaking the internal audits

Documented report and/or outcomes of previous internal audits undertaken, including what was changed or improved as a result

Documented Policy Register that includes review dates of policy and procedure

### IMPLEMENTATION INTO EVERYDAY PRACTICE

The frequency with which items are reviewed as part of the internal audit schedule should be determined by their associated level of risk; this may be annually for elements with a higher risk and every three years for elements of lower risk

Outcomes and findings from your internal audits should be documented and embedded into your continuous quality improvement system

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Internal Audit Factsheet](#)
- [Quality Management Guide](#) (includes templates to assist in undertaking your internal audit)
- [Sample Internal Audit Policy](#)
- [Sample Internal Audit Schedule](#) (page 295)

## 2.3.3 QUALITY INDICATOR TO BE DEMONSTRATED:

The provider's quality management system **supports** continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers.

### INTERPRETATION

Your organisation adopts a continuous quality improvement culture across all areas, especially within service provision. This quality improvement culture means the day-to-day operations of your organisation are constantly developed and are informed by outcomes, risk-related data, best practice evidence and feedback from participants and staff.

#### MAPPING TO NSMHS

**Primary Standards:**  
8.11

### EVIDENCE EXAMPLES

Quality Improvement Form, Policy and/or Procedure, and actively managed register

Risk Management Policy and/or Procedure, and actively managed register

Incident Management Policy and/or Procedure and actively managed register

Feedback and Complaints Form, Policy and/or Procedure and actively managed register

Documented research and embedding of evidence-based practices relevant to your organisational service delivery

Documented evidence of quality improvement activities that have come from risks, incidents, feedback and complaints, as well as from research into evidence-based practice

In the mental health sector this is likely to be based on recovery-oriented and trauma informed principles and practices.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Quality improvement should be embedded in everyday practice and this may be demonstrated through a standardised meeting agenda item. Auditors will want to see how this is managed over time, to become a continuous process rather than only reviewed periodical, purely for compliance purposes

Ensure processes for reporting feedback, complaints, incidents and quality improvement ideas are easy and accessible for everyone. This may increase the likelihood of individuals to contribute, generating more sources of information for quality improvement activities

Keep up-to-date with research and evidence-based practices relevant to your area of service provision, for example, subscriptions to email updates from relevant information sources

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Quality Management System for Disability Service Providers](#) (including tools and templates)
- [Quality Improvement Resource Toolkit](#) (including tools and templates)
- [Sample Quality Improvement Register](#)

## 2.4 INFORMATION MANAGEMENT

### OUTCOME:

Management of each participant's information ensures it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.

### 2.4.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant's consent is **obtained to collect, use and retain** their information or to **disclose** their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. Each participant is **informed** in what circumstances the information could be disclosed, including that the information could be provided without their consent if **required or authorised** by law.

More information around consent can be found at the front of this Readiness Workbook.

### INTERPRETATION

Your organisation has a clear policy and procedure around obtaining participant consent to collect, use, store and disclose their personal and sensitive information. This process includes explaining why this information is collected, who has access to it, who it might be shared with, as well as situations in which it might be shared without first obtaining their consent.

#### MAPPING TO NSMHS

##### Primary Standards:

8.9

##### Other relevant Standards:

1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4

### EVIDENCE EXAMPLES

Provision of a Participant Information Pack – providing information about how and when consent must be obtained, what information is collected, how it is stored, and who has access to it

Documented intake assessment forms include information about the participant's decision-making capacity, and whether they have a substitute decision-maker, or require additional supports when making decisions

Consent Form, Policy and/or Procedure documents

Documented Privacy and Confidentiality Policy and Procedure

Information and Records Management Policy and/or Procedure documents

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Keep in mind that every individual is deemed to have the capacity to be able to consent in the first instance, unless a substitute decision-maker is already in place, such as a guardian or public advocate

Training recorded in the Staff Training Register includes procedures around obtaining consent, evaluating capacity to consent, and when a substitute decision maker may be required and how to facilitate this process

Develop a standardised organisational procedure to determine the capacity of a participant to provide consent. Ongoing monitoring of staff conducting this assessment of capacity should occur



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Office of the Australian Information Commissioner (OAIC) – [What is Personal Information?](#)
- Office of the Australian Information Commissioner (OAIC) – [Guide to Health Privacy](#)
- [Capacity and Informed Consent to Treatment](#)
- [Mental Health Act 2014 \(WA\)](#)
- [NDIS Consent Forms](#)

## 2.4.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant is **informed** of how their information is stored and used, and when and how each participant can **access or correct** their information and withdraw or amend their prior consent.

### INTERPRETATION

Your organisation has clear procedures to make sure participants know how their personal information is stored and used within your organisation. Participants must know how they can access their information, correct it if required, and how previously provided consent can be amended or withdrawn.

#### MAPPING TO NSMHS

##### Other relevant Standards:

1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4

### EVIDENCE EXAMPLES

Documented Statement of Participant Rights includes that consent can be withdrawn or amended at any time and how participants can access and/or correct their information

Provision of a Participant Information Pack – providing information about what details are stored and used within the organisation, and the Statement of Participant Rights

Policy and/or Procedure documents about participant access to, amendment, and correction of their personal information

Consent forms are signed, and include a section on withdrawal of consent

Documented Consent Policy and/or Procedure outlining how consent can be withdrawn

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Provide information in different formats, that can be communicated in alternative ways, depending on the participant's communication needs, capacity and mental state at the time

Facilitate participant access to services that assist with power of attorney, advanced care directives and advocates, where required

Facilitate the involvement of the informal support network to enable processes of substitute decision-making or shared decision-making, where required and with the consent of the participant

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Freedom of Information Act 1992](#)
- Australian Privacy Principles – [Information on Consent](#)
- [Consent to the Handling of Personal Information](#)
- [Collection of Personal Information](#)
- [Use and Disclosure of Personal Information](#)

## 2.4.3 QUALITY INDICATOR TO BE DEMONSTRATED:

An information management system is **maintained** that is relevant and proportionate to the size and scale of the organisation and **records** each participant's information in an accurate and timely manner.

### INTERPRETATION

Your organisational information management system securely records participant information, is easy to navigate and accessible for staff. Information held is relevant to the complexity of your organisation, is regularly updated and maintained to ensure its ongoing accuracy.

#### MAPPING TO NSMHS

##### Primary Standards:

8.9

##### Other relevant Standards:

1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4

### EVIDENCE EXAMPLES

Participant Information Management System storing all participant information

Information and Records Management Policy and/or Procedure documents – outlining processes that ensure ongoing maintenance and accuracy of the information it holds

Other ICT Policy and/or Procedure as required to support information management systems

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Ensure all participant personal and service-related information is kept updated within the information management system

Efficiency within the system is maintained by storing only relevant information

Ensure information is clearly labelled. You may consider developing a naming template for organisational records for each participant – i.e. DD.MM.YYYY – Last Name – First Name – Document Title

If your information management system is online/digital, ensure you have adequate virus and software protection, to prevent any loss of information or data leaks

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Disability Support Guide – Importance of Record Keeping and Information Management for NDIS Providers](#)
- [NDIS Information Handling Operational Guideline - Recording, Disclosing and Using Information](#)
- [NDS: Reliable Record Keeping: FAQs](#)
- [Why, What and How to Capture Great Case Notes \(for NDIS providers\)](#)

## 2.4.4 QUALITY INDICATOR TO BE DEMONSTRATED:

Documents are **stored** with appropriate use, access, transfer, storage, security, retrieval, retention, destruction and disposal processes relevant and proportionate to the scope and complexity of supports delivered.

### INTERPRETATION

Clear, documented policy and procedure guides all aspects of document storage, management, use and disposal at your organisation.

#### MAPPING TO NSMHS

##### Primary Standards:

6.14, 6.15

##### Other relevant Standards:

1.14, 1.3, 7.7, 7.9, 10.6.4

### EVIDENCE EXAMPLES

Documented Information Management Policy and/or Procedures including guidelines around archiving and retention in line with legislative requirements

Participant Information Management System that houses all documentation

ICT Policy and/or Procedures for digitally stored documentation including guidelines around access, security and retrieval

Adequate virus protection on all software and hardware equipment

Regular back-up of all digital information – consider implementing an automated system that periodically backs-up information, such as cloud storage

### IMPLEMENTATION INTO EVERYDAY PRACTICE

You may want to consider answering the following questions when reviewing these processes:

**Storage** – where is participant information stored, and in what format?

**Use** – who can use the participant information stored, and what can they use it for?

**Access** – how is information accessed? Who can access what information? Do there need to be different levels of access for different staff?

**Transfer** – how is participant information transferred or communicated internally and externally, with participant consent, to ensure it remains confidential?

**Security** – is the information password protected? Are there different levels of access required for security reasons? Is adequate virus protection in place?

**Retrieval** – does the information management system get backed up regularly? Can this backed up information be easily accessed and restored?

**Retention** – how long does your organisation hold personal and sensitive information?

**Destruction/disposal** – after the required retention period, how are hard and soft copy records destroyed to ensure their information can no longer be accessed or read?

Information retrieval should be included in your Business Continuity Plan.

Guidance may be found in legislation and regulations governing your organisation, for example, the NDIS Rules stipulate that complaints and incident information must be kept for seven years.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Information Handling Operational Guideline](#)
- [Australian Privacy Principles](#)
- [Disability Support Guide – The Importance of Record Keeping and Information Management for NDIS Providers](#)

## 2.5 FEEDBACK AND COMPLAINTS MANAGEMENT

### OUTCOME:

Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed.

### 2.5.1 QUALITY INDICATOR TO BE DEMONSTRATED:

A complaints management and resolution system is **maintained** that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system **follows principles** of procedural fairness and natural justice and complies with the requirements under the NDIS (Complaints Management and Resolution) Rules 2018.

### INTERPRETATION

In compliance with the relevant NDIS Rules, your complaints system actively receives, manages and resolves feedback and complaints submitted in a timely manner. Organisational policies and procedures must incorporate the principles of procedural fairness and natural justice, which are embedded into everyday practice, relevant to the complexity of your organisation.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
1.16

### EVIDENCE EXAMPLES

Feedback and/or Complaints Form (or alternative tools for information collection)

Documented Feedback and Complaints Policy and Procedure outline how complaints can be made internally and externally to the organisation

Documented Feedback and Complaints Register – this could be as simple as an Excel spreadsheet, or as complex as a dedicated software program

Escalation Pathways for managing feedback and complaints

Evidence of feedback and complaints management, including reporting and outcomes of investigations that have employed procedural fairness and natural justice

Principles of procedural fairness and natural justice refer to a fair and proper procedure being used by an individual when making a decision, which includes being free from bias, in order to reach a reasonable, independent and correct decision.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Ensure feedback and complaints are acted upon and changes implemented, where applicable, as part of your continuous quality improvement

Dedicated staff member/s who has the responsibility to maintain the system and handle feedback and complaints with procedural fairness and natural justice

Sort feedback and complaints into categories or themes within your complaints management system (service delivery, staff, service locations etc.) to identify areas of concern so they can be addressed appropriately

Foster a continuous quality improvement culture by supporting staff to address complaints or feedback in their own practice



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Effective Complaint Handling Guidelines for NDIS Providers](#)
- [NDIS Complaints Management and Resolution Guidance](#)
- [Commonwealth Ombudsman](#)
- [HaDSCO Guidelines for Handling Complaints About Mental Health Services](#)
- [Human Rights Commission – Good Practice Guidelines for Internal Complaint Processes](#)
- [NDIS \(Procedural Fairness\) Guidelines 2018](#)

## 2.5.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant is **provided** with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a **supportive** environment for any person who provides feedback and/or makes complaints.

### INTERPRETATION

Participants are informed about feedback and complaint processes, internal and external to your organisation. Your organisation has procedures in place to facilitate the adequate support of participants should they wish to provide feedback and/or complain. In addition, you support participants to access an independent advocate where requested.

#### MAPPING TO NSMHS

##### Primary Standards:

1.16, 3.2

### EVIDENCE EXAMPLES

Feedback and/or Complaints Form, Policy, Procedure and Register documents

Documented evidence of complaints that have been investigated and resolved

Documented Statement of Participant Rights outlining their right to make a complaint or give feedback both internally and externally, as well as their right to access an advocate or other supports to help them to do this

Provision of a Participant Information Pack including information about the pathways available to participants to give feedback and/or make complaints internal and external to the organisation

Information published and communicated about how to provide feedback and make complaints to or about your organisation, internally and externally

External complaints can be made directly to the NDIS Commission by NDIS participants or their support network.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Develop and facilitate an organisational culture where providing feedback and complaints is encouraged. For example, this could be something similar to whistle-blower protection, but appropriate to and aligned with your organisation

Staff are trained to facilitate support for participants to provide feedback, make a complaint or access an advocate

Provide multiple avenues for participants to give feedback

Participants can confirm they understand, feel comfortable and are supported to provide feedback and complain, internally and externally

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Mental Health Advocacy Service [Getting Your Voice Heard](#)
- [How We Deal With Complaints – NDIS QSC Factsheet](#)
- [Person-Centred Complaints Resolution Guide](#)

## 2.5.3 QUALITY INDICATOR TO BE DEMONSTRATED:

**Demonstrated** continuous improvement in complaints and feedback management by regular **review** of complaint and feedback policies and procedures, seeking of participant views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the provider's organisation.

### INTERPRETATION

Ensure your organisational feedback and complaints processes are regularly reviewed, and the perspectives of participants sought and documented to inform system improvements. During this review process, any updates are identified and implemented, in line with the continuous quality improvement processes at your organisation.

#### MAPPING TO NSMHS

##### Other relevant Standards:

1.16, 3.1, 8.11

### EVIDENCE EXAMPLES

Documented Policy Register includes dates and reasons for changes or review of Feedback and Complaints Forms, Policy, Procedure and Register

Documented participant feedback relating to the accessibility of the feedback and complaints system

Quality Improvement Register that includes activities instigated by the review of this system, documentation and its associated processes

Quality improvement activities that have been instigated by outcomes of complaints and feedback provided by participants and their support network

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Regularly seek feedback from participants, both formally and informally. Ensure this is documented and communicated through the appropriate channels within your organisation

Celebrate positive feedback and good news stories at staff meetings and through internal (and external) communications

Discuss feedback and complaints at team meetings as a standing agenda item to foster a culture of transparency and ongoing quality improvement

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [WA Department of Health Complaint Management Resources](#) (including a self-audit tool)
- [HaDSCO WA Mental Health Complaints Guidelines](#) (includes templates and resources)
- Ombudsman WA – [Effective Complaint Handling](#)

## 2.5.4 QUALITY INDICATOR TO BE DEMONSTRATED:

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

### INTERPRETATION

Organisational staff receive adequate training and supervision to ensure they have the skills, knowledge and support necessary to successfully handle complaints, and adhere to the requirements outlined in the complaints management system.

#### MAPPING TO NSMHS

##### Other relevant Standards:

1.16

### EVIDENCE EXAMPLES

Training Register that documents staff training on feedback and complaints processes

Feedback and Complaints Form, Policy, Procedure and Register

Staff JDFs that outline their roles in complaints handling and management

Staff feedback and supervision is documented and demonstrates their understanding of complaints handling procedures

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Embed training on feedback and complaints handling procedures into your organisational orientation and induction process, so staff are aware of expectations from the very beginning of their employment

Training for staff should include how to support participants to provide feedback and complaints, both internally and externally

Staff supervision and mentoring to monitor ongoing compliance with organisational feedback and complaints procedures

Provide refresher information sessions periodically at staff meetings. Make the discussion of feedback and complaints a standardised agenda item for ongoing learning and group development

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Effective Complaint Handling Guidelines for NDIS Providers](#)
- Commonwealth Ombudsman – [Better Practice Complaint Handling Guide](#)

## 2.6 INCIDENT MANAGEMENT

### OUTCOME:

Each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learnt from.

### 2.6.1 QUALITY INDICATOR TO BE DEMONSTRATED:

An incident management system is **maintained** that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system **complies** with the requirements under the NDIS (Incident Management and Reportable Incidents) Rules 2018.

### INTERPRETATION

Your organisation has an incident management system in place, that is maintained in compliance with the requirements under the NDIS Rules. This includes procedures in relation to the acknowledgement, response, management and learnings associated with each incident.

#### MAPPING TO NSMHS

##### Primary Standards:

8.8

##### Other relevant Standards:

7.12, 8.10

### EVIDENCE EXAMPLES

Incident/Accident Report Form

Documented Incident Management Policy and Procedure, developed in line with, and including reference to, the requirements of the NDIS Commission, legislation and rules, including roles and responsibilities in relation to NDIS Reportable Incidents

Incident and Accident Register – this could be as simple as an Excel spreadsheet, or as complex as a dedicated software program

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Your incident management system should be utilised and kept updated, any incidents and associated outcomes could instigate quality improvement activities to continuously improve service delivery

Delegated staff member/s maintain the incident management system and manage incidents processes – this should be outlined in JDFs, and documented in the organisational structure



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- NDIS Commission – [Incident Management System Guidance for Registered Providers](#)
- NDIS Commission – [Reportable Incidents Guidance](#)
- Department of Health (WA) – [Clinical Incident Management System](#)
- NDS – [Incident Management Resources for Staff Training](#)
- MHCC – [Sample Emergency Response and Critical Incident Policy](#)

## 2.6.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant is **provided** with information on incident management, including how incidents involving the participant have been managed.

### INTERPRETATION

Participants are provided with accessible information on incident management at your organisation. Participants are kept informed of any incident management processes that may involve them.

#### MAPPING TO NSMHS

##### Primary Standards:

8.8

##### Other relevant Standards:

7.12, 8.10

### EVIDENCE EXAMPLES

Documented Incident Management Policy, Procedure and Register

Participant Information Pack includes information on how incidents are managed, their potential involvement in this process, and how they can report an incident

Incident investigations and outcomes are documented, and include reference to the involvement of the participant/s

Participant feedback is obtained about their understanding of how incidents are managed, and their involvement in this process, where necessary

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Your organisation may choose to develop and embed an Open Disclosure Program – this may help your organisation maintain a participant-centred approach in facilitating incident management, investigation and resolution

Ensure that incident management information is communicated in a mode or language that the participant is most likely to understand

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- ACSQHC – [Open Disclosure](#)
- SA Health – [Patient Incident Management and Open Disclosure Diagram](#)
- NDS – [Incident Management Policy and Procedure Checklist](#)

## 2.6.3 QUALITY INDICATOR TO BE DEMONSTRATED:

**Demonstrated** continuous improvement in incident management by regular **review** of incident management policies and procedures, review of the causes, handling and outcomes of incidents, seeking of participant and worker views, and incorporation of feedback throughout the provider's organisation.

### INTERPRETATION

Your organisational incident management systems are regularly reviewed, with the perspectives of participants and staff sought and documented, during this process. Relevant updates or improvements are identified and implemented, in line with the continuous quality improvement processes at your organisation. This could include root cause analysis, and review of investigation processes, handling of incidents and analysis of associated outcomes.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.8

### EVIDENCE EXAMPLES

Documented Incident and Accident Register

Documented evidence of completed incident investigation and analysis

Documented Continuous Quality Improvement Register includes activities that have been instigated by incident reviews

Feedback by different stakeholders on the incident management system – including accessibility for participants and staff

Documented Policy Register includes scheduled review date of Incident Management Forms, Policy, Procedure and Register

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Your organisation may undertake root cause analysis training to better understand why an incident occurred and what can be done to prevent it occurring in the future

Discuss incidents and associated outcomes at staff meetings, to facilitate learning and development, and prevent future incidents occurring

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Investigations Workbook](#) – Step-by-step Guide to Investigating Incidents
- NDIS Factsheet – [Incident Reporting, Management and Prevention](#)
- NDIS Factsheet – [Benefits of Effective Incident Management](#)
- SA Health – [Root Cause Analysis \(RCA\) Tools](#)

## 2.6.4 QUALITY INDICATOR TO BE DEMONSTRATED:

All workers are **aware of, trained in and comply with** the required procedures in relation to incident management.

### INTERPRETATION

Your organisation must ensure staff receive adequate training and supervision to ensure they have the skills, knowledge and support necessary to successfully manage incidents. Staff must be aware of and follow the guidelines of your internal organisational processes, and understand the circumstances in which an incident must be reported externally.

### EVIDENCE EXAMPLES

Incident Management Form, Policy, Procedure and Register documents

Documented organisational structure includes roles of those involved in incident management and reporting, both internally and externally

Documented Escalation Pathways for incident reporting include delegated staff to escalate incidents externally, where applicable – including knowledge of where and how external reporting is completed

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff training on internal incident management and escalation procedures is included in induction processes. Staff periodically undertake refresher incident management training. All training is documented in the Staff Training Register

Staff supervision and monitoring is completed to ensure staff are complying with incident management policy and procedures

Discussion and reflection of incident management is included in staff meetings for ongoing education and upskilling – these shared learning experiences may prevent incidents from occurring in the future

#### MAPPING TO NSMHS

**Other relevant Standards:**  
2.10, 8.8, 8.10

External reporting to the NDIS Commission must be made for Reportable Incidents. This must be done within specified time frames, as guided by NDIS Legislation and Rules.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Rules – Incident Management and Reportable Incidents](#)
- [Reportable Incidents – Resources for NDIS Workers](#)

## 2.7 HUMAN RESOURCE MANAGEMENT

### OUTCOME:

Each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.

### 2.7.1 QUALITY INDICATOR TO BE DEMONSTRATED:

The **skills and knowledge** required of each position within a provider are **identified and documented** together with the responsibilities, scope and limitations of each position.

#### INTERPRETATION

Identify, understand and document what skills, knowledge and expertise are required for each role within your organisation. This includes a clear outline of the responsibilities, limitations, reporting lines and organisational expectations of each role, including KPIs where applicable.

#### MAPPING TO NSMHS

##### Other relevant Standards:

8.6

#### EVIDENCE EXAMPLES

Documented JDF for each role within your organisation

HR policies and/or procedure documents – for example, relating to workforce planning and development, recruitment and selection, induction and orientation, probation and performance reviews as well as monitoring and supervision

Staff records of current qualifications, resumes and areas of expertise

Staff Training Register that is documented and actively managed

Feedback from participants about the skills and knowledge of the staff supporting them

The NDIS requires the delivery of person-centred supports, and within the mental health/ psychosocial disability sector, support workers ideally have skills in Recovery-Oriented and Trauma Informed practice.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Develop a standardised JDF template – the structure and some of the content may be the same across the organisation. It can then be altered depending on the requirements of each specific role

Review staff's JDF at the time of their performance (and/or probation) review, to make sure it still aligns with the skills and knowledge requirements of the role they undertake

Consider seeking feedback from participants about what skills and knowledge they would like in their service delivery staff, and use this information in future recruitment and workforce development – this may help you define what is unique to psychosocial disability support provision, and better meet the needs of this participant group



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Australian Government [Pathways into the Care and Support Sector](#)
- Fair Work Ombudsman – [Employment Contracts](#)
- MHCC – [Recovery Oriented Language Guide](#)
- Blue Knot Foundation – [Trauma Informed Practice Guidelines](#)
- MHCC – [Trauma Informed Care and Practice: Training, Publications and Resources](#)
- NDS – [Trauma Informed Support: Educational Films and Facilitators Guide](#)
- ACSQHC – [Patient-Centred Care: Improving Quality and Safety Through Partnerships with Patients and Consumers](#)

## 2.7.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Records of worker pre-employment checks, qualifications and experience are **maintained**.

### INTERPRETATION

Pre-employment checks for all new staff members are completed by your organisation. Documented records are kept and maintained to help ensure worker screening checks, qualifications and registrations are valid at all times.

### EVIDENCE EXAMPLES

HR policy and procedure documents detailing organisational pre-employment checks. For example, reference checking and telephone screening before face-to-face interviews

HR qualifications and experience register includes requirements and renewal dates of any continuing professional development staff are required to undertake to maintain their qualifications or registrations

Human resources records of pre-employment checks and screening for each staff member kept on file

Records within the NDIS National Worker Screening Database are maintained for all staff in risk-assessed roles

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Develop a standardised pre-employment process and associated checklist which may help to streamline the recruitment process

Ensure qualifications and experience required for each role is identified and included in job advertisements and JDFs

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.6

The NDIS Work Screening Database commenced on 1 February 2021. This database helps providers ensure that staff in risk-assessed roles have the appropriate clearances to meet the requirements of the NDIS Practice Standards.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Worker Screening Requirements](#)
- [NDIS Worker Screening Rules](#)
- [NDIS Worker Screening Act 2020 \(WA\)](#)
- [NDIS Worker Screening Quick Reference Guides](#)
- [WA Department of Communities Information on Worker Screening](#)

## 2.7.3 QUALITY INDICATOR TO BE DEMONSTRATED:

An orientation and induction process is in place that is **completed** by workers including completion of the mandatory NDIS worker orientation program.

### INTERPRETATION

All staff undertake an organisational orientation and induction process when commencing employment. As part of this induction process, they complete the NDIS worker orientation module, 'Quality, Safety and You' that outlines what is expected of them in line with the NDIS Code of Conduct.

#### MAPPING TO NSMHS

##### Primary Standards:

8.7

##### Other relevant Standards:

1.5

### EVIDENCE EXAMPLES

Documented HR Orientation and Induction Policy and/or Procedure regarding orientation and induction

Staff Training Register includes completion of orientation, induction and the NDIS Worker Orientation Module

Certificates of Completion of the NDIS Worker Orientation Module kept on file

Code of Conduct – internal to your organisation and/or acknowledgement of understanding and adherence to the NDIS Code of Conduct

Feedback from staff about their experiences of the orientation and induction program – incorporate any suggestions into your continuous quality improvement system

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Develop a timetable for the orientation and induction period to ensure staff have time to complete all the components of your organisational orientation and induction program

- Include allocated time for completion of the NDIS Worker Orientation Module for staff who deliver NDIS supports and services

Provide new staff with a checklist to help track their orientation and induction task progress. Attach any evidence and/or certificates to the checklist, and have it signed off by their line manager before completing their probationary period and review

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- NDIS Worker Orientation Module – [‘Quality, Safety and You’](#)
- [NDIS Induction Module](#) – Training module for individuals brand new to disability services
- NDIS Code of Conduct – [Guidance for workers](#)

## 2.7.4 QUALITY INDICATOR TO BE DEMONSTRATED:

A system to **identify, plan, facilitate, record and evaluate** the effectiveness of training and education for workers is in place to ensure workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.

### INTERPRETATION

Your organisation has processes in place to identify training, education and upskilling for staff to ensure they can meet the needs of participants and comply with the requirements under the NDIS Practice Standards and Rules. Any training undertaken is evaluated and recorded in the Staff Training Register – this may include, but is not limited to training on:

- NDIS Worker Orientation Module
- Complaints management
- Incident management
- Risk management
- Participant rights
- Positive behaviour support

### MAPPING TO NSMHS

**Other relevant Standards:**  
8.6

### EVIDENCE EXAMPLES

Staff Performance Reviews (and Probation Reviews) occur periodically and include identification and discussion of training and education needs

Performance Review template includes a section on training and education needs

Staff Training Register includes mandatory organisational training

Feedback/Evaluation Form for staff to complete after training

Documented Staff Training and Development Policy and/or Procedure

Your organisation may also want to include mandatory mental health, recovery-oriented practice and trauma-informed care for staff supporting participants with psychosocial disability. This could also include mental health first aid.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

After your organisation has identified the skills and knowledge required for each role within your organisation, you may have a clearer understanding of what training and education staff require to properly undertake their role

Formulate a Training and Development Plan for each staff member in order to support and implement their continuing professional development. This may produce positive outcomes for the staff member, the participants they are supporting as well as the organisation as a whole

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Post-Training Evaluation Form Checklist](#)
- [Sample Training Registers and Plans](#) – Download the samples and tailor them to meet your organisational needs
- [Factsheet: Training and Developing Your staff](#)

## 2.7.5 QUALITY INDICATOR TO BE DEMONSTRATED:

Timely supervision, support and resources are **available** to workers relevant to the scope and complexity of supports delivered.

### INTERPRETATION

Supervision and mentoring are in place at your organisation, as well as adequate support and resources made available and accessible to all staff to enable them to provide safe and high-quality services to participants.

#### MAPPING TO NSMHS

##### Primary Standards:

8.7

##### Other relevant Standards:

3.6

### EVIDENCE EXAMPLES

Policy and/or procedure outlining how supervision and support of staff is provided

Documented records of supervision and mentoring sessions conducted with staff, that include notes on what was discussed

Buddy shifts occurring to induct new staff members to service provision, or to provide additional support to existing staff where required

Provision of educational resources to staff relating to their role and consistent with evidence-based research

Feedback from staff on the quality and availability of supervision, support and resources

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Your organisation could engage with an employee assistance program (EAP) provider, to facilitate external support to staff on work related matters

Develop a template to be used during supervision and mentoring sessions. This could include sections such as goals, achievements, areas for development (with associated action plans and specific time frames), topics for discussion and problems faced

Brainstorm with staff how this supervision, support and resource provision should operate – i.e. should resources be on an intranet, or contained within a central accessible folder



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [A Person-Centred Approach to Supervision Factsheet](#)
- EAPAA – [Information on an Employee Assistance Program](#) and Finding a Service Provider
- MHC WA – [Resources for Mental Health Workers](#)
- MHC WA – [Resources on the NDIS and Mental Health](#)

## 2.7.6 QUALITY INDICATOR TO BE DEMONSTRATED:

The performance of workers is **managed, developed and documented**, including through providing feedback and development opportunities.

### INTERPRETATION

As part of your human resources (HR) management systems, staff understand what is required and expected of them in their role, and this performance is monitored and managed by the appropriate individual/s. Staff are provided with feedback on their performance and supported by the organisation to further develop their skill set. Feedback on staff performance and professional development is documented.

#### MAPPING TO NSMHS

##### Primary Standards:

8.7

### EVIDENCE EXAMPLES

Documented Staff Training Register

Probationary periods upon commencement of employment are implemented and, after three or six months (for example) depending on the role, include a formal review of staff member performance at the end of this period. This should be documented on a Probation Review template

Periodic Performance Reviews conducted for all staff at least annually. This should be documented on a Performance Review template

HR policy and/or procedure documents around management of staff performance and behaviour, including professional development plans

Documentation of staff supervision, mentoring and reflective practice

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Ensure all staff undertake the NDIS Commission – Worker Orientation Module 'Quality, Safety and You'

Training, development and upskilling opportunities are identified and documented

Where staff performance deviates from what is required and expected of them, action plans are formulated to correct this variation

Gather staff feedback on the performance management and development process to ensure it is continuously improved

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Sample Performance Improvement Plan](#)
- [NDIS Workforce Capability Framework](#)
- Fairwork – [Managing Under-performance](#)
- [Workers with Mental Illness: A Practical Guide for Managers](#)
- [NDIS Commission: Training for NDIS Workers During COVID-19](#)

## 2.7.7 QUALITY INDICATOR TO BE DEMONSTRATED:

Workers with capabilities that are relevant to **assisting in the response** to an emergency or disaster (such as contingency planning or infection prevention or control) are identified.

### INTERPRETATION

As part of your HR management systems and work, health and safety (WHS) systems, staff who have the knowledge, skills and abilities to respond to an emergency or disaster are identified.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

HR records include up-to-date details of relevant qualifications and experience e.g. first aid/medical skills, armed forces experience, counselling skills, COVID preparedness training etc. in an accessible format

Training registers show relevant refresher and upskilling courses undertaken by staff e.g. advanced first aid training

HR policy and/or procedure documents outline who will assist in the event of an emergency or disaster and what the responsibilities and actions required are; all staff within your organisation are aware of who to approach during an emergency or disaster

A working group is established to bring together identified workers to discuss issues involved and assist with the planning process for responding to an emergency or disaster. This working group conducts drills on a semi-regular basis to check if all staff know how to respond during an emergency or disaster

### IMPLEMENTATION INTO EVERYDAY PRACTICE

As part of their induction and refresher training, all staff are aware of emergency or disaster policies and procedures and who can assist in response to an emergency or disaster

Information on how to proceed in the event of an emergency or disaster is kept up-to-date and communicated clearly with support workers and clients in team meetings or via newsletters and other media

Identified staff attend relevant training sessions and are subscribed to services or similar to keep up-to-date and improve knowledge and skills

Identified staff have input into reviews of emergency and disaster policies, plans and procedures

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Safe work Australia: Emergency Plans and Procedures](#)
- [Safe Work Australia: Emergency Plan Template](#)
- [Australian Government: Business: What to do in an Emergency](#)
- [Department of Fire and Emergency Services: WA Emergency and Risk Management](#)
- [Government of South Australia, SA Health: Disaster Preparedness and Resilience](#)
- [Australian Government: Department of Health: Providing Disability Support Services During COVID-19](#)

## 2.7.8 QUALITY INDICATOR TO BE DEMONSTRATED:

Plans are in place to **identify, source and induct** a workforce in the event that workforce disruptions occur in an emergency or disaster.

### INTERPRETATION

There are contingency plans in place to identify, source and induct workers in the event that disruptions occur to service provision due to an emergency or disaster. Plans will vary depending on the size, scale and scope of your organisation.

### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Policy and/or procedures outlining process for identifying, sourcing and inducting a workforce in the event of an emergency or disaster

Documentation of requirements for essential workers are up-to-date and accessible

Emergency induction training materials including videos and manuals are up-to-date and accessible. Staff are required to review these on a regular basis as part of their refresher training which is documented in the Training Register

Contract with an employment agency to provide appropriately qualified and trained temporary workers during an emergency or disaster (for larger organisations)

Documentation identifying individuals (e.g. retired workers) or senior staff who can perform essential roles during an emergency or disaster (for smaller organisations)

Documentation identifying staff in other locations who can be available in an emergency or disaster situation (for organisations with multiple locations)

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Copies of essential employment documentation and training materials are stored offsite (or in the cloud) for access in the event of an emergency or disaster

Senior staff ensure plans are kept current and know how to implement them if needed

Contracts with employment agencies who could provide temporary staff are kept current

All contacts' details for temporary staff are checked regularly

Contingency plans/processes are in place to manage service delivery with skeleton workforce in the event that your organisation is unable to source additional staff during an emergency or disaster. Staff are clear on this process

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Workforce Capability Framework](#)
- [Australian Government – Business: What to do in an Emergency](#)
- [Red Cross: Emergencies Happen – Protect What Matters Most](#)
- [Safe Work Australia: Emergency Plans and Procedures](#)
- [Safe Work Australia: Emergency Plan Template](#)

## 2.7.9 QUALITY INDICATOR TO BE DEMONSTRATED:

Infection prevention and control **training**, including refresher training, is undertaken by all workers involved in providing supports to participants.

### INTERPRETATION

Staff who provide support to participants are trained in infection prevention and control. This would be part of ongoing training in Risk Management/WHS which would include planned refresher training. Training to deal with specific infections such as COVID-19 is also undertaken as required.

#### MAPPING TO NSMHS

#### Other relevant standards:

2.7, 8.7

### EVIDENCE EXAMPLES

Documented Staff Training Register

Risk Management Policy and/or Procedure documents include measures to be taken for the prevention and control of infections

Inclusion of infection prevention and control training in induction training and ongoing work health and safety training is documented

A dedicated infection and control (IPC) lead is on site who ensures facilities are prepared to prevent and respond to infectious diseases. They must have suitable specialist IPC qualifications

Staff are supervised and monitored to ensure the correction application of their infection and control training

### IMPLEMENTATION INTO EVERYDAY PRACTICE

When new policies and procedures are developed for the prevention and control of specific infections, e.g. COVID-19, staff are trained in their application and are able to evidence their knowledge upon request

Staff understand every individual has a role in managing, minimising and eliminating the spread of infections, and undertake this responsibility in their service provision. They are encouraged to ask for and access further training if necessary

Supervisors ensure all staff adhere to directives concerning the wearing of masks and other PPE and can demonstrate correct use of these to staff who need further training

Staff have access to online training in infection prevention and control from credible providers such as the Australian Commission on Safety and Quality in Health Care (Workbook also available) and undertake online refresher training on a regular basis. This is documented in your Staff Training Register



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Australian Government – Department of Health: COVID-19 Infection Control Training](#)
- [Australian Government – Department of Health: Infection Prevention and Control Leads](#)
- [WA Government – COVID-19 Coronavirus: Business Tools and Information](#)
- [Australian Commission on Safety and Quality in Health Care: Infection Prevention and Control E-Learning Modules](#)
- [NDIS Commission: Training for NDIS Workers During COVID-19](#)

## 2.7.10 QUALITY INDICATOR TO BE DEMONSTRATED:

For each worker, the following details are **recorded** and **kept up-to-date**: their contact details; details of their secondary employment (if any).

### INTERPRETATION

As part of your HR management systems, staff contact details are kept up-to-date. If employment agreements allow for secondary employment, the employee is requested to give details of their second job for risk management reasons (e.g. for infection prevention and control).

### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Up-to-date employee information records

Policies and procedures are in place for regular updating of information

An online company portal allows easy access for staff to update their information online

Internal audits on information are carried out and documented on a scheduled basis

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Having been given training in infection prevention and control, employees understand the need for providing up-to-date information to their employer and volunteer this information

Staff are regularly reminded (e.g. by email, in newsletters or at team meetings) to update their information through an online company portal or via other methods

The HR department annually asks all employees to confirm their details are still correct

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Australian Government – Fairwork: Record-keeping and Payslips](#)
- Mondaq: [Secondary Employment: The Risks for Employees Working Other Jobs](#)

## 2.8 CONTINUITY OF SUPPORTS

### OUTCOME:

Each participant has access to timely and appropriate support without interruption.

### 2.8.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Day-to-day operations are **managed** in an efficient and effective way to avoid disruption and ensure continuity of supports.

### INTERPRETATION

Your organisation has well-developed processes in place to ensure there is no interruption of participant service provision. Plans are in place for all foreseeable risks in this area such as when staff replacement is required.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.3

### EVIDENCE EXAMPLES

Provision of a Participant Information Pack outlines processes in place ensuring continuity of supports

Procedures outlining the processes in place to ensure there is no interruption of service – how this looks and operates in practice will depend on your participants, staff and type of supports provided by your organisation

Feedback from participants about the continuity management of their supports

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Continuity of supports is underpinned by communication – ensure your organisation has clear communication pathways and guidelines for staff to follow to ensure this process runs smoothly

Implement standardised operating procedures for day-to-day operations, including guidelines for what to do when disruptions may occur

Brainstorm example/potential situations that could arise and appropriate processes to be implemented, enabling supports to continue

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [WA Government – Department of Health: Business Continuity Management Policy](#)
- [Australian Government – Business: Create or Update Your Business Continuity Plan](#)
- [Scenario Planning Template and Business Continuity Management Plan Template](#)

## 2.8.2 QUALITY INDICATOR TO BE DEMONSTRATED:

In the event of worker absence or vacancy, a suitably qualified and/or experienced person **performs** the role.

### INTERPRETATION

Your organisation has processes in place to ensure that if a staff member is unavailable, someone with the appropriate skills and knowledge is available or recruited to perform the role. This may involve having staff available to replace others at short notice.

#### MAPPING TO NSMHS

##### Other relevant Standards:

8.5

### EVIDENCE EXAMPLES

HR Policy and/or Procedure documents outlining recruitment, selection, replacement and leave arrangements

Policy and/or Procedure documents about matching staff skills to participant needs, and how staff are replaced due to turnover or unavailability

Staff qualifications, skills and experience register

Staff schedules and/or Staff availability audit

Feedback from participants about their experiences with a replacement staff member when another is absent, or about a new staff member

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Depending on your organisational size, you may employ a scheduling officer and/or utilise scheduling software, to ensure services can continue for participants should a staff member be absent or unavailable. This can be used to facilitate continuity of supports

Have two or more staff members supporting a participant at any one time, so that if one staff member is unavailable, the participant is familiar and more comfortable with the replacement individual who fills in for them

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Sample template for staff scheduling](#)
- [Sample leave management policy](#)

## 2.8.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Supports are **planned** with each participant to meet their specific needs and preferences. These needs and preferences are **documented** and **provided** to workers prior to commencing work, with each participant to ensure the participant's experience is consistent with their expressed preferences.

### INTERPRETATION

Participants are included in their support planning process, involving identification and documentation of their needs and preferences. Consistently meeting the expressed needs of a participant is facilitated by thorough documentation in participant records and good handover practices. Participant needs and preferences are regularly reviewed.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.9

### EVIDENCE EXAMPLES

Intake assessment forms include gathering information about needs and preferences of participants while receiving services from your organisation

Documented Participant Support Plans with evidence of the inclusion the participant needs and preferences

Staff are part of a robust handover process whereby participant needs, preferences and Support Plans are provided and discussed, this is documented in the participant record

Participant feedback on whether their needs and preferences were/are being met, and/or whether service provision met/meets their expectations

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Your organisation could develop a one-pager 'About Me' outlining key information about participants that staff can refer back to. This could include sections such as:

- Name
- Address/Contact Phone
- Diagnosis/Present Issues
- Members of Support Network
- Goals (in line with those in the NDIS Plan)
- Actions (includes who can support the participant, and time frame around completion)
- DOB/Age
- Next of Kin – Name, Relationship and Contact Details
- Triggers
- Safeguarding

Collaborate with the participant and their support network on developing SMART Goals

- S – Specific
- M – Measurable
- A – Attainable
- R – Relevant
- T – Time-based

Ensure goals and supports are continuously recovery-oriented and trauma-informed.



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Support Plan Template](#) – This one is quite complex, but you could develop your own template, extracting the relevant sections from this example
- [Individual Plan Template](#) – A simpler example in comparison to the one above
- [Goal Directed Care Planning Resources](#)
- National Practice Standards for the Mental Health Workforce – [Standard 6: Individual Planning](#)

## 2.8.4 QUALITY INDICATOR TO BE DEMONSTRATED:

Arrangements are in place to ensure support is **provided** to the participant without interruption throughout the period of their Service Agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered by the provider.

### INTERPRETATION

Your organisation ensures that it undertakes its responsibilities as committed to within the Participant Service Agreement, by delivering the outlined supports for the specified duration. These services are delivered in accordance with the complexity of supports your organisation provides.

#### MAPPING TO NSMHS

##### Primary Standards:

8.1

### EVIDENCE EXAMPLES

Documented Service Agreement

Service Delivery Policy

Documented Participant Support Plan

Participant feedback to understand if supports are consistent with what was agreed to, and if they are being delivered without interruption

Documented Business Continuity Plan including if/how supports can continue based on potential circumstances that could occur

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Depending on the size of your organisation, and the complexity of participant supports, you may want to develop a schedule of supports, which timetables when the participant has supports, and who is providing them

Planning of participant supports at the commencement of their NDIS Plan will ensure there is adequate funding accessible throughout the duration of the Service Agreement, keeping in mind support needs may fluctuate during this time

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- CentroAssist Article on the [Top 5 Tips for Scheduling-Based Strategies](#)
- [NDIS Service Agreements Information](#)
- DSC Article – [Everything You Need to Know About Service Agreements](#)
- NDS – [Practical Guide to Service Agreements](#)

## 2.8.5 QUALITY INDICATOR TO BE DEMONSTRATED:

Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are: **explained** and **agreed** with them; and **delivered** in a way that is appropriate to their needs, preferences and goals.

### INTERPRETATION

Maintaining a person-centred approach, your organisation communicates clearly with participants when disruptions to their service provision occur. Collaboratively, alternative arrangements are formulated and implemented with the participants consent.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.1

### EVIDENCE EXAMPLES

Documented Service Delivery Policy and/or Procedure documents include processes in the event of changes or unavoidable interruptions to facilitate service continuity

Documented Service Agreement

Provision of a Participant Information Pack that includes details about organisational responses and procedures in relation to changes or interruptions to services

When changes or interruptions occur, they are documented in the participant record, including the explanation and agreement from the participant

Participant feedback about situations where changes and interruptions have occurred

### IMPLEMENTATION INTO EVERYDAY PRACTICE

You may want to have more than one staff member providing services to a participant, so there are options for alternative arrangements that the participant is familiar with

Undertake organisational planning, and implement associated procedures, to ensure responsiveness and reactivity to respond to changes or interruptions – try and be proactive, as opposed to reactive. This could be included in your Business Continuity Plan or within a Service Delivery Policy

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Community Door: Resources to Assist in Developing Business Continuity Plans](#)
- [WA Governmen – Department of Health: Business Continuity Management Policy](#)
- [Australian Government – Business: Create or Update Your Business Continuity Plan](#)

## 2.9 EMERGENCY AND DISASTER MANAGEMENT

### Outcome:

Emergency and disaster management includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster.

### 2.9.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Measures are in place to **enable continuity** of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster.

#### INTERPRETATION

Well-developed processes are in place to ensure there is no interruption to the service participants receive before, during or after an emergency or disaster. Critical services have been identified and contingency plans put in place to ensure the ongoing safety, health and wellbeing of each participant.

#### MAPPING TO NSMHS

#### Other relevant Standards:

9.3, 10.5.9

#### EVIDENCE EXAMPLES

Policies and procedures outlining the processes in place to ensure there is no interruption of service. How this looks and operates in practice will depend on your participants, staff and type of supports provided by your organisation

Provision of a Participant Information Pack which outlines the processes in place to ensure continuity of supports. This information includes what the participant should do in the event of an emergency or disaster

Emergency plans and procedures include plans to ensure replacement staff are available in the event of an emergency or disaster (see also indicator 2.7.8)

Summarised information on participants' plans, preferences and routines etc. is well documented and accessible to temporary emergency workers

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Continuity of supports is underpinned by communication – ensure your organisation has clear communication pathways and guidelines for staff to follow to ensure this process runs smoothly

Standardised operating procedures for day-to-day operations will assist with continuity of service

Policies and procedures for staff include guidelines for what to do when disruptions occur

All staff receive appropriate training in responding to emergencies and disasters. This is put on the organisation's training register so annual refresher courses can be undertaken

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Safe work Australia: Emergency Plans and Procedures](#)
- [Safe Work Australia: Emergency Plan Template](#)
- [Australian Government – Carer Gateway: Planning for Emergencies](#)
- [Australian Government – Carer Gateway: Emergency Care Plan Template](#)
- [Australian Government – Providing Disability Support Services During COVID-19](#)

## 2.9.2 QUALITY INDICATOR TO BE DEMONSTRATED:

The measures include **planning** for each of the following:

- a) **Preparing** for, and **responding** to, the emergency or disaster;
- b) **Making changes** to participant supports;
- c) **Adapting**, and rapidly **responding**, to changes to participant supports and to other interruptions; and
- d) **Communicating** changes to participant supports to workers and to participants and their support networks.

### INTERPRETATION

Critical services have been identified and contingency plans put in place to ensure the ongoing safety, health and wellbeing of each participant before, during or after an emergency or disaster. Plans are in place to respond to an emergency or disaster including making changes to or adapting participants' supports, and communicating these changes to the participants' support worker and their support network where required.

#### MAPPING TO NSMHS

##### Other relevant Standards:

9.3, 10.5.5, 10.5.9, 10.5.11

### EVIDENCE EXAMPLES

Policies and procedures outlining the processes in place to ensure there is no interruption of service. How this looks and operates in practice will depend on your participants, staff and type of supports provided by your organisation

Provision of a Participant Information Pack outlining processes in place ensuring continuity of supports, including what to do in the event of an emergency or disaster

Emergency plans and procedures include plans are to ensure replacement staff are available in the event of an emergency or disaster (see also indicator 2.7.8)

Emergency Care Plans are in place for each participant and accessible to new support workers

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Standardised operating procedures for day-to-day operations will assist with continuity of service.

Planning could include a scenario planning exercise identifying examples of potential situations that could arise and considering appropriate processes to be implemented to enable supports to continue

Continuity of supports is underpinned by communication – ensure your organisation has clear communication pathways and guidelines for staff to follow to ensure this process runs smoothly

Workers can access essential information concerning the participant and adjust the service provided to suit the participant's requirements in an emergency situation. This could be in the form of an Emergency Care Plan or Card for each participant or through a secure online portal which could be updated as the emergency situation evolves

Agreement with other services providers to transition participants to in the event of an emergency

Information on the participant's plans, preferences and routines etc. is well documented and accessible to temporary emergency workers or if the participant needs to be transitioned to another service in an emergency/disaster



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Department of Fire and Emergency Services \(WA\): Hazard Information](#)
- [Safe Work Australia: Emergency Plans and Procedures](#)
- [Safe Work Australia: Emergency Plan Template](#)
- [Australian Government – Carer Gateway: Planning for Emergencies](#)
- [Australian Government – Carer Gateway: Emergency Care Plan Template](#)
- [Scenario Planning Template and Business Continuity Management Plan Template](#)

## 2.9.3 QUALITY INDICATOR TO BE DEMONSTRATED:

The governing body **develops** Emergency and Disaster management Plans (the plans), **consults** with participants and their support networks about the plans and puts the plans in place.

### INTERPRETATION

At the executive level your organisation develops Emergency and Disaster Management Plans (the plans). During this process, participants and their support networks are consulted about the plans and the organisation implements the plans.

#### MAPPING TO NSMHS

##### Other relevant Standards:

3.1, 6.7

### EVIDENCE EXAMPLES

Staff with appropriate training in Emergency and Disaster Planning develop the plans which are then approved by the governing body/senior staff

Documented feedback from participants and their support networks about the continuity management of their supports informs the writing of the plan

Communication is undertaken with all stakeholders including participants before the plans are put in place

Agendas and minutes of consultations undertaken with the participant and their support network

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Communication is prioritised as part of the development of the Emergency and Disaster Plans. This could include online surveys, group meetings via Zoom or in-person, as well as meetings to discuss the plans with individual participants and their support networks

The practicality of the plans are discussed with appropriate staff to ensure the plans can be implemented. Resources needed to implement the plan are identified, budgeted for and sourced.

Feedback is sought from a focus group including a diverse range of participants and their support networks to identify any weaknesses or omissions in the plans

The final plans are available to all staff, participants and their support network in formats that are accessible to them

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Australian Institute of Company Directors: Governance of Not-For-Profit Organisations](#)
- [Government of Western Australia: Overview of Western Australia's Work Health and Safety Act 2020](#)
- [Safe Work Australia: Emergency Plans and Procedures](#)
- [Safe Work Australia: Emergency Plan Template](#)
- [Safe Work Australia: National Guide for Safe Workplaces – COVID-19](#)
- [NDIS: Bushfire and Emergency Support](#)

## 2.9.4 QUALITY INDICATOR TO BE DEMONSTRATED:

The plans **explain** and **guide** how the governing body will **respond** to, and oversee the response to, an emergency or disaster.

### INTERPRETATION

The plans clearly explain and guide the governing body/senior management as to their response to an emergency or disaster. Guidance is given on how to oversee this response. This would include lines of authority and communication in the event of an emergency or disaster.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Disaster and Emergency Plans (the plans) developed

The governing body/senior management are able to explain how to implement the Disaster and Emergency Plans

Policies and procedures outline the processes in place to ensure there is no interruption of service – how this looks and operates in practice will depend on your participants, staff and type of supports provided by your organisation

Lines of authority and communication are clarified and explained to all staff who are able to explain the procedure if required

### IMPLEMENTATION INTO EVERYDAY PRACTICE

In the event of an emergency the governing body/senior management can refer to the plans for guidance on how to respond

Staff are aware of who to contact in an emergency and who has authority to make decisions concerning the participant's ongoing support.

Staff can access essential information concerning participants and adjust the service provided to suit the participant's requirements in an emergency situation. This could be in the form of an Emergency Care Plan or Card for each participant or through a secure online portal which could be updated as the emergency situation evolves.

Information is provided to all staff on the plans with updates given as required.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Quality and Safety of NDIS Services Governance Tool](#)
- [Safe Work Australia: Emergency Plans and Procedures](#)
- [Safe Work Australia: Emergency Plan Template](#)
- [Australian Institute for Disaster Resilience: Emergency Planning Handbook](#)
- [US Government – Ready: Emergency Response Plan](#)
- [US Government – Ready: IT Disaster Recovery Plan](#)

## 2.9.5 QUALITY INDICATOR TO BE DEMONSTRATED:

Mechanisms are in place for the governing body to actively **test** the plans, and **adjust** them, in the context of a particular kind of emergency or disaster.

### INTERPRETATION

The plans include a section on scheduled monitoring and review to ensure they remain relevant and are adjustable to different kinds of emergency or disaster. Adjustments can be made in response to new risks and threats as well as new resources and knowledge.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Annual reviews of the plans are scheduled at an executive level to ensure compliance with legal requirements and practice standards and the organisation's policies and procedures

A continuous improvement approach is built into the plans allowing for ongoing adjustments. This includes provision of staff and budget resources for this activity

Adjustments are made in response to new information, changing risks, changing strengths and weaknesses, new resources and technologies

Documented feedback from participants and support workers about the continuity management of support informs adjustments to the plans

The plans are reviewed after their implementation in an exercise or event

The governing body takes every opportunity to test the efficacy of the plans using both drill and real emergency and disaster situations and adjusts them accordingly following any identified deficiencies

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Brainstorm example/potential situations that could arise and appropriate processes to be implemented, enabling supports to continue

Test evacuation plans and plans to replace staff at short notice and other aspects of the plans by having unexpected scenario drills. Gather feedback from the experience and use it to adjust the plans

Staff and budget resources are available for the review of the plans according to a schedule or after an exercise or event

Expertise is sought from outside consultants/specialist organisations when needed to identify appropriate responses especially to particular kinds of emergencies or disaster, e.g. COVID-19, bushfire, cyclone, utility interruptions, heatwave, earthquake, flooding etc.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Australian Institute for Disaster Resilience: Emergency Planning Handbook](#)
- [Safe work Australia: National Guide for Safe Workplaces - COVID-19](#)
- [Safe Work Australia: Emergency Plans Fact Sheet](#)
- [Department of Fire and Emergency Services \(DFES WA\): Hazard Information](#)
- [Australian Red Cross: How to Prepare For a Heatwave](#)
- [DFES WA: Prepare for Cyclone Season](#)
- [Department of Communities \(WA\): Disability Sector – Preparedness Guide for COVID-19](#)
- [Australian Government: Disaster Assist](#)

## 2.9.6 QUALITY INDICATOR TO BE DEMONSTRATED:

The plans have periodic **review** points to enable the governing body to **respond** to the changing nature of an emergency or disaster.

### INTERPRETATION

When the plans have been implemented in response to an emergency or disaster there are regular review points for the governing body/or decision makers to adjust to the changing nature of the situation being responded to.

### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

The plans should detail who is responsible for ensuring the emergency plan is reviewed and how often the plan will be reviewed

The periodic review points are clearly identified e.g., at key points during and immediately following an emergency or disaster. It is demonstrated that staff are aware of the timeframes involved and are able to have timely input into the review as necessary

Feedback from participants about how best to manage the continuity of their supports is encouraged and considered

Useful information identified following debriefs or after action reviews is fed back into the plans and is part of the continuous improvement process for the plans

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Ensure your organisation has clear communication pathways and guidelines for staff to follow to ensure the emergency response process runs smoothly

Surveys are used to gather quantitative and qualitative information relevant to the review

The reviews undertaken can take place at team meetings in-person or via Zoom meetings with feedback being documented and provided to the governing body. The review may involve verbal, written or visual (e.g. photographic or video) elements. Information needs to be succinct and relevant to the situation at hand

Document management is complied with and changes made to the plans as a result of any reviews are included in the amendments register. The plans are then reissued with a new version number. The organisation also needs to retain copies of the past emergency plans



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Australian Institute for Disaster Resilience: Emergency Planning Handbook](#)
- [Government of Western Australia: Overview of Western Australia's Work Health and Safety Act 2020](#)
- [Free Management Library: Basics of Monitoring, Evaluating and Deviating from the Strategic Plan](#)
- [NDIS Commission – Factsheet: Coronavirus \(COVID-19\) How NDIS Participants Can Expect Providers to Prepare for a COVID-19 Outbreak in a Residential Setting](#)

## 2.9.7 QUALITY INDICATOR TO BE DEMONSTRATED:

The governing body regularly **reviews** the plans and **consults** with participants and their support networks about the reviews of the plans.

### INTERPRETATION

At the executive level your organisation reviews the emergency and disaster management plans (the plans). During this process, they consult with participants and their support networks about the plans and their lived experience helps inform changes to the plan.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Review of the plans by the governing body is included in your organisation's internal audit schedule

Staff with appropriate training in emergency and disaster planning or consultants from outside the organisation assist the governing body/senior staff in reviewing the plans

Any new legal requirements and/or standards are incorporated into the review and communicated to participants and their support networks

Documented feedback from participants and their support networks about the continuity management of their supports informs the review of the plan

Communication is undertaken with all stakeholders including participants before the reviewed plans are put in place

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Communication is prioritised as part of the review of the emergency and disaster plans. This could include online surveys, group meetings via Zoom or in-person, as well as meetings to discuss the plans with individual participants and their support networks

As part of the review, focus groups can be held to gather feedback. This would need to include a diverse range of participants and members of their support networks

Your organisation has its emergency and disaster plan on its website and includes with this a feedback form which participants and their support network can use to provide input

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [ECCV \(VIC\): Good Governance for an NDIS Environment](#)
- [Australian Institute for Disaster Resilience: Emergency Planning Handbook](#)
- [Hubspot: How to Run a Focus Group For Your Business \(includes templates\)](#)
- [National Mental Health Commission: National Lived Experience \(Peer\) Workforce Development Guidelines](#)
- [Lived Experience Australia](#)

## 2.9.8 QUALITY INDICATOR TO BE DEMONSTRATED:

The governing body **communicates** the plans to workers, participants and their support networks.

### INTERPRETATION

The governing body/senior management of your organisation has processes in place which they use to communicate the plans and any amendments to the staff, participants and their support networks.

### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

A documented communication plan is in place for the dissemination of information regarding the plans, e.g. via newsletters to participants and their support network and via team meetings for staff

The plans are provided to participants in the language, mode of communication and terms they are most likely to understand

The plans are readily accessible by participants and by the workers providing supports to them, e.g. through an online information portal, on cards kept at the participant's residence or included in an emergency information pack

The current plan is included on your organisation's website

Staff know where to access a copy of the plan when required

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Continuity of supports is underpinned by communication – ensure your organisation has clear communication pathways and guidelines for staff to follow to ensure this process runs smoothly

Three versions of the plans may be needed to be communicated with the three key groups: participants, support network and workers

Consider the format used for communicating the plans, e.g. a video presentation may be more effective than a written document or a combination of both could be used. You may also need to communicate the plan in various languages to suit your participant's and their support network's cultural backgrounds

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Communicating With People With Disabilities](#)
- [How to Communicate with Diverse Audiences: The Inclusive Guide](#)
- [11 Ways to Effectively Communicate With Employees When Your Company's Constantly Changing](#)
- [Indeed: What is a Communication Strategy? \(with definition and template\)](#)

## 2.9.9 QUALITY INDICATOR TO BE DEMONSTRATED:

Each worker is **trained** in the implementation of the plans.

### INTERPRETATION

As appropriate to their role, each staff member knows what to do in an emergency or disaster situation under the plans.

#### MAPPING TO NSMHS

#### Other relevant Standards:

8.7

### EVIDENCE EXAMPLES

Training on the implementation of the plans is included in your organisation's training register, budgeted and planned for annually. The training register includes refresher training on the plans

Staff can describe their role in an emergency/disaster

A register of external training organisation is kept

Professional development plans include emergency and disaster management training

### IMPLEMENTATION INTO EVERYDAY PRACTICE

The HR and the WHS teams are aware of the need for training in the implementation of the plans and this is part of their forward planning

Important aspects of the plans are included in the organisation's induction and refresher training

Continuity of supports is underpinned by communication – ensure your organisation has clear communication pathways and guidelines for staff to follow to ensure this process runs smoothly

Staff confirm knowledge and understanding on how to implement the plan

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Government of Western Australia: WorkSafe](#)
- [First 5 Minutes: Benefits of Emergency Response Training](#)
- [Government of Western Australia: Training for Safety and Health Representatives \(including list of accredited training providers\)](#)
- [NDIS Commission: Training for NDIS Workers During COVID-19](#)
- [The Growing Space: COVID-19 Kit for Support Coordinators](#)
- [WA Department of Health: Introduction to Emergency Management E-learning](#)



# CORE MODULE: PROVISION OF SUPPORTS

## NDIS PRACTICE STANDARDS & QUALITY INDICATORS

**This division sets out the responsibilities for NDIS providers when providing supports to participants.**



## PROVISION OF SUPPORTS

**These NDIS Practice Standards set out the responsibilities for NDIS providers when providing supports to participants.**

### **How does Core Module - Division 3: Provision of Supports line up with the NSMHS?**

NDIS Indicators under Division 3 of the Core Module: Provision of Supports, are covered mostly by NSMHS Standard 10: Delivery of Care, with additional evidence located under Standards 1, 2 and 3. There are some NDIS indicators within this Division which do not map to the NSMHS.

## 3.1 ACCESS TO SUPPORTS

### OUTCOME:

Each participant accesses the most appropriate supports that meet their needs, goals and preferences.

### 3.1.1 QUALITY INDICATORS TO BE DEMONSTRATED:

The supports available, and any access/entry criteria (including any associated costs) are clearly **defined and documented**. This information is **communicated** to each participant using the language, mode of communication and terms the participant is most likely to understand.

#### INTERPRETATION

Your organisation has clear, documented information on the services you provide, what the criteria are to access these services and any costs involved. This information is communicated in a format, mode and language that participants prefer to maximise understanding.

#### MAPPING TO NSMHS

##### Primary Standards:

1.4, 1.7 10.3.1, 10.3.4, 10.5.3

##### Other relevant Standards:

10.2.2, 10.3, 10.5

#### EVIDENCE EXAMPLES

Documented Access/Eligibility Policy outlines who your services are most suited to, the NDIS registration groups you provide and how participants can access your services, if they meet the eligibility requirements

Pricing of the supports and services you provide is documented and made publicly available

Documented and signed Service Agreement for each participant

Feedback from participants about their understanding of the services available and any access or entry criteria, which is provided in their preferred mode and language of communication

*“ABC mainly supports individuals with psychosocial disability and mental health challenges.*

*We provide support under NDIS registration groups X, Y and Z.*

*If you’re still not sure if ABC is right for you, contact us today and for a confidential discussion.”*

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Word your Access/Eligibility Policy in a way that doesn’t exclude potential participants. Encourage contact with your organisation, as you might be able to support them, or provide them with a warm referral to a better suited service

Develop partnerships with other service providers to facilitate a warm referral process for participants who would be more appropriately supported by another provider

You may wish to publish information about eligibility, intake processes and pricing of supports on your website and in organisational brochures

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Consumer Rights for People With Disability](#)
- [NDIS Price Guide and Support Catalogue](#)
- [NDIS Eligibility – An Example of How You Can Communicate Eligibility Criteria](#)
- [NDS – Practical Guide to Service Agreements](#)
- [Ausmed: Communicating Effectively With People With Disability](#)

## 3.1.2 QUALITY INDICATORS TO BE DEMONSTRATED:

Reasonable **adjustments** to the support delivery environment are **made and monitored** to ensure it is fit for purpose and each participant's health, privacy, dignity, quality of life and independence is **supported**.

### INTERPRETATION

Your organisation is responsive to the requirements of participants by making service delivery environment adjustments to support their needs and preferences. Any adjustments are monitored to make sure they are continually suitable and meet their intended purpose.

#### MAPPING TO NSMHS

##### Primary Standards:

10.5.2

##### Other relevant Standards:

1.17, 4.1, 10.1.9, 10.5.6

### EVIDENCE EXAMPLES

Documented Statement of Participant Rights including the right for reasonable adjustments to be made

Provision of a Participant Information Pack that includes information about adjustments that can cater for their diverse needs surrounding health, privacy, dignity, quality of life and independence

Documented intake assessment identifying participant needs and preferences

The participant record documents information on the implementation and monitoring of these adjustments

Feedback from participants about what adjustments were made, monitoring of the adjustments, and how they impacted on delivery of supports by your organisation

Service delivery for participants with psychosocial disability should be adjusted to meet where participants are at in their recovery journey and in line with their recovery goals.

This will look different for each participant.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Review the physical layout of your service delivery locations periodically, considering if they facilitate easy access, are safe for all who use them and maintain privacy. Make any reasonable adjustments where appropriate, which can be a quality improvement activity

Seek participant input on how your service delivery locations could be changed to better meet their needs – consider the impact of sound (quiet waiting areas, music), visual appeal (colour, artwork, plants) safety (furniture, size of rooms, exits) and comfort (welcoming environment, seating arrangements)

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [100 Ways to Support Recovery \(2nd Edition\)](#)
- [Suicide Prevention and Recovery Guide – A Resource for Mental Health Professionals](#)
- [Supporting Personal Recovery](#)
- [Person Centred Saskatchewan: Supporting Quality of Life](#)

### 3.1.3 QUALITY INDICATORS TO BE DEMONSTRATED:

Each participant is **supported to understand** under what circumstances supports can be **withdrawn**. Access to supports required by the participant will not be **withdrawn or denied** solely on the basis of a dignity of risk choice that has been made by the participant.

#### INTERPRETATION

Participants are supported by your organisation to understand when their services and/or supports may be stopped or withdrawn. Participants have the right to make their own decisions, and supports should not be withdrawn or denied based purely on the risks associated with the decision made.

#### EVIDENCE EXAMPLES

Documented Service Agreement

Documented Service Delivery Policy includes information about withdrawal or stopping of supports, and the circumstances under which this can and can't happen

Participant Information Pack includes information about when supports can be withdrawn

Policy and/or procedure documents about Supported Decision Making, participant choice and dignity of risk

Feedback from participants on your organisation's facilitation of dignity of risk, and their understanding of when supports may be stopped or withdrawn

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

'Dignity of risk' refers to the concept of affording a person the right (or dignity) to take reasonable risks, and that the impeding of this right can suffocate personal growth, self-esteem and the overall quality of life (Ibrahim & Davis 2013).

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff education and training around facilitating participants right to dignity of risk while maintaining their duty of care

Acknowledge participants' experiences, and recognise they are experts in their own lives – work alongside the participants to understand their dignity of risk choice

Consider a stepped approach to withdrawal of services such as a warning or traffic light system, this allows participants to exercise choice and control within defined parameters dependent on the nature and severity of the situation

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [What is Duty of Care? Duty of Care vs Dignity of Risk \(video\)](#) Sample Service Delivery Policy – To be used as a guide only, incorporates the use of person-centred, participant choice, trauma-informed and recovery-oriented principles
- [Ausmed: Dignity of Risk](#)
- [Person Centred Saskatchewan: Supporting Quality of Life](#)
- [Health Talk Australia: Support in Life Decisions](#)
- [National Standards for Disability Services](#)

## 3.2 SUPPORT PLANNING

### OUTCOME:

Each participant is actively involved in the development of their Support Plans. Support Plans reflect the participant's needs, requirements, preferences, strengths and goals, and are regularly reviewed.

### 3.2.1 QUALITY INDICATORS TO BE DEMONSTRATED:

With each participant's consent, work is undertaken with the participant and their support network to **enable** effective assessment and to **develop** a Support Plan. Appropriate information and access is **sought** from a range of resources to ensure the participant's needs, support requirements, preferences, strengths and goals are **included** in the assessment and the Support Plan.

#### INTERPRETATION

Procedures are in place for your organisation to obtain participant consent. Collaboration with the participant and their support network is undertaken to properly assess the participant's needs, preferences, support requirements, strengths and goals. This collaborative approach is used to inform the development of a Support Plan to assist their recovery journey.

#### MAPPING TO NSMHS

##### Primary Standards:

1.10, 10.1.6, 10.4.8

##### Other relevant Standards:

1.11, 1.12, 3.1, 7.12, 10.5.11

#### EVIDENCE EXAMPLES

Documented intake assessment including information about needs, preferences, goals, support requirements, strengths and areas for development

Documented Support Plan for each participant that includes goals and actions in line with those outlined in their NDIS Plan

Documented Risk Assessment (and Safety Plan, where applicable)

Consent form signed by each participant

Documented identification of, and collaboration with, key people in the participant's life and support network, to ensure they are included in the development of the Support Plan

Psychosocial Disability participants being involved in their Support Planning is fundamental to the Recovery-Oriented approach.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Your organisation could employ supported decision-making tools and strategies to help facilitate this collaboration and Support Plan development

Collaboration with the participant and their support network should be ongoing, and the Support Plan continually updated to appropriately reflect the participant's situation, ensure that any collaboration and changes to the Support Plan are documented in the participant record



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Empowerment Circle](#) – To assist participants to identify what's important to them, and how they can be more empowered in the different areas of their life
- [Intake Risk Assessment Guide](#) – This guide can be used to inform the development of an intake and assessment tool
- [Strengths-based Intake Assessment](#) (this is a guide only)
- [Principles of Effective Assessment](#)
- [Guidelines for Conducting an Assessment](#)
- [Analysing Information from the Assessment](#)

## 3.2.2 QUALITY INDICATORS TO BE DEMONSTRATED:

In collaboration with each participant:

- Risk assessments are regularly **undertaken and documented** in their Support Plans; and
- Appropriate strategies are **planned and implemented** to treat known risks to them.

### INTERPRETATION

Staff collaborate with participants when regular risk assessments take place. The results are documented in their Support Plan. Where risks are identified, appropriate strategies to mitigate and manage these risks are planned and applied.

#### MAPPING TO NSMHS

##### Primary Standards:

2.11

##### Other relevant Standards:

2.12

### EVIDENCE EXAMPLES

Participant Risk Assessments are scheduled on a regular basis and documented in their Support Plans

Documented Safety Plan includes management and mitigation strategies for any identified risks

Documented Support Plan is informed by any identified risks, to ensure participant goals can still be reached taking these into consideration

Participant records document the completion of a Risk Assessment and use of the Safety Plan

Feedback from participants about their involvement in completing their Risk Assessment and the use of their Safety Plan

Contingency plan which identifies alternate services to refer participants to in case of interruptions to service delivery

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Ensure staff understand participant risk information and have the skills to implement Risk Management and Safety Plans during service delivery

Should a participant have service providers supporting them in addition to your organisation, with consent of the participant the completed Risk Assessment and Support Plan can be completed in collaboration with the other service providers and/or shared to ensure adequate support of the participant

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Example Mental Health Risk Assessment – This could be adapted to suit your organisation and the type of participants you support
- Electronic Mental Health Risk Assessment Form (and an alternative electronic form)
- Sample Wellness Plan – use of the traffic light system: This wellness plan could be useful when there is co-occurring mental health and substance use issues

## 3.2.3 QUALITY INDICATORS TO BE DEMONSTRATED:

**Risk Assessments** include the following:

- **Consideration** of the degree to which participants **rely** on the provider's services **to meet their daily needs**; and
- The extent to which the health and safety of participants would be **affected** if those services were **disrupted**.

### INTERPRETATION

How reliant the participant is day-to-day on the services provided is included in the Risk Assessment. This helps with assessing the extent to which the participant's health and safety would be compromised if there is a disruption to these services.

#### MAPPING TO NSMHS

**Primary Standards:**

**Other relevant Standards:**

2.11, 8.1, 10.3.3

### EVIDENCE EXAMPLES

Documented Risk Management Policy and Procedure

Documented Participant Risk Assessment

Documented Safety Plan that includes management/mitigation strategies for any identified risks

Participant records evidence that risk management strategies were implemented and variations made in line with the changing needs, requirements and/or circumstances of that participant

Feedback from participants about the risk management review process, their involvement and the appropriateness of the strategies implemented

Contingency plan which identifies alternate services to refer participants to in case of interruptions to service delivery

Summary of the participant's plan for ease of implementation by another service provider during periods of disruption to their regular service

### IMPLEMENTATION INTO EVERYDAY PRACTICE

When each participant's Risk Assessment and Safety Plan is reviewed, consideration is given to their unique circumstances and daily routines.

With collaboration from the participant, determine which services would be most crucial to replace if there was some kind of disruption to the regular service delivery

Consider doing a strength, weaknesses, opportunities and threats (SWOT) analysis of the service delivery provided

Support workers need to be aware of health and safety risks for their participant and receive appropriate WHS training on assessing and mitigating these risks. They also need to know where in the organisation they can access WHS support when needed

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Assessment and Management of Risk – Guidelines and helpful questions to ask](#)
- [Australian Government – Department of Health: Assessment and Review Information](#)
- [Family and Community Services \(NSW\): Risk and Safety Tools and Templates](#)
- [NDS: Risk Management](#) includes risk control resources that can be downloaded

## 3.2.4 QUALITY INDICATORS TO BE DEMONSTRATED:

Periodic **reviews** of the effectiveness of risk management strategies are **undertaken** with each participant to ensure risks are being adequately **addressed** and **changes** are made when **required**.

### INTERPRETATION

Where a participant has risk management strategies and a Safety Plan in place, it is reviewed periodically by your organisation to ensure it remains suitable and appropriately addresses any risks. Any changes are made where required.

#### MAPPING TO NSMHS

##### Primary Standards:

10.4.6

##### Other relevant Standards:

10.4.5

### EVIDENCE EXAMPLES

Documented Risk Management Policy and Procedure Documented Participant Risk Assessment

Documented Safety Plan that includes management/mitigation strategies for any identified risks

Participant records document that reviews of the risk management strategies and Safety Plan are undertaken, and any variations are made in line with the changing needs, requirements and/or circumstances of that participant

Feedback from participants about the risk management review process, their involvement and the appropriateness of the strategies implemented

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Develop a schedule that includes review dates for each participant's Risk Assessment and Safety Plan, to ensure every participant's plan is reviewed at least annually. This review should occur more frequently should circumstances change. Adherence to this schedule of review dates could be analysed through an internal audit.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Royal College of Psychiatrists: Assessment and Management of Risks to Others](#)
- [Australian Government – Department of Health: Assessment and Review Information](#)
- [Community Mental Health Services \(NSW\): Suicide Risk Assessment and Management Protocols](#)
- [Square: Suicide Risk Assessment](#)

## 3.2.5 QUALITY INDICATORS TO BE DEMONSTRATED:

Each Support Plan is **reviewed** annually or earlier in **collaboration** with each participant, according to their changing needs or circumstances. Progress in meeting desired outcomes and goals is **assessed**, at a frequency relevant and proportionate to risks, the participant's functionality and the participant's wishes.

### INTERPRETATION

In collaboration with the participant and their support network, your organisation has procedures in place to ensure Participant Support Plans are reviewed at least every 12 months and/ or when the participant's needs or circumstances change. At these Support Plan reviews, actions undertaken towards achievement of goals are evaluated at a frequency relevant to their associated risk and the participant's needs and preferences.

#### MAPPING TO NSMHS

##### Primary Standards:

10.4.6

##### Other relevant Standards:

3.2, 10.4.5, 10.4.6

Support Plan reviews should assess the progress towards the participants recovery goals.

### EVIDENCE EXAMPLES

#### Documented Support Plan

Documented schedule that includes review dates for each Participant's Support Plan to ensure they occur at least annually. This could happen more frequently should the participant's circumstances change in the interim

Participant records include documentation about how the Support Plan is implemented and service delivery tailored to reach participant goals – detailed notes will make this review process easier

Participant records document that reviews of the Support Plan are undertaken, and any changes are made in line with the changing needs and requirements of that participant

Feedback from participants about their involvement in the Support Plan review process, including their views on their progress towards achieving their goals

### IMPLEMENTATION INTO EVERYDAY PRACTICE

While a review of the Support Plan is required at least annually, as per the above indicator, your organisation may wish to do a briefer review more often, to better meet the changing needs and circumstances of participants – this frequency could be guided by the choice of the participant

Outcomes and goals should be established within the S.M.A.R.T (Specific, Measurable, Attainable, Relevant, Time-based) framework, to ensure they can be reached with achievable actions, and align with the goals documented in the participant's NDIS Plan

The Support Plan should also outline any other individuals within the support network who may assist the participant in reaching these goals and outcomes



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Plan Review Toolkit](#) (this is a guide only – downloadable tools)
- [NDIS Plan Review Guide](#) (this is a guide only, providing a more workbook type document)
- [A person-centred approach to case review](#)

## 3.2.6 QUALITY INDICATORS TO BE DEMONSTRATED:

Where progress is different from expected outcomes and goals, work is done with the participant to **change and update** the Support Plan.

### INTERPRETATION

Procedures are in place at your organisation to identify when participant goals or outcomes differ from what was outlined in their Support Plan. If identified, collaborative work is undertaken with the participant and their support network to alter the Support Plan to ensure goals and outcomes better match their current needs, circumstances and stage of their recovery journey.

#### MAPPING TO NSMHS

##### Other relevant Standards:

1.12, 7.11

### EVIDENCE EXAMPLES

Documented Support Plan

Policy and/or Procedure documents that guide staff to recognise when participant progress differs from expected goals and outcome

Participant records that document reviews of the Support Plan were undertaken when goals differ from what was originally identified, and the Support Plan is changed to align more closely with what the participant hopes to achieve

Feedback from participants about the Support Plan review process and their involvement

Feedback from staff about how they identified progress that was different from expected outcomes, and how they responded to change the Support Plan in collaboration with the participant

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Regular check-ins with the participant, their support network and the staff supporting the participant will allow for the early identification of changes in progress against goals

Identify some key changes in circumstances for staff to look out for, to help them identify when the Support Plan needs to be changed and/or updated

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Monitoring and Reviewing the Support Plan – Questions to consider
- The Importance of Good Record Keeping – This will aid in easier identification of when outcomes and goals are different from what is expected
- Doing an Effective Case Review With a Person With Disability: A Person-centred Approach

## 3.2.7 QUALITY INDICATORS TO BE DEMONSTRATED:

Each participant's Support Plan is:

- **Provided** to them in the language, mode of communication and terms they are most likely to **understand**; and
- **Readily accessible** by them and by workers providing supports to them.

### INTERPRETATION

Communication of each participant's Support Plan is in a form that is understandable to them (e.g. in their preferred language, in braille, in-person or via email etc). The plan is available for reference at any time by the participant and the support workers, e.g. through an online copy and/or a printed copy.

#### MAPPING TO NSMHS

##### Primary Standards:

1.13

### EVIDENCE EXAMPLES

The Support Plan could include a document register table as an appendix on which to record information who the plan was communicated to, in what format, when and for what purpose

Documented feedback from participants about the communication process, their involvement and the appropriateness of the strategies implemented

The Support Plan is accessible to participants via myplace (on the myGov website) and/or on the organisation's secure online portal or cloud, and the participant is given a copy for their records in their preferred format

A hardcopy/CD/USB is kept for reference at the venue where the support work mostly occurs, e.g. the participant's residence

A register of translation and interpreter services is kept updated

Key documents are developed in easy read format

### IMPLEMENTATION INTO EVERYDAY PRACTICE

The Support Plan can be provided in a variety of accessible formats. These include Braille, electronic text (on CD/USB), large print or audio (on CD), or translated into the participant's preferred language.

When the Support Plan is provided to the participant there are checks in place to ensure the participant understands the content

If there are communication challenges, seek outside support such as from a key member in the participant's support network, a translator or a communication therapist to assist with communicating important information about the Support Plan

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Ausmed: Communicating Effectively With People With Disability](#)
- [NDIS: Information Handling Operational Guideline](#)
- [NDIS: Receiving Your Approved Plan](#)
- [Western Australia's Individualised Services: NDIS Resources](#)
- [Western Australia's Individualised Services: NDIS in Aboriginal Languages](#)

## 3.2.8 QUALITY INDICATORS TO BE DEMONSTRATED:

Each participant's Support Plan is **communicated**, where appropriate and with their consent, to their support network, other providers and relevant government agencies.

### INTERPRETATION

With participant consent, the Support Plan is shared with the participant's support network and other providers or government agencies. This enables others to further support the participant to reach their goals and outcomes in collaboration with your organisation.

#### MAPPING TO NSMHS

##### Primary Standards:

1.11, 9.3

##### Other relevant Standards:

1.12, 7.11

### EVIDENCE EXAMPLES

Consent forms signed by the participant

Documented Support Plan

Documented Statement of Participant Rights that includes their right to involve others in their recovery journey and share information with these individuals/providers/agencies

Documented within the participant's record (and on consent forms) is who they wish to share Support Plan information with and how much/what information is shared

Participant feedback around the communication of their Support Plan to others and the involvement of others in helping achieve the participant's recovery goals

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Where a participant has several members in their support network, multiple service providers and other government agencies involved in their care, you may consider having regular meetings with all involved parties to ensure everyone is collaboratively working towards the achievement of the participant's goals

Ensure all interactions with other individuals in the participant's support network are documented within the participant's record to evidence collaboration and ongoing communication

The Support Plan could include a document register table as an appendix on which to record information on who the plan was communicated to, in what format, when and for what purpose

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Mapping a Support Network](#) – Identifying who is involved in a participant's life and how they are involved
- [Create a Social Support Network](#) – Online interactive resource
- [Wellbeing Networks and Asset Mapping](#) – Tools for recovery-oriented practice

## 3.2.9 QUALITY INDICATORS TO BE DEMONSTRATED:

Each participant's Support Plan includes arrangements, where required, for **proactive support** for preventative health measures, including support to **access** recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services.

### INTERPRETATION

Arrangements for preventative health measures are included in the Support Plan. If support is required to access these services, this is detailed. Examples include vaccinations, dental care and other health services. This enables the participant to reach their health and recovery goals.

### MAPPING TO NSMHS

**Primary Standards:**

**Other relevant Standards:**

8.3

### EVIDENCE EXAMPLES

The participant's requirements for preventative health measures have been identified and documented in the Support Plan

Documented Statement of Participant Rights that includes their right to involve others in their recovery journey and share information with these individuals/providers/agencies

Documented within participant record (and on consent forms) is who they wish to share Support Plan information with and how much/what information is shared

Participant feedback around the communication of their Support Plan to others and the involvement of others in helping achieve the participant's recovery goals

Details of other services supporting the participant are documented and working relationships maintained

Schedule of relevant appointments documented in the Support Plan

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Where a participant has several members in their support network, multiple service providers and other government agencies involved in their care, you may consider having regular meetings with all involved parties to ensure everyone is collaboratively working towards the achievement of the participant's goals

Ensure all interactions with other individuals in the participant's support network are documented within the participant's record to evidence collaboration and ongoing communication

The Support Plan could include a document register table as an appendix on which to record information on who the plan was communicated to, in what format, when and for what purpose



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Australian Government – Department of Health: About Preventive Health in Australia](#)
- [Australian Government – Department of Health: National Preventive Health Strategy 2021-2030](#)
- [RACGP: Guidelines for Preventative Activities in General Practice](#)

## 3.2.10 QUALITY INDICATORS TO BE DEMONSTRATED:

Each participant's Support Plan:

- **Anticipates and incorporates responses** to individual, provider and community emergencies and disasters to **ensure** their safety, health and wellbeing; and
- Is **understood** by each worker supporting them.

### INTERPRETATION

The individual participant's Support Plan is informed by the organisation's Emergency and Disaster Management Plans and participant Risk Assessments (see Section 2.9 Emergency and Disaster Management) and also takes into account the participant's individual circumstances and needs. Each worker is aware of the organisation's WHS and Emergency Management policies and procedures and the participant's specific requirements.

#### MAPPING TO NSMHS

**Primary Standards:**

**Other relevant Standards:**

8.7

### EVIDENCE EXAMPLES

Policies and procedures outlining the processes in place in the event of an emergency or disaster. How this looks and operates in practice will depend on your participants, staff and type of supports provided by your organisation

Provision of a Participant Information Pack which outlines the processes in place to ensure continuity of supports. This information includes what the participant should do in the event of an emergency or disaster

Emergency plans and procedures include plans to ensure replacement staff are available in the event of an emergency or disaster (See also indicator 2.7.8)

Summarised information on participants' plans, preferences and routines etc. is well documented and accessible to temporary emergency workers

Training registers show that workers have received appropriate WHS, emergency response and first aid training

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Policies and procedures for staff include guidelines for what to do to ensure the safety, health and wellbeing of the participant when disruptions occur

The participant's Support Plan is readily accessible for reference in an emergency situation

All staff receive appropriate training in responding to emergencies and disasters. This is put on the organisation's training register to enable scheduled refresher courses to be undertaken

The participant has awareness of the emergency plans and procedures. They have information in their Participant Information Pack which is updated as required. They may also participate in preparations for an emergency situation such as fire evacuation drills

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Australian Government – Carer Gateway: Planning for Emergencies](#)
- [Australian Government – Carer Gateway: Emergency Care Plan Template](#)
- [Safe Work Australia: Emergency Plans and Procedures](#)
- [Safe Work Australia: National Guide for Safe Workplaces – COVID-19](#)
- [NDIS: Bushfire and Emergency Support](#)

## 3.3 SERVICE AGREEMENTS WITH PARTICIPANTS

### OUTCOME:

Each participant has a clear understanding of the supports they have **chosen** and how they will be provided.

### 3.3.1 QUALITY INDICATORS TO BE DEMONSTRATED:

**Collaboration** occurs with each participant to **develop** a Service Agreement which **establishes** expectations, **explains** the supports to be **delivered**, and **specifies** any conditions attached to the delivery of supports, including why these conditions are attached.

#### INTERPRETATION

Your organisation collaboratively establishes a Service Agreement with each participant, that is personally tailored to their individual circumstances, needs and preferences. Each Service Agreement outlines the specific supports to be delivered by your organisation, what the participant can expect to receive, and any conditions attached to supports (including reasons why they are attached).

#### MAPPING TO NSMHS

**Primary Standards:**  
10.5.11

#### EVIDENCE EXAMPLES

Documented Service Agreement

Documented within the participant record is information regarding participant collaboration in development and understanding of their Service Agreement

Participant feedback on their collaborative involvement in the development of their Service Agreement with your organisation, and their understanding of the terms within it

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Develop a standardised Service Agreement template you can use throughout your organisation, that can be tailored to each participant's circumstances and supports

Staff facilitate the inclusion of the support network in this process, with participant consent

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Making a Service Agreement Information](#)
- TSP for All – [Services Agreements in the NDIS](#) – under Online Training Modules
- TSP for All – [NDIS Service Agreement Template](#) – under Tools & Templates
- [NDIS Price Guide and Support Catalogue](#)
- ACC: [A guide to competition and consumer law](#): for businesses selling to and supplying consumers with disability

## 3.3.2 QUALITY INDICATORS TO BE DEMONSTRATED:

Each participant is **supported to understand** their Service Agreement and conditions using the language, mode of communication and terms that the participant is most likely to **understand**.

### INTERPRETATION

Each participant is supported by your organisation to understand the Service Agreement they are entering into. This agreement and associated information are communicated in the participant's preferred mode, language and format.

#### MAPPING TO NSMHS

##### Other relevant Standards:

1.4, 10.5.7, 10.5.15

### EVIDENCE EXAMPLES

Documented intake assessment that captures the participant's preferences, including preferred language, format and mode of communication

Documented Statement of Participant Rights including their right to the involvement of a person to provide support for understanding of their Service Agreement, and their right to access an advocate, where required

Documented Service Agreement

Feedback from participants about support from your organisation to understand the Service Agreement, and that the information was communicated in a way they understood

Example of a Service Agreement being provided in an alternative mode, language and/or format in response to participant needs

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Participants are given sufficient time to understand their Service Agreement, access any required supports and ask any questions they may have

Supported decision-making strategies are employed where required

Your organisation may consider developing an Easy Read version of the Service Agreement, to further aid participants understanding of the information

Staff can appropriately support participants to understand what is included in their Service Agreement

Staff understand the procedures to engage an interpreter or translator where required

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS: For Participants: Making a Service Agreement](#)
- Factsheet – [Practices to Improve Supported Decision-Making in Mental Health Services](#)
- [WAIS – Easy Read Service Agreement](#)
- [Guidelines for Supported-Decision Making in Mental Health](#)

### 3.3.3 QUALITY INDICATORS TO BE DEMONSTRATED:

Where the Service Agreement is created in writing, each participant **receives** a copy of their agreement **signed** by the participant and the provider. Where this is not practicable, or the participant chooses not to have an agreement, a **record** is made of the circumstances under which the participant did not **receive** a copy of their agreement.

#### INTERPRETATION

Your organisation maintains a documented and signed Service Agreement with each participant, and then provides them with a signed copy. Where providing the written copy is not practical, or the participant does not wish to have a copy, the circumstances surrounding this are documented within participant records, including the reasons why.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

#### EVIDENCE EXAMPLES

Documented and signed Service Agreement

Provision of a Participant Information Pack including information about the Service Agreement, and that they will be provided with a signed copy

Participant records document a signed copy was provided to the participant, or the reasons outlining why this wasn't done

Participant feedback regarding the receipt of their Service Agreement

*"Participant (Name) was provided with a hard copy of their signed and dated Service Agreement on DD/MM/YYYY. A soft copy file is held on file at ABC Org."*

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Develop a Service Agreement with the participant, obtain signatures and provide them with a copy before service delivery commences. This will help to ensure everyone is understanding of their roles and responsibilities from the very beginning, including what will and won't be facilitated

Conduct regular internal audits to make sure all participants receive a copy of their signed Service Agreement, or record they haven't received a copy and the reasons why – use a standardised template to conduct the audit, and include it within your internal audit schedule



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Sample Agreement Form](#) (includes sections on fees, cancellation policy, confidentiality and access)
- [NDS Practical Guide to Making a Service Agreement](#)

### 3.3.4 QUALITY INDICATORS TO BE DEMONSTRATED:

Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, **documented arrangements** are in place with each participant and each specialist disability accommodation provider. At a minimum, the arrangements should **outline** the party or parties responsible and their roles (where applicable) for the following matters:

- a) How a participant's concerns about the dwelling will be **communicated and addressed**;
- b) How potential conflicts involving participant(s) will be **managed**;
- c) How **changes** to participant circumstances and/or support needs will be **agreed and communicated**;
- d) In shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation **taken into account**; and
- e) How behaviours of concern which may put tenancies at risk will be **managed**, if this is a relevant issue for the participant.

*Please note: this indicator may not be relevant to all providers.*

#### INTERPRETATION

If your organisation delivers supported independent living (SIL) support within a specialist disability accommodation (SDA) setting, a documented Service Agreement is in place between your organisation, the SDA provider and each participant. This documents each party's roles and responsibilities as part of the agreement. In the context of supported accommodation, this includes processes to identify and manage concerns, sources of conflict, change of circumstances and challenging behaviours and a participant's needs and preferences are considered when filling vacancies.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

#### EVIDENCE EXAMPLES

Policy and procedure documents surrounding SIL and SDA interaction and management that include processes to address abovementioned factors

Documented Service Agreements that involve the SIL and SDA providers, as well as the participant, where applicable

Provision of a Participant Information Pack including information about the interaction between service providers, while maintaining a person-centred approach

Participant and other stakeholder feedback about the interaction and management of SIL and SDA supports

## IMPLEMENTATION INTO EVERYDAY PRACTICE

Meetings involving all relevant parties could be facilitated periodically, to ensure everyone is meeting their required roles and responsibilities and to allow any concerns to be raised and actioned appropriately

Consider the creation and distribution of a supports schedule, to clearly understand who is providing what services to the participant, and those that are of shared responsibility. This could also be provided to the participant and their support network

Facilitate regular SIL/SDA tenant group meetings to promote group cohesion and proactively address concerns, involving participants in decision making, where appropriate

Use a formal stepped system, such as a warning or traffic light system, to alert participants to potential threats to their tenancy, with opportunities to address behaviours of concerns

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## SELF-ASSESSMENT (what you already have e.g. policy/procedure/practice)

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## GAPS IDENTIFIED (what you might be missing)

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## READINESS ACTION PLAN

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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## FURTHER INFORMATION

- [NDIS Information on SIL, SDA and Independent Living Options \(ILO\)](#)
- [Sample Tenancy SDA Agreement](#) (this is a guide only)
- [Sample SIL Agreement](#) (this is a guide only)
- [Summer Foundation: Separating Housing and Support Services. A Toolkit for Providers](#) – Disability Accommodation Collaboration Agreement
- [Specialist Disability Accommodation Handbook](#)

### 3.3.5 QUALITY INDICATORS TO BE DEMONSTRATED:

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

#### INTERPRETATION

Critical services have been identified and contingency plans put in place to ensure the ongoing safety, health and wellbeing of the participant. These plans are detailed in the Service Agreement.

#### EVIDENCE EXAMPLES

Documented and signed Service Agreement which includes information on what supports will be put in place in the event of an emergency or disaster

Provision of a Participant Information Pack including a copy of the signed Service Agreement

Participant records document a signed copy was provided to the participant, or the reasons outlining why this wasn't done

Policies and procedures outlining the processes in place to ensure there is no interruption of service. How this looks and operates in practice will depend on your participants, staff and type of supports provided by your organisation

Emergency Plans and Procedures include plans to ensure replacement staff are available in the event of an emergency or disaster (see also indicator 2.7.8)

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

*“Participant (Name) was provided with a hard copy of their signed and dated Service Agreement on DD/MM/YYYY. A soft copy file is held on file at ABC Org.”*

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Develop a Service Agreement with the participant, obtain signatures and provide them with a copy before service delivery commences. This will help to ensure everyone understands their roles and responsibilities from the very beginning, including what will and will not be facilitated

One item in the service delivery internal audit is checking for the presence of signed current Service Agreement that includes current plans and record of the participant being provided with a copy of the signed Service Agreement.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Regional & Rural Mental Health Services: Client Agreement Form \(sample form \)](#)
- [NDS Practical Guide to Making a Service Agreement](#)
- [Safe work Australia: Emergency Plans Fact Sheet](#)
- [Carers WA: Planning for the Unexpected as a Carer](#)

## 3.4 RESPONSIVE SUPPORT PROVISION

### OUTCOME:

Each participant **accesses** responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

### 3.4.1 QUALITY INDICATORS TO BE DEMONSTRATED:

**Supports are provided** based on the least intrusive options, in **accordance** with contemporary evidence-informed practices that meet participant needs and help **achieve** desired outcomes.

#### INTERPRETATION

Participant supports are provided in line with identified needs, preferences and goals detailed in their Support Plan. Service delivery for participants is also based on the least intrusive option, and in-line with current evidence-informed practices.

#### EVIDENCE EXAMPLES

Documented intake assessment including identification of participant needs, preferences and outcomes in line with the NDIS Plan

Documented Support Plan for each participant including other mainstream and community services

Documented Statement of Participant Rights

Provision of a Participant Information Pack includes information about what support provision looks like at your organisation

Participant feedback surrounding level and quality of supports, if they meet the participant's needs and assist in achievement of participant goals

#### MAPPING TO NSMHS

##### Primary Standards:

10.5.5

##### Other relevant Standards:

1.9

Psychosocial Disability Service Providers may keep up to date with evidence-informed practices in areas such as Recovery-Oriented practice, Trauma-Informed care, person centred care, positive behaviour support and restrictive practice.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Ongoing review and staff discussions should be undertaken around what current evidence-based practices are, and how they implemented through service delivery at your organisation – this could be documented in staff meeting minutes or evidenced through staff training and professional development

Participant's needs should be taken into account when determining the least intrusive options in which services can be provided. This should include how recovery goals can be achieved through their NDIS Plan, helping the participant to access mainstream community services such as sporting and recreational clubs, transport, education facilities and community centres, rather than relying too heavily only on specialist mental health services and programs

Referral date and commencement of service delivery should be documented, and where there may be long wait times, demonstrate referral of the participant to an alternative organisation

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Principles of Recovery-oriented Mental Health Practice](#)
- Mind Australia – [Approach to Recovery-oriented Practice](#)
- Australian Government. Department of Health: [A National Framework for Recovery-oriented Mental Health Services: Guide for Practitioners and Providers](#)
- MHCC [Trauma-Informed Care and Practice Toolkit](#)
- NDS [Trauma-Informed Support Films and Facilitators Guide](#)
- [Challenging Behaviour Toolkit](#) – Clinical guidelines and additional resources

## 3.4.2 QUALITY INDICATORS TO BE DEMONSTRATED:

For each participant (with their consent or direction and as agreed in their Service Agreement) links are **developed and maintained by the provider** through **collaboration** with other providers, including health care and allied health providers, to **share** their information, manage risks to them and meet their needs.

### INTERPRETATION

With consent and agreement, your organisation collaborates with the participant, and with their direction, creates and maintains partnerships with other providers to share information, and deliver optimal supports for participants to meet their needs and preferences.

### MAPPING TO NSMHS

#### Other relevant Standards:

9.5, 10.1.9

### EVIDENCE EXAMPLES

Documented consent form signed by each participant includes who they wish to share information with and what information they are willing to share

Documented Service Agreement signed by both parties

Documented in the participant record are notes surrounding the collaboration and linkages created and maintained with other providers to optimise supports for the participant

Documented provider partnerships, MOUs or other agreements

Documented procedure on how to manage risk where there are multiple providers including the way collaboration is facilitated and information shared

Documented risk management plans created, agreed to and signed by all service providers

Participant feedback regarding the collaboration and involvement of other providers to assist them to meet their needs and achieve their goals and manage risk

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Guided by the participant's goals, needs and preferences, collaborative partnerships are formed with other providers to extend person-centred service delivery that assists the participant to achieve their goals – the Support Plan clearly documents others involved and what the role they play in assisting the participant

Hold regular meetings with other providers to identify risks associated with the participant and agree on how to implement risk management strategies

Regular reviews of service delivery sites are conducted for any potential risks/hazards



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Community Door article and resources on [collaboration](#)
- Not-for-profit law – [Information on MOUs](#) including sample template
- Not-for-Profit law – [Information on Joint Ventures and Partnerships](#)
- [How to Write an MOU](#) – including sample template
- [FACS NSW Risk and Safety Procedures](#) – The Risk and Safety Procedures guide uses through the steps required to identify, assess and manage risk in a person centred environment

### 3.4.3 QUALITY INDICATORS TO BE DEMONSTRATED:

Reasonable efforts are made to **involve** the participant in **selecting** their workers, including the preferred gender of workers providing personal care supports.

#### INTERPRETATION

Participant needs and preferences are identified and considered when allocating staff to support them, supporting their right to choice and control. This includes participant requests regarding staff gender, especially when delivering personal care services.

#### MAPPING TO NSMHS

##### Primary Standards:

1.17

##### Other relevant Standards:

1.10, 1.11, 1.12, 10.5.5

#### EVIDENCE EXAMPLES

Documented Statement of Participant Rights including their right to be involved in selecting staff to deliver their supports

Documented policy and/or procedure about supported decision making, participant choice and dignity of risk including selecting their own staff

Documented intake assessment capturing participant needs and preferences including preferred gender of staff member, where applicable

Documented in the participant record is information about how they were involved in choosing their workers, and reviews of how this match of staff member to participant is going

Participant feedback on the accessibility of their preferred staff member

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Employ a range of different staff to ensure you can meet the diverse needs of your participants, e.g. staff of different genders, with different cultural backgrounds and with an array of skills, languages, knowledge and experience

Try and have at least two different staff members supporting each participant, regardless of the types of supports they receive – therefore if their usual support staff member is away or absent, someone they are already familiar with can take their place

Periodically review participant and staff connection to ensure any concerns can be raised and resolved within a timely manner

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Diversity Council Australia: Leading Diversity and Inclusion in the Workplace](#)
- [Care Careers: Matching Staff and Participants](#) (includes downloadable resource and interactive tool to identify what participants might need and want from their support staff)
- [Person-centred Matching Support Tool](#)

### 3.4.4 QUALITY INDICATORS TO BE DEMONSTRATED:

Where a participant has specific **needs which** require **monitoring and/or daily support**, workers are **appropriately trained and understand** the participant's needs and preferences.

#### INTERPRETATION

All staff are appropriately trained and supported to understand participant's needs and preferences and competently deliver the relevant supports. This is particularly important when participants require daily supports or have specific needs that require monitoring.

#### EVIDENCE EXAMPLES

Documented Staff Training Register including training undertaken in response to participants' specific needs

Documented staff JDFs

Documented register that records staff qualifications and experience

Documented participant records that demonstrate their involvement in educating staff to understand how they can be best supported

Feedback from participants and their support network about how their specific needs and preferences have been met, especially when they require monitoring and/or daily support

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

An example of specific participant needs that require monitoring and/or daily support could be with the implementation of positive behaviour support and use and monitoring of restrictive practice – collaboration should occur with the registered behaviour support practitioner to facilitate the training of implementing staff/providers to ensure these practices can be appropriately used in line with participant needs

Documented staff performance reviews are completed including whether performance aligns with their JDFs, in particular around meeting specific participant needs

Staff are monitored and supervised to ensure their performance is of an adequate level, with performance management plans implemented where required

#### MAPPING TO NSMHS

##### Other relevant Standards:

8.6, 8.7

Service Delivery within the psychosocial disability sector is ideally person-centred, Recovery-Oriented and Trauma Informed, and provided in response to the individual needs of each participant.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Developmental Disability WA: Mapping Needs: Complex Support Needs Planning – How to use mind maps to build a WA NDIS plan.](#)
- [Person Centred Saskatchewan: Supporting Quality of Life](#)
- [NDIS: Operational Guidelines: Personal Care Supports](#)
- [Ausmed: An Introduction to Activities of Daily Living \(ADLs\)](#)

## 3.5 TRANSITIONS TO OR FROM A PROVIDER

### OUTCOME:

Each participant experiences a planned and coordinated transition to or from the provider.

### 3.5.1 QUALITY INDICATORS TO BE DEMONSTRATED:

A planned transition to or from the provider is **facilitated in collaboration** with each participant when possible, and this is **documented, communicated and effectively managed**.

#### INTERPRETATION

Procedures are in place to facilitate a collaborative transition for participants to or from your organisation. This transition is effectively managed, thoroughly documented and communicated with all those involved to maintain a person-centred approach.

#### MAPPING TO NSMHS

##### Other relevant Standards:

6.12, 10.4.5, 10.5.9, 10.6.3, 10.6.7

#### EVIDENCE EXAMPLES

Policy and procedure documents outlining how transitions to or from your organisation occur including facilitation of collaboration with the participant and their support network

Documented Referral Form for incoming participants

Documented Transition Plan for participants

Documentation in the participant record includes information surrounding exit interviews and/or facilitation of transition from your organisation, this includes information that the participant was informed about how they could re-enter your organisation

Provision of a Participant Information Pack including information about transitioning to or from your organisation and about re-entering your organisation

Feedback from participants about the services received from your organisation, and the quality of transition arrangements

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Your organisation could develop a standardised Transition Plan template – this could be tailored to each participant but includes information such as their goals and desired outcomes, progress made with your organisation, things that keep them well, any triggers and safeguarding mechanisms as well as key people in the participants support network

Collaboration to facilitate the transition of a participant should also involve their support network to enable the early identification of potential relapse

Provision of brochures or information sheets that include information about alternative support services participants and their support network can utilise whilst receiving supports from your organisation, or after they have exited

Conduct internal audits to ensure that transitions are documented – utilise a standardised audit template and include this in your internal audit schedule

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Australian Government – Department of Health: Planning for Exit](#)
- [Client Exit Summary Form](#) – This is a long version but could guide the creation of a template for your organisation
- [Sample Exit and Re-entry policy](#)

## 3.5.2 QUALITY INDICATORS TO BE DEMONSTRATED:

Risks associated with each transition to or from the provider are **identified, documented** and **responded to**, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health care risk requiring hospitalisation.

### INTERPRETATION

Any risks associated with a participant transitioning to or from your organisation, including temporary transitions such as health care risk requiring hospitalisation, are identified, monitored and responded to using documented risk management and mitigation strategies.

#### MAPPING TO NSMHS

##### Other relevant Standards:

2.11

### EVIDENCE EXAMPLES

Policy and procedure documents outlining how all transitions to or from your organisation will be managed, this may include medication and/or transport management as well as daily needs

Documented Participant Risk Assessment – with the participant's consent, this could be provided to the organisation that the participant is transitioning to

Documented Transition Plan for participants, where appropriate. This should include information on how temporary transitions such as those requiring hospitalisation will be managed to and from your organisation

Documented Transition Risk Assessment including management and mitigation strategies to address any identified risks for both permanent and temporary transitions

Provision of a Participant Information Pack including information about transitioning to or from your organisation. This should include information on how temporary transitions such as those requiring hospitalisation will be managed to and from your organisation

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Where the participant is transitioning from your organisation, identify if there are adequate supports in place to support them after service delivery finishes. This should include the capacity of the carer/s to provide support for the participant

Ensure there is good communication with the participant and the incoming provider to ensure the transition goes smoothly



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Safe Work \(NSW\): How to Manage Risks During the Transition of Support From One Provider to Another - Factsheet for disability and health care support providers](#)
- [WA Government: Contract Transition Plan](#) (downloadable template)
- [NDIS: Services if You're in Hospital](#)
- [Australian Government – Department of Health: Implementation Guidelines For Non-Government Community Services: Exit and Entry](#)
- [Sample Wellness Plan](#) (to be used to prevent the participant from becoming unwell and managing identified risks when transitioning from your organisation)

### 3.5.3 QUALITY INDICATORS TO BE DEMONSTRATED:

Processes for transitioning to or from the provider (including temporary transitions referred to in subsection (2)) are **developed, applied, reviewed and communicated**.

#### INTERPRETATION

Through policy and procedure, your organisation has developed processes for participants transitioning to or from your organisation. This includes how these processes are implemented and communicated as well as the frequency of their review.

#### MAPPING TO NSMHS

##### Other relevant Standards:

10.3.1, 10.6.4

#### EVIDENCE EXAMPLES

Policy and/or procedure documents outlining transition processes to or from your organisation

Documented Policy Register includes dates for scheduled reviews

Documented Referral Form that can be used by third parties

Documented Transition Plan for participants

Participant feedback on their experiences during the transition to or from your organisation

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Your organisation should have procedures in place to appropriately identify participants who can't be adequately supported by your organisation (this could be informed by your Eligibility Policy), and have relationships in place with other organisations to whom you can refer ineligible participants

Your Eligibility Policy could be made publicly available (i.e. published on your website) so third parties can understand who your organisation supports and whether or not their participant referral is appropriate

Review participant transition feedback at team meetings and amend processes where required

Ensure processes for providing feedback relating to transitions are easily accessible for all participant's and their support network

Clear processes are in place to enable other providers to smoothly transition participants to your service e.g. , your organisation has a list of documentation required when a participant transitions to your service

Your staff are aware of what information to provide when a participant transitions from your service to another provider

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Australian Government. Department of Health: Implementation Guidelines For Non-government Community Services: Exit and Entry](#)
- [Sample Service Access and Exit Policy](#)
- [Sample Service Exit and Re-entry Policy](#)
- [Safe Work \(NSW\): How to Manage Risks During the Transition of Support From One Provider to Another – Factsheet for disability and health care support providers](#)
- [Australia Government – Department of Health: Changing Home Care Providers](#)



# CORE MODULE: SUPPORT PROVISION ENVIRONMENT

## NDIS PRACTICE STANDARDS & QUALITY INDICATORS

This division sets out the environment in which supports are provided to participants.

## SUPPORT PROVISION ENVIRONMENT

**These NDIS Practice Standards set out the environment in which supports are provided to participants.**

### **How does Core Module – Division 4: Support Provision Environment line up with the NSMHS?**

All NDIS Indicators under the Support Provision Environment Division map partially or completely to NSMHS Standard 2: Safety, with additional evidence to meet these indicators being found under Standard 10: Delivery of Care.

## 4.1 SAFE ENVIRONMENT

### OUTCOME:

Each participant accesses supports in a safe environment that is appropriate to their needs.

### 4.1.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant can easily **identify** workers who provide supports to them.

### INTERPRETATION

Participants can identify and understand who key staff are, that deliver their agreed supports.

#### MAPPING TO NSMHS

#### Other relevant Standards:

10.3.8

### EVIDENCE EXAMPLES

Documented Support Plan includes names of key staff involved in the participant's service delivery

Participant feedback or interviews confirms they can identify their workers

Provision of a Participant Information Pack including a section at the beginning detailing the names and contact details of a participant's key staff

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff always wear photo identification cards or name tags during service delivery

Before service delivery occurs for the first time, participants could be provided with a photograph of the staff member so the participant can recognise them

A photo board of all staff could be made available in your reception area or via email, or your website

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Sample Staff Identification Procedure – WA Country Health Service](#)

## 4.1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Work is undertaken with each participant and others in settings where supports are provided (including their home) to **ensure a safe support delivery environment** for them.

### INTERPRETATION

Procedures are in place to make sure that, when staff are delivering services in a participant's home, collaboration occurs to ensure potential risks are identified, managed and the environment for support delivery is safe.

#### MAPPING TO NSMHS

##### Primary Standards:

2.1, 2.12, 2.13

### EVIDENCE EXAMPLES

Documented policies and procedures outlining organisational processes surrounding work health and safety including, safety and risks when working alone; undertaking outreach supports and staff support if an incident or adverse event occurs

Documented Risk Assessment of external environments including, assessment of the physical environment and other factors influencing the participant's home environment

Strategies put in place to manage or mitigate any identified risks are documented in the participant's records

Communications between support workers about risks that have been identified are documented

Staff and participant feedback on the safety of the support delivery environment

This could include whether other people might be present during supports (children and/or adults), if any pets are at the house, accessible entry and exit points as a few examples.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Ideally, standardised Risk Assessment of the participant's support environment are incorporated into the intake process and help inform the individualised Support Plan. A new Risk Assessment is completed should the support environment change, i.e. the participant moves to a new house

Staff are trained and understand how to appropriately identify risks and manage threats to safety in the support delivery environment – this is completed at induction and then periodical refreshers are undertaken, with all training recorded in your Staff Training Register



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Sample Procedure – Safe Practice Home Visits](#)
- [Lone Working and Outreach Services Policy](#) – this is a guide only
- [Lone Working Risk Assessment Template](#)
- [Work Safe \(WA\): WHS Publications and Resources](#)
- [Work Safe \(WA\): Work Health and Safety for Volunteer Organisations](#)

## 4.1.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Where relevant, work is undertaken with other providers (including health care and allied health providers and providers of other services) to **identify** and **manage** risks to participants and to **correctly interpret their needs** and preferences.

### INTERPRETATION

Policies and procedures outline how your organisation will identify and manage risks, in collaboration with other service providers who support the participant. These policies and procedures also outline how the participant's needs and preferences will be correctly identified.

#### MAPPING TO NSMHS

**Primary Standards:**  
2.1, 2.11, 2.13

### EVIDENCE EXAMPLES

Documented Risk Management Policy, Procedure and Register

Documented policy and procedure outlining organisational processes about work health and safety, including how collaboration is undertaken with other service providers

Documented Incident Report Form, and Incident Management Policy, Procedure and Register

Documented Participant Risk Assessment Form

Documented strategies that have been put in place to manage or mitigate identified risks including each provider's role in implementation

Documented procedure and tools available to identify the participant's support needs and preferences

Participant Support Needs and Preference Form

### IMPLEMENTATION INTO EVERYDAY PRACTICE

The Participant intake assessment and Support Plan could capture the details of other providers working with the participant, with participant consent to share this information

Ensure participant consent is obtained before the sharing of information about risks and safety planning  
Facilitate training of staff to manage challenging behaviours and prevent injury (e.g. de-escalation skills)

The terms of your Memorandum of Understanding (MOU), partnerships or agreements with other providers could include requirements of risk identification and management, assurance of a safe environment and active prevention and management of injuries

A system in place to share new information regarding identified risks or changes to a participant's needs or preferences with other providers in a timely manner

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Neami National Consumer Risk Assessment Guidelines](#)
- [Suicide Risk Assessment and Management Protocols – Community Mental Health Service](#)
- [Justice Connect: Not For Profit Law: Memoranda of Understanding \(MOU\)](#)
- [NDIS: Improving Support Coordination for Participants](#)

## 4.1.4 QUALITY INDICATOR TO BE DEMONSTRATED:

For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to **understand their communication needs** and the manner in which they express emerging health concerns.

### INTERPRETATION

Information is available about how each participant communicates their needs, including their health concerns. Clear arrangements are in place to assist workers with those participants who need support communicating. This may require input from health professionals/ advisors and the need for a specific induction with that participant.

### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Where a participant has a Behaviour Support Plan, their specific communication needs are detailed in it and support workers are aware of these

Documented Participant Risk Assessment Form

Documented strategies that have been put in place to manage or mitigate identified risks including each provider's role in implementation

Participant Support Needs Form outlining communication support needs and preferences, including whether their support network can relay information on their behalf

Documented evidence from support workers detailing when they ask the participant about any emerging health concerns using their preferred communication format

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Information is provided to participants in the language, mode of communication and terms they are most likely to understand and participants are given the opportunity to communicate information to their support workers using the same mode

Workers are given specific information on the participant's communication needs and have the benefit of induction training if necessary to enable them to support the participant effectively with techniques and technology that assists their communication

The Participant Intake Assessment and Support Plan could capture the details of other providers working with the participant, with participant consent to share this information including work with therapists that aid communication

The participant's support network or medical practitioners could be involved in ensuring the worker understands the manner in which the participant expresses emerging health concerns

With the participant's consent, family and carers are involved in the development of the participant's communication plan

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Commission: Supporting Effective Communication](#)
- [Australian Government Disability Gateway: Western Australia – Communication Aids and Services](#)
- [International Society for Augmentative and Alternative Communication](#)
- [Ausmed: Communicating Effectively With People With Disability](#)

## 4.1.5 QUALITY INDICATOR TO BE DEMONSTRATED:

To avoid delays in treatments for participants:

- a) Protocols are in place for each participant about how to **respond to medical emergencies** for them; and
- b) Each worker providing support to them is **trained** to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).

### INTERPRETATION

Strategies are in place for each participant regarding how to respond to medical emergencies. Each worker is aware of how assistance for each participant can be accessed quickly. The worker can accurately distinguish between urgent and non-urgent health situations.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.7, 10.3.5

### EVIDENCE EXAMPLES

Documented Risk Management Policy and Procedures outline how to respond to medical emergencies

The participant's individual care plan includes specific details on how to respond to a medical emergency for them. This may include their communication needs or details of specific potential emergencies

The participant's Risk Assessment contains details of any likely medical emergency that they may experience ,e.g. hypoglycemia if the participant is diabetic

Documented involvement of the worker or support coordinator communicating with medical personnel, e.g. attending case conferences

Training Register showing staff training in responding to medical emergencies and how to distinguish between urgent and non-urgent health situations and the appropriate actions in each situation

### IMPLEMENTATION INTO EVERYDAY PRACTICE

The Participant Intake Assessment and Support Plan could capture the details of other providers working with the participant

Ensure participant consent is obtained before the sharing of information about their medical history with other providers

Facilitate training of staff to manage first aid situations and other medical emergencies

Staff liaise effectively with key stakeholders such as the inpatient and community health team, family members, service providers, and the NDIA; this also requires the workers having confidence and a clear understanding of their role boundaries

Facilitate training of staff to manage first aid situations and other medical emergencies

The support coordinator may need to support the participant during a hospital admission and plan for a safe discharge.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [DSC: Hospital Ins & Outs for Support Coordinators](#)
- [NDIS Commission: Transitions of Care Between Disability Services and Hospitals](#)
- [Neami National Consumer Risk Assessment Guidelines](#)
- [Carer Gateway: Planning for Emergencies](#)
- [Summer Foundation \(VIC\): Capacity Building Framework Training Manual](#)
- [Summer Foundation \(VIC\): Developing a Safe Discharge Plan for People With Disability in Response to COVID-19](#)

## 4.1.6 QUALITY INDICATOR TO BE DEMONSTRATED:

Systems for escalation are **established** for each participant in urgent health situations.

### INTERPRETATION

Systems have been developed for each participant that determine the decisions and actions required by the worker when a health situation becomes urgent.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Documented Risk Management Policy and Procedures outlining in general how to respond to medical emergencies

The participant's individual care plan outlines specific details on how to respond to a medical emergency involving them. This may include their communication needs or details of specific potential emergencies (e.g. diabetic complications if the participant is diabetic)

An emergency care plan is available documenting emergency contacts, care needs, medical information and contacts

The participant is registered for an emergency service such as MedicAlert if they have specific allergies and wears a MedicAlert bracelet or similar to enable quick access to information by medical staff in an emergency

Training and supporting information (such as signage, flow charts and phone numbers to get support) ensuring workers know the decisions and processes required when health situations become urgent

The participant's consent has been obtained regarding sharing of information and decision making in an emergency, e.g. on admission/commencement of service provision

Your organisation has a clear process on when and how to escalate a participant's health matters and staff are able to demonstrate their knowledge when asked/during scenario planning

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Training and supporting information is developed and provided to staff including signage, infographics and flow charts for quick reference

Workers know when to engage with other staff/departments (e.g. WHS) and are familiar with the organisation's Incident Report Form, and Incident Management policies and procedures

The participant intake assessment and Support Plan has the details of other providers working with the participant, who may be of assistance in a challenging situation

Workers have documented first aid skills (with regular refresher training provided) and can distinguish between non urgent and urgent medical situations

With the participant's consent, their formal and informal network are involved in their emergency care planning



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Medic Alert Foundation](#)
- [Carers Gateway: Emergency Care Plan](#)
- [Mental Health Commission \(WA\): Mental Health Emergency Response Line](#)
- [Delta Net International \(UK\): Medical Emergency Procedures in the Workplace](#)
- [Suicide Risk Assessment and Management Protocols – Community Mental Health Service](#)

## 4.1.7 QUALITY INDICATOR TO BE DEMONSTRATED:

Infection prevention and control standard precautions are **implemented** throughout all settings in which supports are provided to participants.

### INTERPRETATION

In all environments where support is provided, infection prevention and control standards are followed to ensure the safety of both workers and participants. Infection prevention includes following COVID-19 directives.

#### MAPPING TO NSMHS

##### Primary Standard

2.7

### EVIDENCE EXAMPLES

Documented Risk Management Policy, Procedure and Register

Documented Infection prevention and control policies and procedures outlining organisational processes about work health and safety, including provision of a safe work environment

Documented Incident Report Form, and Incident Management Policy, Procedure and Register

The organisation has a COVID-19 Safety Plan that is communicated to all workers with training undertaken as required

Training registers documenting staff training in Infection Prevention and Control and evidence/examples of when these precautions are implemented

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Workers undertake infection prevention and control training and can demonstrate their understanding in this area

Workers undertake refresher training on a regular basis or whenever there are updates in public health advice

Specific training required to implement the organisation's COVID-19 Safety Plan is completed by all staff

COVID-19 signage, registers/QR codes and hand sanitisers are available at entrances to all settings in which supports are provided to participants

PPE such as masks and gloves are available and staff have training in using them effectively as an infection prevention and control measure

Systems are in place that ensure that infection control policies and processes are in line with current public health advice

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [WA Government: COVID-19 Coronavirus: COVID Safety Plans and Guidelines](#)
- [NDIS Commission: Training for NDIS Workers During COVID-19](#)
- [Safe Work Australia: Checklist: What Can I do to Keep My Workers Safe at the Workplace and Limit the Spread of COVID-19?](#)
- [Australian Government – Department of Health: Providing Disability Support Services During COVID-19](#)
- [ACSQHC: Infection Prevention and Control Workbook 2019](#)
- [Australian Government – Department of Health: Infection Prevention and Control Leads](#)
- [Australian Commission on Safety and Quality in Health Care: Infection Prevention & Control E-Learning Modules](#)
- [Australian Government Department of Health: COVID-19 Infection Control Training \(registration required\)](#)
- [NDS Infection, Prevention and Control](#)

## 4.1.8 QUALITY INDICATOR TO BE DEMONSTRATED:

Routine environmental **cleaning** is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently touched surfaces.

### MAPPING TO NSMHS

**Other relevant Standards:**  
2.7

### INTERPRETATION

The organisation has cleaning schedule/management plan in place ensuring routine cleaning is conducted of the environment in which supports are provided (other than the participant's home). Frequently touched surfaces are a cleaning priority and may need special attention (in particular during COVID-19 outbreaks).

### EVIDENCE EXAMPLES

Documented policy and procedure outlining organisational processes about work health and safety, include environmental cleaning and methods for maintaining a hygienic environment

The organisation has a cleaning schedule/management plan and cleaning contracts which specify the areas to be cleaned, the standards for cleaning and methods used.

A cleaning schedule indicates the times during the day when regular cleaning and wiping of surfaces with appropriate cleaning materials is undertaken. A manager does checks regularly to ensure this cleaning is occurring as planned.

Any additional cleaning of frequently touched surfaces is undertaken by workers as required or referred to other staff in the organisation for attention

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff have infection prevention and control training which ensures they understand the need to for regular cleanliness, disinfection and/or sterilisation in order to keep the participant and the workers protected from infection

Cleaning is prioritised and given the time, resources and attention it needs to be managed and performed effectively

Cleaning management plans, schedules and procedures are updated as needed and communicated to the relevant staff members

All staff have an awareness of the need for a clean work environment and take responsibility for this being maintained by bringing the attention of maintenance staff to areas that need attention. Staff are aware of who to call/email for assistance.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Safe Work Australia: Cleaning](#) – FAQs plus specific advice for different industries and for COVID-19
- [Work Safe \(QLD\): Cleaning](#)
- [Australian Government – Department of Health: Infection Prevention and Control Advice for Environmental Cleaning in Non-Healthcare Settings \(Home and Workplace\)](#)
- [Australian Government – Department of Health: COVID-19 Infection Control Training](#)
- [Australian Commission on Safety and Quality in Health Care: Infection Prevention & Control E-Learning Modules](#)
- [Department of Health: Coronavirus \(COVID-19\) Information about routine environmental cleaning and disinfection in the community](#)

## 4.1.9 QUALITY INDICATOR TO BE DEMONSTRATED:

Each worker is **trained** and has **refresher training** in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.

### MAPPING TO NSMHS

**Other relevant Standards:**  
8.7

### INTERPRETATION

Training in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette is completed by each worker. Refresher training is also undertaken regularly.

### EVIDENCE EXAMPLES

Documented policy and procedures outlining organisational processes about work health and safety, including provision of a safe work environment by minimising the risk of infection

Documented Training Schedule and Register showing planned training such as refresher courses and training completed by each worker

Documented strategies that have been put in place to manage or mitigate identified risks

Staff are trained in standard precautions including the donning and doffing of PPE, hand hygiene, respiratory hygiene and cough etiquette

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff have infection prevention and control training which ensures they understand the need for hand hygiene practices, respiratory hygiene and cough etiquette.

HR staff maintain a Training Register detailing the courses completed by each worker and schedule appropriate training and refresher training

Workers keep confirmations of e-learning undertaken and share this with HR

Workers are periodically assessed to see if they have any training needs in this area that have not been met, e.g. at regular performance reviews

If a new infection risk arises, workers are reminded of their training and given additional information and training as required

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Safe Work Australia: Checklist: What Can I Do to Keep My Workers Safe at the Workplace and Limit the Spread of COVID-19?](#)
- [ACSQHC: National Hand Hygiene Initiative \(NHHI\) User Manual](#)
- [World Health Organization: How to Handwash \(poster\)](#)
- [US Government: Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#)
- [NSW Health: Cough Etiquette \(poster\)](#)
- [Australian Government – Department of Health: Coronavirus \(COVID-19\) face shields \(a quick guide\)](#)
- [Australian Government – Department of Health: COVID-19 Infection Control Training](#)
- [NDS Infection, Prevention and Control](#)
- [ACSQHC: Infection Prevention & Control E-Learning Modules](#)

## 4.1.10 QUALITY INDICATOR TO BE DEMONSTRATED:

Each worker who provides supports directly to participants is **trained**, and has **refresher training**, in the use of PPE.

### INTERPRETATION

Workers who have direct contact with participants are trained in the use of personal protective equipment (PPE) and have refresher training on a regular basis. PPE can include masks, eye protection and gloves.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.7

### EVIDENCE EXAMPLES

Documented policy and procedures outlining organisational processes about work health and safety, including provision of a safe work environment by minimising the risk of infection

Documented Training Schedule and Register showing planned training such as refresher courses and training completed by each worker

Documented strategies that have been put in place to manage or mitigate identified risks

Staff are provided with various training options – elearning, videos and live demonstrations on how to appropriately use PPE

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff have infection prevention and control training which ensures they understand using PPE in a correct and therefore effective manner

HR staff maintain a Training Register detailing the courses completed by each worker and schedule appropriate training and refresher training

Workers keep confirmations of e-learning undertaken and share this with HR

Workers are periodically assessed on how their donning and doffing of PPE to see if they have any training needs in this area that have not been met, e.g. at regular performance reviews

If a new infection risk arises, workers are reminded of their training and given additional PPE, information and training as required



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS factsheet: Coronavirus \(COVID-19\) \(information for providers on the use of personal protective equipment\)](#)
- [ACSQHC: Combined Contact and Droplet Precautions](#) (poster of precautions when entering and exiting care area)
- [Australian Government. Department of Health: Guidance on the Use of Personal Protective Equipment \(PPE\) for Health Care Workers in the Context of COVID-19](#)
- [RACGP: How to Use Personal Protective Equipment \(PPE\) video](#)
- [Rise 360: PPE for Community Workers v4.0](#)
- [NDS: PPE for Community Services Providers for Prevention of Coronavirus COVID-19](#)
- [Government of WA – Department of Health: FAQs PPE use for workers in community settings \(under Community Care Providers tab\)](#)

## 4.1.11 QUALITY INDICATOR TO BE DEMONSTRATED:

PPE is **available** to each worker, and each participant, who **requires** it.

### INTERPRETATION

To ensure the health and safety of workers and participants, organisations must make PPE available to each worker and participant who requires it.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
2.7

### EVIDENCE EXAMPLES

Documented policy and procedures outlining organisational processes about work health and safety, including provision of PPE to workers to promote and maintain a safe work environment

Documentation on PPE equipment purchased and supplied to workers

Training Register detailing provision of training courses completed by each worker in the use of PPE supplied  
COVID -19 Safety Plan and training records including the use of PPE for infection prevention

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Businesses/organisations must put control measures in place to protect workers' health and safety. That includes giving workers PPE, if required to minimise a risk, at no cost to the employee

Under WHS legislation the employer must provide the worker with information, training and instruction in the proper use and wearing of PPE and its storage and maintenance.

Staff have infection prevention and control training which ensures they understand the importance of when to use PPE (e.g. if there is a suspected case of COVID-19 or if they are unable social distance) and how to use PPE in a correct and effective manner

HR staff maintain a Training Register detailing PPE or infection prevention and control courses completed by each worker and schedule appropriate training and refresher training

Workers are periodically assessed to see if they have any equipment and training needs in this area that have not been met, for example, at regular performance reviews

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Safe Work Australia: WHS Duties – Personal Protective Equipment \(PPE\)](#)
- [Safe Work Australia – COVID-19 Information for Workplaces: Duties Under WHS Laws: Small Business](#)
- [Work Safe WA: Legislation](#)
- [RACGP: How to Use Personal Protective Equipment \(PPE\) video](#)
- [NDS: PPE for Community Services Providers for Prevention of Coronavirus COVID-19](#)
- [Advice on how to access personal protective equipment \(PPE\)](#)

## 4.2 PARTICIPANT MONEY AND PROPERTY

### OUTCOME:

Participant money and property is secure and each participant uses their own money and property as they determine.

### 4.2.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Where the provider has access to a participant's money or other property, processes to ensure that it is **managed, protected and accounted** for are **developed, applied, reviewed and communicated**. Participants' money or other property is only **used** with the consent of the participant and for the **purposes intended** by the participant.

### INTERPRETATION

Clear policy and procedure guide the management, protection and accountability for participant money and property and make sure it is only accessed with consent and used in line with participant wishes. Once developed, this policy and procedure are applied throughout the organisation, communicated to both staff and participants, and reviewed on a regular basis.

### EVIDENCE EXAMPLES

Documented policy and procedure outlining processes that guide staff involvement in management of participant money and property

Provision of a Participant Information Pack including information about provider access to and use of participant money and property

Documented Professional Boundaries Policy for staff to adhere to

Documented Code of Conduct

Documented in the participant record is information about how money or property is to be used, how consent was obtained, and how this use was in line with participant intended purposes

### IMPLEMENTATION INTO EVERYDAY PRACTICE

The Service Agreement with participants could outline roles and responsibilities in relation to the access and use of participant money and property

Staff can use a supported decision-making tool to aid participants in choosing how to spend their money or use their property

Staff and participants are aware of gifting policy including limits to the value of gifts and associated reporting requirements

#### MAPPING TO NSMHS

#### Primary Standards:

2.1

Misuse of a participant's money is considered financial abuse and/or neglect, and is a reportable incident under the NDIS Commission. See the [Reportable Incidents Guidance](#) published by the NDIS Commission for more information.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- An article on [Respecting Client Money and Property](#)
- [Lifestyle Centred Services Sample Participant Money and Property Policy and Procedure](#)
- [Australian Community Industry Alliance Sample Protection of Participant Belongings, Money and Household Items Procedure](#)
- [ADACAS Advocacy Supported Decision-Making Toolkit](#)

## 4.2.2 QUALITY INDICATOR TO BE DEMONSTRATED:

If required, each participant is **supported to access** and spend their own money as the participant determines.

### INTERPRETATION

To maintain person-centred supports and facilitate choice and control, staff support participants to access and spend their own money how they wish to, in line with their needs and preferences.

### EVIDENCE EXAMPLES

Policy and procedure documents outlining processes to guide staff involvement in management of participant money and property

Provision of a Participant Information Pack includes information about the participants right to access and spend their own money

Policy and/or procedure documents about Supported Decision Making, participant choice and dignity of risk

Documented in participant records is information about how a participant is supported to access and spend their own money, and how this use is in line with participant intended purposes

Feedback from participants about their experiences when wanting to access and spend their own money

### IMPLEMENTATION INTO EVERYDAY PRACTICE

If participants have difficulty managing their money, including how and where they spend it, consider involving other supports in their service delivery, such as financial counselling

Decision-making tools can be used to collaboratively assist participants to access and spend their own money

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

Preventing a participant from accessing and spending their own money as they wish may be considered a restrictive practice. See the [NDIS Commission webpage](#) for more information.

---

**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [WAI S Supported Decision Making Tools and Resources](#)
- [National Resource Center for Supported Decision-making: Supported Decision Making Toolkit](#)
- [A guide to money management for people with disabilities](#)
- [Consumer Financial Protection Bureau: Focus on People With Disabilities](#)

## 4.2.3 QUALITY INDICATOR TO BE DEMONSTRATED:

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

### INTERPRETATION

Services delivered are in line with your organisational registration groups, and your roles and responsibilities as outlined in the Service Agreement and staff JDFs. This precludes giving financial advice, unless qualified, registered and engaged specifically by the participant to do so.

#### MAPPING TO NSMHS

##### Primary Standards:

2.1

### EVIDENCE EXAMPLES

Documented Service Delivery Policy includes the scope of supports delivered by your organisation under your NDIS registration groups

Documented Service Agreement

Records of staff qualifications and registrations are documented and copies stored by your organisation

Documented Professional Boundaries Policy written in line with the Code of Conduct, to which staff adherence is monitored

Documented organisational Code of Conduct, or acknowledgement and adherence to the NDIS Code of Conduct

Financial advice should only ever be given by a qualified professional – i.e., a financial adviser or accountant. Financial advice may be provided under registration groups such as Plan Management.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Ensure your staff have a clear understanding of the scope of supports and services you deliver; this should be guided by what is documented in their JDF, your NDIS registration groups, your Code of Conduct, Service Delivery Policy and documented Professional Boundaries



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [The Royal Children's Hospital Melbourne: Sample Royal Children's Hospital Melbourne: Professional Boundaries](#)
- [Relationships Australia: Factsheet on Maintaining Personal and Professional Boundaries](#)

## 4.3 MANAGEMENT OF MEDICATION

### OUTCOME:

Each participant requiring medication is confident their provider **administers, stores and monitors** the effects of their medication and works to prevent errors or incidents.

### 4.3.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Records clearly **identify** the medication and dosage **required** by each participant, including all information **required** to correctly identify the participant and to safely **administer** the medication.

*Please note: this indicator may not be relevant to all providers.*

### INTERPRETATION

Relevant information about the administration of each participant's medication is collected and recorded in participant records and regularly reviewed. These records include accurate and relevant information to enable correct participant identification and easy identification of the medication and dosage required to facilitate safe administration of medication.

#### MAPPING TO NSMHS

**Primary Standards:**  
2.4, 10.5.6

### EVIDENCE EXAMPLES

Documented Medication Management Policy and Procedure

Participant records document all personal identification and medication information

Participant record contains documentation of medication history, and administration of medication

Staff and participant feedback on safe and correct medication administration

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Document all contact with the prescribing medical practitioner and ensure periodic review of medications for participants

Participant records are kept up-to-date to ensure current medication is recorded and is administered safely – if in doubt, consult with the overseeing medical practitioner

Ensure medication is stored according to policy, procedure and medication requirements

Record incidents involving medication in line with organisational incident management processes

There is evidence in your quality improvement register that incidents are used as opportunities to improve and strive for best practice

Conduct internal audits to ensure that all the correct medication and dosage information is contained within participant records. Develop a template to record audit details and ensure it is included within your Internal Audit Schedule

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Interchange: Sample Medication Management Policy/Procedure](#)
- [Family & Community Services Ageing Disability & Home Care: Medication Procedures Tools and Templates](#)
- WA Health – [Medicines Handling Policy](#)

## 4.3.2 QUALITY INDICATOR TO BE DEMONSTRATED:

All workers responsible for administering medication **understand** the effects and side-effects of the medication and the steps to take in the event of an incident involving medication.

*Please note: this indicator may not be relevant to all providers.*

### INTERPRETATION

Staff responsible for safe administration of participant medication are adequately trained and supported to understand the intended effects and potential side effects of the medication. Staff are trained to respond appropriately in the event of an incident involving medication, including first responder steps as well as ongoing management processes, including follow-up documentation.

#### MAPPING TO NSMHS

##### Primary Standards:

2.4, 10.5.6

### EVIDENCE EXAMPLES

Documented Medication Management Policy and Procedure

Staff JDFs include responsibilities surrounding medication management, where applicable

Documented Staff Training Register including training around specific medications and incident management processes

Documented Incident Report Form, and Incident Management Policy, Procedure and Register

Participant records contain documented information about previous administration of medication, where applicable

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Adequate support, training and supervision of staff are essential in ensuring understanding of effects and side effects, safe administration and procedural compliance in medication administration

Staff responsible for incident management and reporting are accountable and understand their obligations for reporting medication incidents externally, including to the NDIS Commission, where appropriate and in line with the Reportable Incidents definition

A participant's Medication Plan records any side effects of medications, and the ongoing administration of medications. This can be shared with the prescribing practitioner during regular medication reviews

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDS: Learning Guide for Disability Support Workers – Get ready to assist clients with medication](#)
- [NPS MedicineWise](#)
- [Family & Community Service Restrictive Practice – Chemical Restraint Guidance Factsheet](#)

## 4.3.3 QUALITY INDICATOR TO BE DEMONSTRATED:

All medications are **stored safely and securely**, can be **easily identified and differentiated**, and are only accessed by appropriately trained workers.

*Please note: this indicator may not be relevant to all providers.*

### INTERPRETATION

Medications held by your organisation are stored in a safe and secure manner and can only be accessed by appropriately trained staff. Medications are clearly labelled, enabling easier identification and differentiation.

#### MAPPING TO NSMHS

##### Primary Standards:

10.5.6

##### Other relevant Standards:

2.4

### EVIDENCE EXAMPLES

Documented Medication Management Policy and Procedures include processes about safe and secure storage, identification and differentiation of medications

Locks or keypads on medication storage cabinets – where appropriately trained staff are the only ones with keys or codes

Documented participant records include information on medication administration

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Periodically internal audits could ensure that all medications are clearly labelled, easily identified and stored safely and securely by staff – this could be incorporated into your Internal Audit Schedule

Supervision and monitoring of staff ensures that medications are only accessed by appropriately trained staff, and stored safely and securely

Consider implementing a labelling system that allows for easy differentiation of medications

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Sample medication storage policy](#)
- [ACSQHC Safe and Secure Storage and Distribution of Medicines](#)
- [Supply, Storage and Safe Disposal of Medicines – Sample Policy](#) (this is quite a long version, but can be used to inform the policy and procedure development at your organisation)

## 4.4 MEALTIME MANAGEMENT

### OUTCOME:

Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences, and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

### 4.4.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Providers **identify** each participant requiring mealtime management.

#### INTERPRETATION

Each participant requiring mealtime management/assistance is identified so their needs can be properly assessed and their needs met.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

#### EVIDENCE EXAMPLES

A documented procedure outlines how participants who need mealtime management are identified and who is responsible for this process.

When support workers identify which participant's require mealtime management there are policies and procedures in place to ensure this is followed up by relevant staff to ensure the participant's needs are met

The participant is involved in all aspects of planning their mealtime management

Participant mealtime needs are documented on their records and updated as needed

The participant's Behaviour Support Plan has identified and documented the participant's mealtime needs

The participant has been assessed by appropriately qualified health practitioners who have assisted with the development of an oral eating and drinking care plan (OEDCP)

There is evidence in your quality improvement register that incidents at mealtimes have been recorded and used as opportunities to improve and strive for best practice

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Support workers identify mealtime management needs and inform relevant staff members who ensure the participant is assessed by a qualified worker or outside clinician/consultant the appropriate specialists

Participants and their support networks inform the organisation of the need for mealtime management

Participant records are kept up-to-date to ensure current mealtime management needs are recorded and implemented safely

Internal audits ensure all the correct mealtime management information is contained within participant records. Develop a template to record Audit details which are recorded and ensure the information gathered is used to update mealtime support for the participant



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS: Disability-related Health Supports – Information for Providers](#)
- [Mealttime Support Resources Centre of Excellence for Clinical Innovation and Behaviour Support](#)
- [NGO Learning Centre: Mealttime Management – Online Course](#)
- [Nutrition and swallowing procedures](#)

## 4.4.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:

- a) **Undertaking** comprehensive assessments of their nutrition and swallowing;
- b) **Assessing** their seating and positioning requirements for eating and drinking;
- c) **Providing** mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
- d) **Reviewing** assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed

### INTERPRETATION

The participant's needs for mealtime management are assessed in detail by appropriately qualified health practitioners. Their assessment includes nutrition and swallowing, seating and positioning requirements. A mealtime management plan is provided based on their assessment. This is reviewed annually or as directed by medical staff and as the participant's needs change.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Documented assessments of the participant's nutrition and swallowing, seating and positioning while eating

Development and periodic review of a mealtime management plan by a suitably qualified and competent health practitioner

Planning documents showing when upcoming mealtime management assessments will take place

A procedure and reporting method is in place so support workers can record concerns and alert appropriate staff to the need for a mealtime review

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Appropriately qualified health practitioners access the mealtime needs of the participant and develop an individual mealtime management plan with the participant

Training of a suitably qualified and competent workers to implement the mealtime management plan

Support workers identify changes to mealtime management needs and inform relevant health practitioner to ensure the participant is reassessed wherever necessary

Participant records are kept up-to-date to ensure current mealtime management needs are recorded and implemented safely

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Commission: Dysphagia, Safe Swallowing and Mealtimes Management](#)
- [Centre of Excellence for Clinical Innovation and Behaviour Support: Mealtimes Support Resources](#) (includes information on food texture and positioning and seating)
- [NSW Government – Family and Community Services: Nutrition and Swallowing Guidelines](#)
- [NSW Government – Family and Community Services: Nutrition and Swallowing. Procedures Tools and Templates](#) (mealtimes management plan)
- [NSW Government – Family and Community Services: Mealtimes Management for Nurses Practice Package](#) (includes information on positioning and seating)
- [Disability Services Commissioner \(VIC\): Safe Mealtimes \(poster\)](#)
- [The Caroline Walker Trust: Eating Well: Children and Adults with Learning Disabilities: Nutritional and Practical Guidelines](#)
- [Royal College of Speech & Language Therapists: Dysphagia Overview](#)
- [Royal College of Speech & Language Therapists \(2019\): Dysphagia Guidance](#)

### 4.4.3 QUALITY INDICATOR TO BE DEMONSTRATED:

With their consent, each participant requiring mealtime management is **involved** in the assessment and development of their mealtime management plans.

#### INTERPRETATION

Your organisation has a documented policy and procedure that describes the emergency plan to be implemented in the event of an incident involving clinical waste or hazardous material. If the plan is implemented, your organisation keeps records of the evaluation of the effectiveness of the plan and the inclusion of any necessary revisions.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

#### EVIDENCE EXAMPLES

Documented assessments of the participant's nutrition and swallowing, seating and positioning while eating which include input from the participant

Development and periodic review of a mealtime management plan by a suitably qualified and competent health practitioner including input from the participant and their support network

Planning documents showing when upcoming mealtime management assessments will take place and include plans to consult the participant and with consent, their support network

Evidence of the participant's involvement in their mealtime management, e.g. recorded information using a 'My eating and drinking profile' which outlines their preferences or a risk checklist which documents what the participant or their support network identify as mealtime risks

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Participants and their support network inform support workers/health practitioner where there is a need for the review of their mealtime management plan including the changes that are needed. These needs are reassessed by the health practitioner

Participant records are kept up-to-date to ensure current mealtime management needs are recorded and implemented safely and any identified needs for review are documented and communicated to the health practitioner using the documented organisational procedures

Staff knowledge and training in identifying and managing swallowing problems minimises the risks of choking and improves the participant's mealtime-related quality of life

Documented assessment of the participant's swallowing and nutritional needs helps reduce the negative impacts of dysphagia and improves the participant's safety and quality of life

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NGO Learning Centre: Mealtime Management. Online Course](#)
- [NSW Government – Family and Community Services: Nutrition and Swallowing Guidelines June 2016](#)
- [NSW Government – Family and Community Services: Nutrition and Swallowing. Procedures Tools and Templates](#) (mealtime management plan template)
- [Royal College of Speech and Language Therapists: Giving Voice to People with Swallowing Difficulties](#)
- [ACSQHC: Person-centred Care](#)

## 4.4.4 QUALITY INDICATOR TO BE DEMONSTRATED:

Each worker responsible for providing mealtime management to participants **understands** the mealtime management needs of those participants and the **steps to take** if safety incidents occur during meals, such as coughing or choking on food or fluids.

### INTERPRETATION

Workers understand what the specific mealtime needs of the participant are (from their individual mealtime management plan). If an incident occurs that affects the participant's safety such as coughing or choking on food or drink, they know the correct first aid response and how to access further assistance including emergency services.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Documented mealtime management and emergency response policies and procedures

Participants' individual mealtime management plans are accessible and available to all relevant workers

Incidents involving safety risks at mealtime are documented in line with organisation's incident management processes

There is evidence in your quality improvement register that mealtime incidents are used as opportunities to improve and strive for best practice

WHS training includes first aid for those implementing the mealtime management plans with participants

Staff can demonstrate an understanding of what steps to take if the participant chokes on food or fluids during mealtimes

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff have knowledge and training in how to identify and manage swallowing problems to minimise the risks of choking to improve the participant's mealtime-related quality of life

Documented assessment of the participant's swallowing and food texture and sitting position requirements helps reduce the likelihood of dysphagia and improves the participant's safety and quality of life

Workers undertake first aid training in choking and can respond immediately to safety issues. Workers can demonstrate when they need to seek further assistance

Conduct internal audits to ensure that all the mealtime information is contained within participant records. Audit details are recorded to in an internal audit schedule

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Commission: Dysphagia, Safe Swallowing and Mealtime Management](#)
- [St John: How to Respond to a Choking Adult or Child](#)
- [Disability Services Commissioner \(VIC\): Safe Mealtimes \(poster\)](#)
- [The Caroline Walker Trust: Eating Well: Children and Adults with Learning Disabilities: Nutritional and Practical Guidelines](#)
- [Department of Health – Responding to swallowing difficulties](#)

## 4.4.5 QUALITY INDICATOR TO BE DEMONSTRATED:

Each worker responsible for providing mealtime management to participants is **trained** in **preparing** and **providing** safe meals with participants that would reasonably be expected to be enjoyable and proactively **managing** emerging and chronic health risks related to mealtime difficulties, including how to **seek help** to **manage** such risks.

### INTERPRETATION

Workers understand what the specific mealtime needs of the participant are (from their individual mealtime management plan). If an incident occurs that affects the participant's safety such as coughing or choking on food or drink, they know the correct first aid response and how to access further assistance including emergency services.

### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Documented mealtime management and emergency response policies and procedures

Participants' individual mealtime management plans which are accessible and available to all relevant workers. They include information on food allergies and dysphagia

Documented records of workers having completed food safety training and being certified in food handling

Incidents involving safety risks at mealtime are documented in line with organisation's incident management processes

There is evidence in your quality improvement register that mealtime incidents are proactively used as opportunities to improve and strive for best practice

Evidence of workers involving participants in the choice of and where relevant, the preparation of their meals

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff have knowledge and training in identifying and managing swallowing problems to minimise the risks of dysphagia and choking and improves the participant's mealtime-related quality of life

Documented assessment of the participant's swallowing and food texture needs helps reduce the likelihood of dysphagia and choking and improves the participant's safety and quality of life.

Conduct internal audits to ensure that all the mealtime information is contained within participant records. Develop a template to record audit details and ensure it is included within your internal audit schedule



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Centre of Excellence for Clinical Innovation and Behaviour Support: Mealtime Support Resources](#) (includes information on food texture and positioning and seating)
- [Mealtime Management for Nurses Practice Package](#)
- [Nutrition and Swallowing Procedures, Tools, and Templates](#)
- [WA Government – Department of Health: Food Handlers and Food Safety](#)
- [WA Government – Department of Health: Food Safety Toolkit](#)

## 4.4.6 QUALITY INDICATOR TO BE DEMONSTRATED:

Mealtime management plans for participants are **available** where mealtime management is provided to them and are **easily accessible** to workers providing mealtime management to them.

### INTERPRETATION

Mealtime management plans are accessible to workers providing mealtime management. The plans are available on site where the mealtime management is occurring. Information management procedures are in place to ensure this occurs.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Participants' individual mealtime management plans are accessible and available to all relevant workers

Training registers showing workers received training on accessing and implementing mealtime management plans

Documented mealtime management policies and procedures

Documented information management procedures include where mealtime management information is kept (both in hardcopies and online), when it is updated and which personnel are responsible for ensuring this information is current. Registered NDIS providers that are subject to the Core Modules must have an information management system in place that is relevant and proportionate to the size and scale of the organisation.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Where meals are being served, general mealtime management safety information may be available in different formats such as visually on wall charts, on laminated cards or daily mealtime management printouts. Full mealtime plans, relevant to each participant could be available in a hardcopy and in the the participant's file.

Staff have knowledge and training in identifying and managing swallowing problems to minimise the risks of serious choking to improve the participant's mealtime-related quality of life

Documented assessment of the participant's swallowing, food texture and nutritional needs helps reduce the likelihood of dysphagia and improves the participant's safety and quality of life.

Each participant's information is managed to ensure that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.

Internal audits are undertaken to ensure that all the mealtime information contained within participant records and their mealtime management plan is accurate.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NSW Government – Family and Community Services: Nutrition and Swallowing: Procedures Tools and Templates](#) (mealtime management plan template)
- [Disability Support Guide: The Importance of Record Keeping and Information Management for NDIS Providers](#)
- [NDIS Commission: Dysphagia, Safe Swallowing and Mealtime Management](#)

## 4.4.7 QUALITY INDICATOR TO BE DEMONSTRATED:

Effective **planning** is in place to **develop menus** with each participant requiring mealtime management to support them to:

- a) Be **provided** with nutritious meals that **would reasonably be expected** to be enjoyable, **reflecting** their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
- b) If they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – **proactively manage** those risks

### INTERPRETATION

Menu planning takes into account the mealtime management requirements of participants ensuring meals are nutritious and enjoyable, reflect the participant's preferences, their informed choice and recommendations from health professionals. If the participant has chronic health risks the menu planning helps proactively manage these.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Participants' individual mealtime management plans which are accessible and available to all relevant workers

Records are kept of menu planning with the participant's involvement and once the menus are prepared they are finalised and approved by an appropriate health practitioner and are implemented by support workers as outlined in the mealtime management plans

Dieticians who understand the requirements for chronic health risks such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight are on staff or consulted when menus are prepared

Staff can demonstrate knowledge of dysphagia and issues related to mealtime management are available in the organisation's policies and procedures

The IDDSI Framework (see link below) is used when planning for and accurately preparing texture-modified foods and fluids

The organisation is food allergy aware and accesses resources such as the National Allergy Strategy Resource Hub to assist with risk management of allergens

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff have knowledge and training in identifying and managing swallowing problems to minimise the risks of choking and improves the participant's mealtime-related quality of life

Documented assessment of the participant's swallowing, food texture and nutritional needs helps reduce the negative impacts of dysphagia and improves the participant's safety and quality of life

Menu planning is reviewed often with consideration given to any changes in mealtime management plans and feedback from participants concerning the food being nutritious and enjoyable

Relevant staff undertake food safety and food handling training including refresher courses

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [International Dysphagia Diet Standardisation Initiative \(IDDSI\): The IDDSI Framework](#) Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties
- [IDDSI: Complete IDDSI Framework. Detailed Definition 2.0 2019](#)
- [Mealtime support resources Centre of Excellence for Clinical Innovation and Behaviour Support](#) (includes information on food texture and positioning and seating)
- [NDIS Dysphagia, Safe Swallowing and Mealtime Management](#)
- [The Speech Pathology Association of Australia: Swallowing factsheet](#)
- [Royal College of Speech & Language Therapists: Dysphagia Overview](#)
- [Royal College of Speech & Language Therapists: Dysphagia Guidance](#)
- [Healthdirect Australia: Dysphagia \(difficulty swallowing\)](#)
- [Disability Services Commissioner: Safe Mealtimes](#)
- [Department of Health – Food Safety: Allergies, Choking and Food handling](#)

## 4.4.8 QUALITY INDICATOR TO BE DEMONSTRATED:

Procedures are in place for workers to **prepare** and **provide** texture-modified foods and fluids in accordance with mealtime management plans for participants and to **check** that meals for participants are of the correct texture, as identified in the plans.

### INTERPRETATION

The organisation's procedures include details on preparing and providing texture-modified foods and fluids in order to meet the needs of the participant as outlined in their mealtime management plan. Quality standards are included for reference so the worker can check that the participant's meals are of the correct texture required.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Documented procedures for food preparation including for texture-modified foods and fluids

Mealtime management plans for individual participants are documented and the relevant information is available to workers involved in meal preparation

The organisation demonstrates knowledge of dysphagia and issues related to mealtime management in its policies and procedures

The organisation follows the IDDSI framework: Australia has formally transitioned from the Australian National Standardised terminology and definitions for texture modified foods and thickened liquids to IDDSI. IDDSI has been implemented in Australia since May 2019. [IDDSI: Australia](#)

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Workers involved in meal preparation understand the importance of accurate preparation of texture-modified foods and fluids as there could be adverse events from alterations or errors including choking and death

Workers involved in checking that meals for participants are of the correct texture, as identified in the plans understand the standard required and are able to accurately assess that the meal is correctly prepared

Staff have knowledge and training in identifying and managing swallowing problems to minimises the risks of choking and to improve the participant's mealtime-related quality of life

Documented assessment of the participant's swallowing and nutritional needs helps reduce the negative impacts of dysphagia and improves the participant's safety and quality of life

Internal audits ensure that all the mealtime management information is contained within participant records.

Develop a template to record audit details and ensure it is used to update participants records and mealtime management plans

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [International Dysphagia Diet Standardisation Initiative \(IDDSI\): The IDDSI Framework](#) Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties
- [IDDSI – Complete IDDSI Framework: Detailed Definition 2.0 2019](#)
- [Centre of Excellence for Clinical Innovation and Behaviour Support: Mealtime Support Resources](#) (includes information on food texture)
- [Mealtime Management for Nurses Practice Package](#)

## 4.4.9 QUALITY INDICATOR TO BE DEMONSTRATED:

Meals that may be provided to participants requiring mealtime management are **stored safely** and in accordance with health standards, can be **easily identified** as meals to be provided to particular participants and **can be differentiated** from meals not to be provided to particular participants.

### INTERPRETATION

Meals for participant's are safely stored and handled according to food safety standards and practices. This includes correctly identifying stored food and ensuring the correct meals are given to the correct participant. This is a safety issue to avoid incidents involving allergic reactions or choking due to dysphagia that could occur if the wrong meal is provided.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

### EVIDENCE EXAMPLES

Documented Food Safety Policies and Procedures include food labelling and storage

Documented records of workers having completed food safety training and being certified in food handling

Training for workers includes awareness of food allergy issues and the need for vigilance in this regard

It is evident that there are clearly identified areas allocated for food storage with adequate signage

Workers double check the meal they collect against the participant's mealtime plan to ensure they have the correct meal. Workers sign off to say they have checked this information in the participant's mealtime plan prior to giving the participant their meal

### IMPLEMENTATION INTO EVERYDAY PRACTICE

All food is stored in a manner compliant with food safety legislation and standards

All food storage areas including refrigeration are maintained and checked regularly to ensure food safety

Food delivery records are kept and meals available are checked to ensure they are not past their use by dates

Clear labelling/identification of meal types is developed, is explained to workers and details of the labeling system used is readily available for reference (e.g. colour coding, large numbering, different shaped containers etc)

Support workers are aware if there is an oral eating and drinking care plan (OEDCP) in place for a participant and checks that the meals provided are in keeping with the requirements identified in the plan.

The organisation is food allergy aware and accesses resources such as the National Allergy Strategy Resource Hub to assist with risk management of allergens

Incidents involving food safety are recorded and responded to in line with organisational incident management processes



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [WA Government – Department of Health: Food Handlers and Food Safety](#)
- [WA Government – Department of Health: Food Safety Toolkit](#)
- [National Allergy Strategy – All About Allergens: Resource Hub](#)
- [Australian Government – Department of Health: Food Safety: Allergies, Choking and Food Handling](#)

## 4.5 MANAGEMENT OF WASTE:

### OUTCOME:

Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.

### 4.5.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Policies, procedures and practices are in place for the **safe and appropriate storage and disposal** of waste, infectious or hazardous substances (including PPE), and each policy, procedure and practice complies with current legislation and local health district requirements.

#### INTERPRETATION

Waste management policy and procedures are in place that comply with requirements and regulations stipulated by the local health district and current legislation. This includes processes that ensure safe and appropriate storage and correct disposal of waste, including infectious and hazardous substances (including PPE).

#### MAPPING TO NSMHS

**Other relevant Standards:**  
2.7

#### EVIDENCE EXAMPLES

Documented Waste Management Policy and Procedure includes references to, and incorporation of, information outlined in current legislation and is compliant with local health district regulations

Documented Staff Training Register includes training on safe storage and disposal of waste

Information regarding waste management and infection control requirements is made available to staff, participants and visitors

Staff feedback around their understanding of and compliance with policy and procedure surrounding waste management

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

Staff education and training is provided to ensure staff understand and apply the required practice to appropriately handle waste – further training may need to be provided if relevant to a particular participant

Ensure easy access to waste containers for sharps, out of date or unused medication, infectious or hazardous materials including PPE

Incident review and assessment where waste, infectious or hazardous substances are involved will aid in the continuous quality improvement process, and prevent similar incidents from reoccurring

Subscribe to regulation and/or legislation changes to ensure policies and procedures is updated in line with this, these updates should be documented in your Policy Register

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Occupational Health and Safety Act 1984](#)
- [Government of WA Department of Health: Use of PPE in community settings](#)
- [St Johns – Handling and disposal of sharps Safe Work Australia: PPE](#)

## 4.5.2 QUALITY INDICATOR TO BE DEMONSTRATED:

All incidents involving infectious material, body substances or hazardous substances are **reported, recorded, investigated and reviewed**.

### INTERPRETATION

Your organisation has a policy and procedure in place to ensure that, when an incident involves infectious material, body substances or fluids, and/or hazardous substances, this incident is reported, documented, examined and reviewed.

#### MAPPING TO NSMHS

**Other relevant Standards:**

2.7

### EVIDENCE EXAMPLES

Incident Accident Report Form

Documented Incident Management Policy, Procedure and activity managed Register Documented Waste Management Policy and Procedure

Meeting agenda and minutes that include the discussion and review of any incidents that have occurred for shared learning experiences

Staff can describe what they do in the event of an incident involving infectious material, body substances or hazardous substances. Staff can convey their understanding of procedures surrounding incident management involving waste, including reporting through to review

### IMPLEMENTATION INTO EVERYDAY PRACTICE

All incidents are properly reviewed, which may instigate quality improvement activities to support the continuous quality improvement culture at your organisation

Staff are provided with appropriate PPE and equipment to properly manage these types of incidents

Audits can be conducted to ensure the entire incident investigation process is properly undertaken by staff and documented; these can be recorded in your Internal Audit Schedule

Remember to keep all incident reports and records on file for seven years, as per the NDIS Rules, which also stipulate the required information to be collected with an Incident Report Form

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Worksafe Queensland: Tips for Investigating Workplace Incidents](#)
- [Department of Health VIC\): Managing Exposures to Blood and Body Fluids or Substances](#)
- [SA Health: Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline](#)
- [NDIS \(Incident Management and Reportable Incidents\) Rules 2018](#)

## 4.5.3 QUALITY INDICATOR TO BE DEMONSTRATED:

An emergency plan is in place to **respond** to clinical waste or hazardous substance management issues and/or accidents. Where the plan is **implemented**, its effectiveness is **evaluated**, and **revisions** are made if required.

### INTERPRETATION

Your organisation has documented policy and procedure that describe the emergency plan to be implemented in the event of an incident involving clinical waste or hazardous material. If the plan is implemented your organisation keeps records of the evaluation of the effectiveness of the plan and the inclusion of any necessary revisions.

#### MAPPING TO NSMHS

##### Other relevant Standards:

2.7

### EVIDENCE EXAMPLES

Documented Emergency Plan to respond to waste management issues and/or accidents Waste Management Policy and Procedure documents

Documented Incident Management Policy, Procedure and Register

Documented implementation of the Emergency Plan, and records of any changes or revisions that were made in response to legislation or upon review

Staff feedback on the implementation and use of the Emergency Plan, where applicable

### IMPLEMENTATION INTO EVERYDAY PRACTICE

Where your Emergency Plan has been utilised, changes could be incorporated into your Quality Improvement Register

Contained with the Emergency Plan is key contacts or coordinators to manage the implementation of the plan – staff should have clear understanding of who these individuals are

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [WA Health: COVID-19 Advance for Community Care Workers](#)
- [Department of Health: Management and Operational Plan for people with disability](#) (while the plan outlined in Part 2 is possibly too extensive, it could give you some starting points when developing your version)
- [Contingency Planning and Emergency Response to healthcare waste spills](#) (resource developed by the World Health Organization)
- [Hazardous Material/Waste Emergency Contingency Plan – Sample Policy](#) (this is a guide only)

## 4.5.4 QUALITY INDICATOR TO BE DEMONSTRATED:

Each worker involved in the management of waste, or infectious or hazardous substances, is **trained** in the safe and appropriate **handling** of the waste or substances, including the **use of PPE** or any other clothing required when handling waste or hazardous substances.

### INTERPRETATION

Adequate training and education are provided to staff to ensure appropriate and safe practices when managing incidents involving waste, bodily and hazardous substances. This includes the appropriate use and disposal of any personal protective equipment or handling tools.

#### MAPPING TO NSMHS

##### Other relevant Standards:

2.7

### EVIDENCE EXAMPLES

Staff Training Register includes waste management training, the correct use of PPE and safe handling of sharps

Documented staff JDFs outlining roles and responsibilities around waste management

Staff are provided with, and have access to, the appropriate PPE required where waste and hazardous substances may be present

Completed Incident Report Forms document the procedures employed to ensure safe and appropriate handling of waste, including if there was the use of PPE

### IMPLEMENTATION INTO EVERYDAY PRACTICE

In response to COVID-19, you may wish to implement a mandatory hand hygiene training program

Monitoring and supervision of staff will ensure that waste handling and management tasks are undertaken correctly and any PPE is used and disposed of properly



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Hand Hygiene Australia: Online Learning and Resources](#)
- [Department of Health: Factsheet on the Correct use of PPE](#)
- [Victorian Government: Putting on \(Donning\) and Taking Off \(Doffing\) of PPE](#)
- [Safework Australia: Personal Protective Equipment](#)



# APPENDICES

## APPENDIX 1

### MAPPING NDIS PRACTICE STANDARDS TO NSMHS

Match
  Partial Match
  No Match
  New Indicator Nov 2021

NDIS	NSMHS Primary	NSMHS Secondary
1.1.1	1.2, 1.4	1.3, 1.7, 1.9, 1.10
1.1.2	1.4, 1.7	4.5, 4.6, 6.3, 9.3
1.1.3	1.11, 4.3	1.12, 3.2, 7.1, 7.16, 10.4.3
1.2.1	4.1, 7.5	4.2, 4.6
1.2.2	4.5, 10.1.5	4.3, 4.4, 4.6, 7.5
1.3.1	1.1, 1.8	10.1.2
1.3.2	1.8	
1.3.3	1.3	1.13, 7.7, 7.8, 7.9, 7.10
1.4.1	1.10	1.3, 3.1, 10.1.6, 10.1.8
1.4.2	1.10	1.3
1.4.3	1.7	
1.4.4		1.11, 10.4.5
1.4.5	1.15	1.11, 3.4
1.5.1	2.1	2.9, 2.10
1.5.2	1.15	1.11, 2.1
1.5.3	1.16	2.1, 2.10, 4.6, 10.1.5
NDIS	NSMHS Primary	NSMHS Secondary
2.1.1	7.14, 8.3	3.3, 3.7
2.1.2	8.4, 8.11	8.9, 8.10, 10.4.5
2.1.3	8.7	3.3
2.1.4	2.9, 2.12, 3.1, 8.3	4.3, 5.2, 6.17, 8.10
2.1.5		8.7, 8.11
2.1.6		7.16, 8.6, 8.7
2.1.7	2.8	2.9
2.1.8		8.10
2.2.1	2.9, 2.11, 8.10	1.8, 2.3, 2.4, 2.6, 2.10, 2.13
2.2.2	2.13, 8.10	2.3, 2.11, 10.3.3
2.2.3	8.10	1.9, 1.11, 2.3, 2.8, 2.9, 6.15, 10.4.5
2.2.4	2.7	2.9, 2.11, 2.12, 8.10, 10.3.3
2.2.5		10.4.5, 2.9, 2.11, 2.12, 8.10, 10.3.3
2.2.6		
2.3.1	8.11	3.1

Match
  Partial Match
  No Match
  New Indicator Nov 2021

NDIS	NSMHS Primary	NSMHS Secondary
2.3.2	8.11	2.12, 2.13
2.3.3	8.11	
2.4.1	8.9	1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4
2.4.2		1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4
2.4.3	8.9	1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4
2.4.4	6.14, 6.15	1.14, 1.3, 7.7, 7.9, 10.6.4
2.5.1		1.16
2.5.2	1.16, 3.2	
2.5.3		1.16, 3.1, 8.11
2.5.4		1.16
2.6.1	8.8	7.12, 8.10
2.6.2	8.8	7.12, 8.10
2.6.3		8.8
2.6.4		2.10, 8.8, 8.10
2.7.1		8.6
2.7.2		8.6
2.7.3	8.7	1.5
2.7.4		8.7
2.7.5	8.7	3.6
2.7.6	8.7	
2.7.7		
2.7.8		
2.7.9		2.7, 8.7
2.7.10		
2.8.1		8.3
2.8.2		8.5
2.8.3		8.9
2.8.4	8.1	
2.8.5		8.1
2.8.6		8.9
2.9.1		9.3, 10.5.9
2.9.2		9.3, 10.5.5, 10.5.9, 10.5.11
2.9.3		3.1, 6.7
2.9.4		

Match
  Partial Match
  No Match
  New Indicator Nov 2021

NDIS	NSMHS Primary	NSMHS Secondary
2.9.5		
2.9.6		
2.9.7		
2.9.8		
2.9.9		8.7

NDIS	NSMHS Primary	NSMHS Secondary
3.1.1	1.4, 1.7, 10.3.1, 10.3.4, 10.5.3	10.2.2, 10.3, 10.5
3.1.2	10.5.2	1.17, 4.1, 10.1.9, 10.5.6
3.1.3		
3.2.1	1.10, 10.1.6, 10.4.8	1.11, 1.12, 3.1, 7.12, 10.5.11
3.2.2	2.11	2.12
3.2.3		2.11, 8.1, 10.3.3
3.2.4	10.4.6	10.4.5
3.2.5	10.4.6	3.2, 10.4.5
3.2.6		3.2, 10.4.5, 10.4.6
3.2.7	1.13	
3.2.8	1.11, 9.3	1.12, 7.11
3.2.9		8.3
3.2.10		8.7
3.3.1	10.5.11	
3.3.2		1.4, 10.5.7, 10.5.15
3.3.3		
3.3.4		
3.3.5		
3.4.1	10.5.5	1.9
3.4.2		9.5, 10.1.9
3.4.3	1.17	1.10, 1.11, 1.12, 10.5.5
3.4.4	8.6, 8.7	
3.5.1		6.12, 10.4.5, 10.5.9, 10.6.3, 10.6.7
3.5.2		2.11
3.5.3		10.3.1, 10.6.4

<b>NDIS</b>	<b>NSMHS Primary</b>	<b>NSMHS Secondary</b>
4.1.1		10.3.8
4.1.2	2.1, 2.12, 2.13	
4.1.3	2.1, 2.11, 2.13	
4.1.4		
4.1.5		8.7, 10.3.5
4.1.6		
4.1.7	2.7	
4.1.8		2.7
4.1.9		8.7
4.1.10		8.7
4.1.11		2.7
4.2.1	2.1	
4.2.2		
4.2.3	2.1	
4.3.1	2.4, 10.5.6	
4.3.2	2.4, 10.5.6	
4.3.3	10.5.6	2.4
4.4.1		
4.4.2		
4.4.3		
4.4.4		
4.4.5		
4.4.6		
4.4.7		
4.4.8		
4.4.9		
4.5.1	2.7	
4.5.2		2.7
4.5.3		2.7
4.5.4		2.7

## APPENDIX 2

# INCIDENT MANAGEMENT SYSTEM CHECKLIST FOR NDIS PROVIDERS

**Your incident management system is maintained and is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of your organisation. Your incident management system should have written policy and procedure which address:**

Identifying, assessing, managing and resolving actual and alleged incidents

How incidents are identified (i.e. by staff or participants), recorded, and reported

How incidents are acknowledged, responded to, well-managed and learned from

Who incidents must be reported to, including the responsible person for reporting incidents to the NDIS Commission (if the incident is reportable)

Guidance about reporting to the police, emergency services, guardians, family, carers and internal escalation pathways should also be documented

A post-incident assessment, including procedures to support relevant personnel to undertake these

When an incident investigation is required to establish the cause/s, its impact and anything that may have contributed to the incident occurring, as well as the type of investigation undertaken

When corrective action is required, and the nature of this corrective action

**Each participant is provided with information on incident management, including how incidents involving the participant have been managed. Each participant is safeguarded by the provider's incident management system. Your procedure includes:**

How you will provide support and assistance to participants affected by an incident to ensure their health, safety and wellbeing (including information about access to advocates)

How participants affected by an incident will be involved in its management and resolution

**The system complies with the requirements under the NDIS (Incident Management and Reportable Incidents) Rules 2018. Your fully documented, accessible incident management system must:**

Follow the principles of procedural fairness

Include documentation of each incident – with the following details, as a minimum, to be recorded in relation to each actual or alleged incident that occurs:

A description of the incident, including the impact on, or harm caused to, any person with disability affected by the incident

Whether the incident is a reportable incident as defined by the NDIS Commission

The time, date and place at which the incident occurred, or the time and date the incident was first identified

The names and contact details of the persons involved in the incident and any witnesses

Details of any assessment undertaken

Any actions taken in response to the incident, including actions taken to support or assist participants affected by the incident

Any consultations undertaken with the participant affected by the incident

Whether participants affected by the incident have been provided with any reports or findings regarding the incident, where applicable

If an investigation is undertaken in relation to the incident – the details and outcomes of the investigation

The name and contact details of the person making the record of the incident

Ensure records are kept for seven years from the day that notification is given

**All staff are trained in, understand and comply with the required procedures in relation to incident management. This includes:**

The roles and responsibilities of any staff in identifying, managing, and resolving incidents and in preventing incidents from occurring

Incident management policy and procedure

Monitoring of staff to ensure ongoing adherence with incident management policy and procedure



## **Demonstrated continuous improvement in incident management through regular review. Your incident management system must:**

Require all incidents to be assessed in relation to the following, with the assessment considering the views of the participant affected by the incident:

Whether the incident could have been prevented, and if so, how?

How well the incident was managed and resolved

What, if any, corrective action needs to be undertaken to prevent further similar incidents, or to minimise their impact

What, if any, regulatory action needs to be undertaken to minimise the impact of an incident, and

Whether other persons or bodies need to be notified of the incident, (i.e. the NDIA, the NDIS Commission, WA Mental Health Commission, Office of the Chief Psychiatrist of WA etc.)

Have periodic review to ensure its effectiveness, including review of policy and procedure; review of the causes, handling and outcomes of incidents; seeking and incorporation of feedback from participants and staff

## **Additional Information – when corrective action should be taken.**

Corrective action aims to address identified systemic issues and drive improvements in the quality of the supports registered NDIS providers deliver. It also means registered NDIS providers can improve their system to prevent incidents from occurring and minimise their impact on participants should they occur. A registered NDIS provider's incident management system must specify when corrective action should be taken in response to an incident and the nature of such action.

For example, it is expected that a registered NDIS provider would take corrective action in the following circumstances:

Where an incident may have been prevented (or the severity lessened) by some action (or inaction) by a registered NDIS provider or staff member

Where there is an ongoing risk to people with disability

Where action by the registered NDIS provider may prevent or minimise the risk of a reoccurrence

## **Examples of corrective actions include:**

Re-training or further training of staff

Disciplinary action for the staff involved in the incident including ongoing performance reviews, imposing a probationary period, or termination of employment

Practice improvements including developing or enhancing policies and procedures

Changes to the environment in which supports or services are provided

Changes to the way in which supports or services are provided

## APPENDIX 3

# COMPLAINTS MANAGEMENT SYSTEM CHECKLIST

**Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed. Your complaints management system should have policy and procedure which addresses:**

- Each participant having knowledge of, and being able to utilise the complaints management and resolution system if they need to
- Enabling any person to make a complaint to your organisation (including an anonymous complaint) about the supports or services provided
- Guidance on how a complaint about the registered NDIS provider or a staff member can be made to the provider and/or made directly to the NDIS Commission
- Providing an easy and accessible process for making and resolving complaints
- Ensuring appropriate support and assistance are provided to any person who wishes to make, or has made, a complaint

**Your complaints management and resolution system are maintained, and is relevant and proportionate to the size, scale, scope and complexity of supports delivered by your organisation. The system complies with the requirements under the NDIS (Complaints Management and Resolution) Rules 2018. Your fully documented, accessible complaints management system should:**

- Follow the principles of procedural fairness and natural justice
- Acknowledge the receipt of all complaints
- Ensure complaints are assessed and resolved in a fair, efficient and timely manner
- Take appropriate action in relation to issues raised in complaints
- Ensure reasonable steps are taken to ensure that any person who makes a complaint to the provider, and each person with disability affected by an issue raised in such a complaint, is advised how that complaint or issue may be raised with the NDIS Commission
- Provide appropriate support and assistance to any person who wishes to make a complaint to the NDIS Commission,
- Take reasonable steps to ensure that a person who makes a complaint, or a participant affected by an issue raised in a complaint, is not adversely affected because of making the complaint
- Keep information provided in a complaint confidential and only disclosed if required by law or in the appropriate circumstances
- Require a complaint to be referred or notified to any other bodies in accordance with any requirements under relevant Commonwealth, State or Territory laws
- Provide that appropriate records of complaints received by provider are kept for seven years from the day that the complaint is made, and include the following where appropriate:
  - Information about the complaint
  - Any action taken to resolve complaint
  - The outcome of any action taken

### **Your system outlines procedures to ensure that persons making a complaint:**

Are provided with information on how to give feedback or make a complaint, both to the provider and through external avenues

Can do so in a supportive environment and understand their right to access an independent advocate

Are appropriately involved in the resolution of the complaint

Are kept informed of the progress of the complaint, including any action taken, the reasons for any decisions made and options for review of decisions in relation to the complaint

### **Continuous improvement in your complaints and feedback management are demonstrated through regular review. The complaints management system must:**

Provide for the collection of statistical and other information relating to complaints to enable:

- Review of issues raised in complaints

Identify and address systemic issues raised through the complaints management and resolution process

Report information relating to complaints to the NDIS Commission, if requested

Have periodic review to ensure its effectiveness, including review of policy and procedure as well as seeking and incorporation of staff and participant feedback on the complaints management system

### **All staff at your organisation are trained in, understand and comply with the required procedures in relation to complaints handling. This includes:**

The roles and responsibilities of any staff in relation to the receipt, management and resolution of complaints made to your organisation

How to support participants to make a complaint, internally and externally

The use of, and ongoing compliance with, the complaints management system

### **Additional Information – Complaints made to the NDIS Commission**

- A person may make a complaint to the NDIS Commission in relation to an issue arising out of, or in connection with, the provision of supports or services provided by an NDIS provider
- A complaint may be made orally, in writing or by any other means which is appropriate in the circumstances; and may be made anonymously
- The NDIS Commissioner must acknowledge receipt of all complaints (unless made anonymously, or where no contact details are provided)
- The NDIS Commissioner must take reasonable steps to ensure that appropriate support and assistance is provided to any person who wishes to make a complaint (including information about accessing an independent advocate)
- The complainant may ask the NDIS Commissioner to keep the identity of the complainant, the identity of a person identified in the complaint and any other details included in the complaint confidential
- The NDIS Commissioner must, in relation to each issue raised in the complaint, decide to:
  - Take no further action, or defer acting, OR
  - Give assistance and advice to the complainant, a person with disability affected by the issue and the NDIS provider to which the issue relates, OR
  - Undertake a resolution process
- Before deciding, the NDIS Commissioner may do one or more of the following:
  - Review documents provided to the NDIS Commissioner
  - Visit the location at which the supports or services are provided
  - Discuss the issues raised in the complaint with the complainant, a person affected by an issue raised in the complaint, the NDIS provider or any other person
  - Work with the complainant, a person affected by the complaint, the NDIS provider or any staff to provide advice and assistance; and where possible and appropriate, assist the persons involved in the complaint to come to a mutually agreed resolution
  - Request information relating to the issues raised in the complaint from any person
  - Take any other action that the NDIS Commissioner considers is appropriate in the circumstances.
- In dealing with the complaint, the NDIS Commissioner must seek to resolve the complaint as quickly, and with as little formality, as a proper consideration of the issues raised in the complaint allows

## APPENDIX 4

# LEGISLATION, RULES AND REGULATIONS

- United Nations Convention on The Rights of Persons with Disabilities
- NDIS Quality and Safeguarding Framework
- NDIS Act 2013 (Cth)
- NDIS (Code of Conduct) Rules 2018 (Cth)
- NDIS (Complaints Management and Resolution) Rules 2018 (Cth)
- NDIS (Procedural Fairness) Rules 2018 (Cth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth)
- NDIS (Restrictive Practice and Behaviour Support) Rules 2018 (Cth)
- NDIS (Practice Standards – Worker Screening) Rules 2018 (Cth)
- NDIS (Registered NDIS Provider Notice of Changes and Events) Guidelines 2019 (Cth)
- NDIS Code of Conduct
- Privacy Act 1988 (Cth)
- Freedom of Information Act 1992 (WA)
- Disability Discrimination Act 1992 (Cth)
- Disability Services Act 1986 (Cth) / Disability Services Act 1993 (WA)
- Equal Opportunity Act 1984 (WA)
- Occupational Health and Safety Act 1984 (WA)
- Health Services Act 2016 (WA)
- Mental Health Act 2014 (WA)
- Carers Recognition Act 2010 (Cth) / Carers Recognition Act 2004 (WA)
- Alcohol and Other Drugs Act 1974 (WA)
- Children and Community Services Act 2004 (WA)
- Authorisation of Restrictive Practices (WA)
- NDIS (Worker Screening) Act 2020 (WA)

The NDIS have published an NDIS Rules Summary Information Table to give a brief understanding of what each legislative instrument covers.

## REFERENCES

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**WAAMH**

Western Australian Association  
for Mental Health

