

SECTION 3

Service Delivery

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11. Person-centred Planning

What this policy aims to do	Every service user will have an individual plan to ensure their needs and aspirations are identified
Who this policy applies to	Every person who uses any of MASS services and all staff
Who is responsible for carrying out this policy	CEO or responsible managers and service delivery staff
What words used in this policy mean	<p>'Person-centred practice' is the approach to assist someone to plan their life and supports</p> <p>'Individual Plans' capture individual goals, preferences and support needs to ensure that services provided support individual development</p> <p>'Inclusion' means participating and feeling a sense of belonging as a valued member of the community</p> <p>'Work' may include paid work or volunteering roles</p> <p>'Relationships' can include family relationships, friendships and intimate relationships between adults</p>

POLICY

MASS believes that all people should be supported to realise their individual capacities for physical, social, emotional and intellectual development. An individual, person-centred plan will be developed to capture individual goals, preferences and support needs to ensure that services provided support individual development.

MASS will provide a positive environment and appropriate support to enable service users to fully participate in the individual plan process. Staff responsible for the individual plan will take the time to get to know the person (and family as appropriate) and facilitate opportunities for them to express aspirations, preferences and choices.

An initial individual plan will be developed upon entry to MASS services. This plan will be reviewed within three months and then at least every 12 months thereafter on an ongoing basis (a more frequent schedule may be adopted for children and young adults).

Typically, a planning meeting or a series of meetings will be coordinated to develop the individual plan – MASS will work to ensure meetings are at times and venues convenient to everyone involved to maximize the participation of people who can help ensure that the individual plan is a true representation of the person's needs and aspirations.

Individual plans are holistic and may include support to be provided by family, social networks and other services.

Legislation this is based on	National Disability Service Standards Victorian Human Services Standards UN Convention on the Rights of Persons with Disabilities
Other policies to check	Decision Making and Choice Duty of Care Communication Support

PROCEDURES

Prior to service entry:

- Consultation will take place with the person and their family, advocate, guardian and/or others as appropriate, about the various perceptions of the person's needs and issues which may impact on the delivery of services
- Communication and support needs of the individual who will be receiving MASS services will be addressed to maximize their participation in the planning process
- Staff responsible for the individual plan will take the time to get to know the person (and family) and facilitate opportunities to express aspirations, preferences and choices. All information provided to people will be in a format they can understand.

On entry to the service:

- An initial Individual Plan will be developed reflecting the needs and aspirations of the person and/or family and the supports required to meet those needs
- One or more planning meetings will be coordinated to develop the plan
- Meetings will be at times and venues convenient to everyone involved to maximize the participation of key people
- The individual plan may be informed by other people who know the person but it must be person-centred and reflect the decisions and choices of the individual service user first and foremost

Content of the plan:

- The individual plan will include goals (and support required) for each of the following:
 - health and wellbeing
 - participation (school/study/work)
 - independent living skills development
 - engagement in the local community
 - recreational activities at home or in the community
 - forming friendships and peer networks
 - taking holidays or overnight breaks
 - managing finances, material possessions and/or accumulating savings
 - self-expression including clothing, appearance (appropriate to their age)
 - exploring different lifestyle choices in relation to food, exercise etc
- Individual plans may include support to be provided by family, social networks and/or other services
- Some goals will be clearly defined while others may be vague or exploratory – that is the reality of people's lives. It is important that goals are realistic
- The individual plan will set clearly defined targets which are measurable and achievable within time given frames
- Once agreed, a copy of the plan will be made available to the person/family in a format they can understand (and may also be provided to family members and guardian/administrators where appropriate and with the consent of the person if an adult).

Review of the plan:

- The individual plan is a living document and can be modified or reviewed when required
- After the first three months of service delivery the initial plan will be reviewed
- At minimum the individual plan will be reviewed and redeveloped every 12 months (a more frequent schedule may be appropriate for children and young adults).

12. Communication Support

What this policy aims to do	Ensure that people who use MASS services have every opportunity to communicate their wishes and thoughts, whether or not they can speak clearly
Who this policy applies to	Every person who uses any of MASS services and all staff
Who is responsible for carrying out this policy	CEO or responsible managers and service delivery staff
What words used in this policy mean	'Augmentative and alternative communication' (AAC) means ways that help people who have difficulties speaking clearly or do not speak, and the people they are talking to, to understand each other. Strategies can include gestures, signing words, electronic communication devices and technology devices like chat books, talking mats, diaries and schedules, 'all about me' books, personal communication diaries or personal identification wallets 'Language' includes spoken and signed languages and other forms of non-spoken languages

POLICY

Communication is a fundamental human right, explicitly identified in the *Convention on the Rights of People with Disability*. Forms of communication include:

- Verbal communication through oral language, audio cues
- Non-verbal communication such as sign language, gestures and body language
- Written communication through text (can be large print) and braille
- Tactile communication including touch
- Accessible multimedia
- Interactive technology.

MASS will make sure people using our services can exercise their rights about communication and receive the support they need to communicate effectively.

MASS staff will take practical steps to help make sure people with complex communication needs can communicate effectively with other people, and can achieve as much independence as possible.

Legislation this is based on	National Disability Service Standards Victorian Human Services Standards UN Convention on the Rights of Persons with Disabilities
Other policies to check	Policies and Procedures Decision Making and Choice Complaints and Disputes Person-centred Planning Guardians and Administrators

PROCEDURES

- Staff should ensure that each service user (whether adult with disability or family/guardian of child or young person) can exercise the right to:
 - communicate and be listened to
 - understand what is being communicated to them
 - have access to the aids, services and resources they need to communicate
 - be respected as an equal partner in conversation
 - choose how they want to communicate
 - express their feelings
 - ask for or reject information, objects or actions
 - be included in social interactions
 - live and work in environments that promote communication and support their needs
 - be communicated with in ways that are meaningful, respectful and culturally and linguistically appropriate.
- Staff will arrange professional assessment of communication skills and needs
- Staff will assist a person who needs AAC strategies get specialist help in finding and starting to use suitable strategies
- Service users and members of their natural support network will be involved in the assessment and selection of communication strategies
- Staff will work with the service user to implement the communication strategies that have been recommended
- Staff will actively promote the use of these strategies to help people get better access to community activities and relationships
- Staff will discuss how effective the strategies are with the person using the service and people in their support network, and getting more specialist assessment and advice to make changes if they are needed
- Staff will be provided with training to ensure they understand and can effectively promote and use prescribed communication strategies or devices.

13. Inclusion and Relationships

What this policy aims to do	Provide people who use MASS services with the support they need to participate fully in their community, form and maintain positive, rewarding relationships with other people and pursue recreation options
Who this policy applies to	All people who use MASS services and all staff and volunteers involved in service delivery
Who is responsible for carrying out this policy	CEO or responsible managers and service delivery staff
What words used in this policy mean	'Inclusion' means participating in and feeling a sense of belonging and being valued as a member of the community 'Relationships' can include family relationships, friendships and intimate relationships between adults

POLICY

MASS will make sure people using our services can be as much part of their communities as they want to be, by providing people with the support they need to participate in the community and activities of their choice, and to make a valuable contribution to community through their individual interests and activities.

As part of creating individual support plans, every person using MASS services will be asked what kinds of activities they would like to be involved in. Support to engage in community activities may be provided by MASS staff or volunteers, from the person's own natural support network or through other service providers.

MASS will support people who access our services to form and maintain human relationships. MASS staff will respect each person's choice of friends and will provide encouragement and support for people using services to maintain relationships with people they choose.

Adults using our services will be encouraged and supported to fulfil their right to make informed decisions about how they wish to live and if/how they form adult relationships. MASS staff will be trained and informed about how to support appropriate decision-making in human relationships.

If MASS staff believe there is the potential for exploitation or abuse in a relationship, or people using services make any complaint of exploitation or abuse, then staff will take action (as defined in the relevant MASS policy).

Legislation this is based on	National Disability Service Standards Victorian Human Services Standards UN Convention on the Rights of Persons with Disabilities
Other policies to check	Decision Making and Choice Person-centred Planning Involving Family and Advocates Duty of Care

PROCEDURES

- When creating Individual Plans, every person using MASS services (adults with disability and children and young people with ASD and their families) will be asked what kinds of community activities they would like to be involved in. Staff will use photographs and pictures of a diverse range of options to support people to make choices
- Staff will work with service users, families and members of natural support networks to plan how the person can join in the activities they are interested in, and what support they will need to do so
- Staff will not limit people's choices by what support they think is available - they will always start by listening to what each person wants to do, and then plan what support they will need to make it work
- Staff will not require adults to participate in group activities, these must be self-selected
- Staff will match activities with service user's interests and where possible will use outside supports (volunteers, friends) to facilitate full participation
- MASS staff will regularly review (with the service user and/or members of their natural support network) how well the plan is working and if the person is getting the access and involvement they want. If it isn't working they will do what they can to improve the situation, or change the plan if that's what the person using services would prefer
- MASS will make sure adults using our services get support and encouragement to choose holidays, travel and stay places overnight as they wish to
- MASS staff will involve family, friends, administrators or guardians as appropriate to help the person taking the holiday get support and (if they need it) money and consent
- MASS staff will help prepare information the person taking the holiday or overnight stay can take with them to tell others about the support they want, medication and other needs
- MASS staff will aim, where possible, not to accompany people who use our services on holidays or overnight stays - staff will work with the person who uses our services and their natural support networks to make sure each person has the support they want to travel safely and comfortably. If MASS staff are required to accompany people on holidays and provide support, the costs will be met by the person taking the holiday
- People who access our services will be supported to form and maintain human relationships including entertaining guests in their own homes if they desire
- Staff will respect each person's choice of friends and will provide encouragement and support for people using services to maintain relationships with people they choose
- Staff will, with members of each person's natural support networks, help with education and advice as needed about building relationships (for example, about respect, privacy, personal care or personal space)
- If staff believe there is potential for exploitation or abuse in a relationship, or people using services make any complaint of exploitation or abuse, then staff will take action (as defined in the relevant MASS policy).



14. Involvement of Families and Advocates

What this policy aims to do	Ensure that service users are able to advocate for themselves or receive advocacy services where they are unable or unwilling to advocate for themselves
Who this policy applies to	All people who use MASS services and all staff and volunteers involved in service delivery
Who is responsible for carrying out this policy	CEO or responsible managers and service delivery staff
What words used in this policy mean	'Advocacy' in this context is an expression of support for a person who may find it difficult to speak for himself or herself

POLICY

MASS is committed to delivering services and supports in an ethical and transparent manner to ensure all service users' rights and decisions are being upheld and appropriately represented.

MASS will respect the right of all service users and/or families to have an independent advocate and will respond positively to that person's choice of advocate. Often, but not always, the advocate will be a family member.

Where MASS becomes aware of service users who do not have personal support networks and who need assistance to speak up, it will actively seek the involvement of an independent advocate on that person's behalf. MASS staff will ensure that information regarding advocacy, including formal advocacy services and self-advocacy groups in the region, are made available to service users. This will include legal services that support disability rights.

MASS managers and staff will, where possible, cooperate with and provide support to the advocates of service users to carry out their function. This may require the provision of information relating to MASS' complaints process, the specific needs of the service users and/or access to the service user's individual plan.

Legislation this is based on	National Disability Service Standards Victorian Human Services Standards UN Convention on the Rights of Persons with Disabilities
Other policies to check	Decision-making and Choice Duty of Care Person-centred Planning Staff Conduct Recording Keeping and Confidentiality

PROCEDURES

- MASS will encourage and assist service users to speak on their own behalf or to identify advocacy options
- Where a person we support already has an appointed advocate, MASS will work with that advocate to ensure that the rights and interests of the person are properly represented at all times
- Where no advocates or advocacy services are available, staff must ensure that service users are provided with information regarding other options
- MASS will be sensitive to the person's cultural and linguistic diversity and knowledge of human rights when assisting him/her to identify advocates or advocacy groups
- MASS will also respect the right of service users to change their advocates at any time and will assist service users to identify and access a new advocate as requested
- MASS staff members will ensure that information regarding advocacy, including formal advocacy services and self-advocacy groups in the region are made available to all service users (see Attachment 4). This will include legal services that support disability rights
- When an advocate has been appointed, the advocate should confirm the appointment in writing and the contact details of the advocate should be clearly displayed in the client file
- Advocates should be independent of MASS. If a conflict of interest arises, the CEO or responsible manager should notify the advocate of the matters of concern, put them in writing and request a meeting in order to resolve the conflict
- MASS staff may provide advocacy for a person we support, at the request of the person or guardian, and providing there is no conflict of interest in the advocacy role
- CEO or responsible managers should ensure that advocates are advised of any crisis situations where the services of an advocate would be of assistance to the service user
- MASS managers and staff should foster positive relationships between themselves and advocates to maximize the potential for positive outcomes to be achieved
- Appointed advocates will normally be involved at all levels of planning in relation to meeting the needs of the service user. This means that advocates should be invited to all meetings which are directly related to the service user
- Staff should maintain records of contact between the service user and advocate. MASS' policies on confidentiality, access and secure storage should be observed at all times in relation to these records.
- CEO or responsible managers should ensure that all staff members are provided with training in relation to advocacy. Such training should include:
 - the roles and responsibilities of advocates and family members
 - managing potential conflicts of interest
 - regional advocacy services available and resource materials.

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15. Guardians and Administrators

What this policy aims to do	To provide information which will assist with understanding guardianship and the process of applying for guardianship
Who this policy applies to	Staff working with service users who have impaired decision-making and may require or already have a guardian or administrator appointed
Who is responsible for carrying out this policy	CEO or responsible managers and service delivery staff
What words used in this policy mean	A 'guardian' is a person appointed to make decisions for an adult with impaired decision-making capacity. The guardian's decisions have the same legal force as if the person made the decision themselves An 'administrator' is a person who is nominated to make financial and legal decisions for an adult who does not have the capacity to make decisions for themselves

POLICY

MASS supports the rights of service users to have a guardian or administrator appointed when this is appropriate because of impaired decision-making capacity. This usually only occurs when there is no other appropriate person to assist with making decisions or there is disagreement about what is in the best interest of the person.

Parents are legal guardians of a person who is under 18 years of age unless there is a legal order that specifies otherwise.

VCAT is the body that determines whether or not an adult has impaired decision-making capacity and, if necessary, will make an order to appoint a guardian and/or an administrator

MASS will support people and their families who enquire about guardianship to be well informed about the matter by procuring relevant publications and application forms.

MASS will respect the right of a person we support to request changing their guardian at any time. MASS will assist the person we support to apply for the appointment of a new guardian where this is requested.

Legislation this is based on	National Disability Service Standards Victorian Human Services Standards Victorian Guardianship and Administration Act 1986 Victorian Civil and Administrative Tribunal (VCAT)
Other policies to check	Decision-making and Choice Critical Incident Reporting Policy Person-centred Planning

PROCEDURES

Where an application to VCAT is to be lodged:

- Staff must explain the application to the service user, their family and any significant others involved
- Staff must keep the person, their family or significant others fully informed of processes
- The CEO or responsible manager must provide written evidence as required on the VCAT application and submit other supporting documents such as medical reports
- The CEO or responsible manager must ensure that if required the service user attends hearings.

Where a Guardian or Administrator has been appointed:

- The service user file will contain the guardian/financial manager's details and a copy of the guardianship or financial management order
- Staff will ensure that a record of all contact with the nominated guardian or administrator is kept in the file
- The CEO or responsible manager will ensure appropriate consent is documented for decisions requiring approval.

The CEO or responsible manager will notify the Guardian if:

- There are significant changes to service provision or if a service user decides to cease being supported by MASS
- There are any treatment or medication changes
- The service user wants to go on a holiday or wants to be absent from their service for an extended period
- All staff will make sure that lines of communication between MASS and guardians/administrators are established and maintained. This means that the guardian/administrator should be regularly informed of the progress of the person we support as well as crisis situations where the assistance of the guardian/administrator would be of benefit
- The guardian or administrator should be involved at all levels of planning to meet the individual needs of the person in relation to the terms of the order, including being invited to attend all meetings or case conferences
- If conflict arises between a guardian/administrator and a service or a person we support, the CEO or responsible manager will ensure that the MASS complaints management procedures are implemented.

Informing other professionals

- Staff must inform any treating doctor or other medical professional (including hospital staff) that a person we support has an appointed Guardian who has to be contacted for consent issues covered in the Guardianship Order.

16. Freedom from Abuse and Neglect

What this policy aims to do	Assert our 'zero tolerance' position on abuse of any person who uses our services and provide a basis for upholding the safety of service users, especially children
Who this policy applies to	This policy applies to everyone associated with MASS – employees, contractors, volunteers and service users and their families/carers
Who is responsible for carrying out this policy	Everyone is responsible for preventing abuse and neglect; the CEO and managers have additional responsibilities for implementing this policy
What words used in this policy mean	'Abuse' is the violation of an individual's human or civil rights, through actions of commission or omission, by another person or person(s) 'Neglect' is the failure to provide the necessary care, aid or guidance to dependent adults or children by those responsible for their care

POLICY

MASS recognises the right of service users to feel safe and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse. MASS has a zero tolerance of abuse, neglect and exploitation of children and adults who use our services and is committed to implementing risk management strategies to ensure this does not occur.

Where abuse, harm or neglect has occurred, MASS will respond quickly, considerately and effectively to protect the person we support from any further harm, ensuring they have access to any required counselling and medical and/or legal assistance.

Incidents which are criminal offences include assault, rape, attempted rape, unlawful imprisonment and any abuse or neglect of children. Any abuse or alleged abuse of a child will be immediately reported to the police and DHHS Child Protection. If it is found that a staff member has abused a person we support, the matter may warrant dismissal of the staff member by MASS as well as any action taken by the police.

MASS will also take disciplinary action against any staff member who fails to report or attempts to cover up any incidents of actual or potential abuse and neglect.

MASS will encourage and support any person who has witnessed abuse of a person we support or who suspects that abuse has occurred to make a report and be confident of doing so without fear of retribution or reprisal, including protection from defamation or other civil proceedings as a result of making the report, and protecting the identity of the person.

Legislation this is based on	National Disability Service Standards Victorian Disability Act 2006 Children Youth and Families Act 2005 Crimes Act 1958 Victorian Child Safe Standards
Other policies to check	Rights and Responsibilities Emergency Management Critical Client Incident Reporting Whistleblower Protection

PROCEDURES

Prevention of abuse and neglect

- All staff will have clear Job Descriptions which avoid ambiguous statements and which have clear expectations of behaviour towards service users
- Structured interviews are conducted as part of staff recruitment and interviews include specific questions which explore the applicant's attitudes to abuse of service users
- Referee checks are carried out and recorded for all job applicants prior to employment
- All staff are subject to Police and Working with Children checks prior to employment
- The Disability Worker Exclusion Register and the Victorian Register of Sexual Offenders will be checked prior to the appointment of any staff
- All staff members must sign the Code of Conduct when they commence with MASS
- Staff induction training includes clear statements about behaviour towards service users, including preventing and responding to abuse
- People who receive support from MASS (including their families and support networks) are encouraged and supported by staff to:
 - Know they (or their family member) have a right to feel safe
 - Know how to report any concerns that they have
 - Participate in programs and/or protective behaviour training delivered by competent trainers so that they understand abuse and neglect
 - Identify situations where they (or their family member) may feel vulnerable or unsafe
 - Use complaints systems, either internally or externally
 - Understand there will be no retribution for making a report
 - Actively participate in the review of services and service provision practice

Reporting abuse and neglect

- All staff are trained in the identification and reporting of abuse and neglect, including signs and symptoms and responding to a reasonable belief that abuse and neglect have occurred
- When a service user has been physically or sexually assaulted or is in immediate danger of an assault the police must be called
- If a person we support sustains an injury as the result of an assault the Ambulance Service must be called
- If the victim or the perpetrator has a cognitive disability, advise the police that an independent third person is required. If the victim or perpetrator is less than 18 years of age, a parent, guardian or independent person must be present if they are to provide a statement. The police are responsible for contacting the independent person
- Other assault such as emotional or financial exploitation must be reported to the CEO as soon as possible and may also be reported to the police

If in doubt about reporting abuse, the police may be contacted for advice

- Mandatory reporting refers to the legislative requirement to report suspicions of child abuse and neglect to statutory authorities. In Victoria, the Children Youth and Families Act 2005 section 182 (1) and 184 states that Teachers and Principals are among mandated reporters who, if they form the belief on reasonable grounds that a child has suffered, or is likely to suffer, significant harm as a result of physical injury or sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type, must make a report to Child Protection Services as soon as practicable. It is the responsibility of these staff members to make the report immediately, not the responsibility of their manager or CEO, although they must also report the matter to the CEO as soon as possible

Other professions specified in the Children Youth and Families Act 2005, such as child care workers, social workers, psychologists, youth justice officers have not been gazetted and thus are not legally required to report suspicions of child abuse and neglect. However, if any MASS staff member believes on reasonable grounds that a child needs protection from serious harm, they should discuss this with their manager as soon as practicable and if warranted report the matter to DHHS Child Protection.

See MASS Client Critical Incident Reporting Policy and Procedures for staff reporting obligations in services funded under the Victorian Disability Act 2006

- In making a report, staff do not have to prove that the abuse occurred. Reporting is not a breach of professional ethics, nor will they be subject to any liability where the report was made in good faith. Mandatory reporting takes precedence over any client confidentiality
- All incidents or allegations of incidents of sexual assault or staff to client physical or sexual assault must also be reported in accordance with the Critical Client Incident Reporting Policy
- Sexual assaults are referred to the regional Sexual Assault Service which can provide advocacy and counselling. The service should be advised where the person is of Aboriginal or CALD background to ensure they receive culturally responsive support
- A service user can make an allegation verbally, in writing or by using their communication system. Allegations can be made by another service user, a staff member, family member, or any other person if they have witnessed an act of abuse, or have a reasonable belief abuse has occurred, or neglect
- MASS will take disciplinary action against any staff member who fails to report or attempts to cover up any incidents of actual or potential abuse and neglect

Responding to abuse and neglect

- Where abuse, harm or neglect has occurred or staff have a reasonable belief that a child is in need of protection, MASS will respond quickly, considerately and effectively to protect the person we support from any further harm, ensuring they have access to any required counselling, and medical, and/or legal assistance
- Staff must immediately take steps to create a safe environment for the victim, themselves, other staff members and other service users, including:
 - Reassure and support the victim and advise them of what will happen next
 - Notify the doctor or ambulance if a service user or other person has been injured
 - Ensure all abuse or allegations of child abuse are reported to the police and child protection, as well as to the CEO and the family or guardian.
- In the case of sexual abuse, staff must be careful not to give a negative response as they may reinforce feelings of guilt or shame. Helpful responses may include:
 - Telling the person that you believe them
 - Making it clear that whatever happened is not their fault
 - Reassuring the person that disclosing the assault is the right thing to do
 - Reassuring the person that they will be provided with a safe environment to protect them from further harm.
- MASS will assist service users throughout their involvement with counselling, medical and/or legal services, including any investigations
- MASS will encourage and support any person who has witnessed abuse of a service user or who suspects that abuse has occurred to make a report and be confident of doing so without fear of retribution or reprisal, including protection from defamation or other civil proceedings as a result of making the report, and protecting the identity of the person
- Staff members are required act in a manner that supports the thorough investigation of any allegations of abuse and neglect
- In cases of observed or suspected abuse or neglect, staff must make notes in the client file, record what was observed, sign and date the entry; and continue to observe and record any further entries and sign and date them
- MASS will provide assistance to alleged perpetrators of abuse to gain legal advice.

Protecting Evidence for Police

- Staff at the scene must use their best endeavours to ensure that any evidence the police may require is not disturbed:
 - Evidence may be lost if the victim of sexual assault bathes soon after the assault. Staff members should try to delay bathing until the police arrive
 - If possible, staff members should preserve the victim's clothing as evidence following an assault of any type
 - If possible, staff members should isolate the area where the incident occurred and not allow anyone to enter that area until the police arrive
 - Staff members should avoid any questioning of the victim in order to reduce any potential for contamination of their memory of the event.

Responding to abuse by a staff member:

- Where management reasonably believes that a staff member is the source of the abuse the matter must be referred to the police
- Where the alleged perpetrator is a staff member (paid or voluntary), MASS may stand the staff member down or provide that person with supervised and meaningful duties until such time as the investigation is finalized. These duties must not include contact with the alleged victim or unsupervised contact with any other service users
- The alleged perpetrator is to be encouraged to seek legal advice with regard to the allegation
- The staff member concerned is to be advised of the process of notification of the alleged abuse(s) to the various authorities
- If a staff member accompanies the alleged offender who is another staff member to the police station by way of providing support, that staff member must not give an opinion about the alleged offender or incident or give any legal advice. The staff member providing support should be replaced by an independent person or legal adviser as soon as possible.

Where the alleged perpetrator is another service user:

- The CEO must ensure that when an alleged perpetrator is another service user that arrangements are made to ensure the safety of the victim, the safety of the person making the allegations, and that the rights of the alleged perpetrator are addressed
- If the CEO reasonably believes that an incident between two service users is abuse or assault the matter must be referred to the police
- The CEO must ensure that the wishes of (adult) victims and offenders are followed in relation to notifying family and/or guardian if appropriate and with the person's consent
- The CEO or responsible manager must facilitate support where practical for victim and offender, their families and staff and ensure they have information about available services
- The CEO or responsible manager should assist the alleged perpetrator in obtaining an independent advocate to support them throughout any police and court proceedings
- A review of the circumstances pertaining to the event is to be conducted within a reasonable timeframe
- If the service user who has committed the assault or abuse is to move to another service, the CEO will ensure that the new service is provided with adequate information about that person's history.

17. Health and Wellness

What this policy aims to do	Ensure service users have information, encouragement and support to lead healthy lives, to help prevent health problems and contribute to people enjoying the best possible quality of life
Who this policy applies to	All people who use MASS services and all staff and volunteers involved in service delivery
Who is responsible for carrying out this policy	CEO or responsible managers and service delivery staff
What words used in this policy mean	<p>'Health' is a state of physical, mental and social well-being and not merely the absence of disease or infirmity</p> <p>'Wellbeing' is physical, intellectual, emotional, social and spiritual wellness</p> <p>'Personal care' is assistance with washing, dressing and other personal needs, provided by a paid staff member for somebody who is unable to manage alone</p>

POLICY

Everyone using MASS services is encouraged to have health goals and to receive support to achieve these goals as part of their individual plan and day-to-day support.

MASS staff will provide information, encouragement and support so people using MASS services can be given regular medical and dental examinations to help prevent health problems.

MASS staff will provide information, encouragement and support to people using MASS services to help them make healthy life choices.

People using MASS services will be given opportunities and support to participate in physical activity and set goals for physical activity (including walking, catching public transport, household tasks and active leisure activities or employment).

MASS staff will promote and encourage healthy eating.

People getting personal care support (or their families in the case of children and young people) can choose what kind of support they will get, when and where. As far as possible, people using MASS services can choose who they want to get personal care support from.

Legislation this is based on	National Disability Service Standards Victorian Human Services Standards
Other policies to check	Health and Wellness Duty of Care Positive Behaviour Support

PROCEDURES

Health goals

- MASS staff will provide information, encouragement and support so people using MASS services can be given regular medical examinations that help prevent health problems
- Adults in residential services will be encouraged and supported by staff to get regular examinations including a physical examination by a GP at least once a year to review medical conditions and treatments and undertake age appropriate screening tests
- Service users have the right to choose their GP and other healthcare professionals. MASS staff will support each person's choice of health professional
- If a person using MASS services is unhappy with their doctor or health professional, MASS staff will give them information and support to change
- If a person is under 16 years of age, MASS staff must consult with their family, guardian or advocate about their health care
- If a person using MASS services has been diagnosed with an ongoing health issue, including epilepsy, asthma, diabetes, nutrition, swallowing or continence condition, MASS staff will support the development and implementation of a specific management plan.

Dental care

- All people using MASS services will be encouraged and supported to have a schedule of dental examinations as recommended by a dentist
- This will typically be six monthly examinations but may be more frequent if the person experiences any pain or oral health issues
- MASS staff will help people using MASS services to achieve good oral health by providing information, encouragement and support for diet, fluid intake and taking care of their teeth.

Healthy life choices

- People using MASS services will be given opportunities and support to participate in physical activity
- MASS staff will work with people using services and their families to find physical activities that are suitable to each person's abilities and interests and provide appropriate support
- MASS staff will promote and encourage healthy eating
- In residential services, staff will work to engage everyone in meal choices and support healthy options as the most frequent choices
- MASS staff will ensure that individual nutrition requirements are met, including special diets recommended by a doctor or other health professional
- Any nutrition and swallowing issues will be identified and addressed for each individual
- MASS staff will give each person information and support to reduce their risk from sun exposure, including being aware of the danger period for intense UV in the middle of the day, and being protected by hats, clothing and sunscreen
- MASS staff will promote and support factors that help achieve and maintain good mental health, including strong social networks and a feeling of belonging and being valued, secure relationships with caring adults, communication and opportunities to take risks and develop new skills that build their confidence and ability to cope.

Personal care

- MASS staff will provide personal care support to children and young people and adults who choose to get that support, in ways that respect dignity and privacy
- People getting personal care support can choose what kind of support they will get, what time and where they get support
- As far as possible, people using MASS services can choose who they want to provide personal care support - for example, they can say whether they prefer male or female staff
- MASS staff will ensure any lifting or hoisting techniques required are safe for both staff and the service user (if staff believe there is a risk of injury, they will explain their concerns, reach agreement about what to do, and follow up about ways they might be able to help remove the risk in future)
- People getting personal care support will be given the opportunity to purchase and use toiletries of their choice (such as toothpaste, soap, shavers, deodorant and hair products)
- MASS staff will help ensure each person's privacy. When MASS staff are directly assisting with personal care they will explain what they will be doing next, and ask for permission as appropriate. If staff notice any bruising, abrasions, rashes, blisters, lumps or anything else of concern while they are giving personal care support, they will tell the person what they have seen, make a note in their file and follow up to get appropriate medical help
- MASS staff will maintain high standards of personal hygiene themselves when they provide personal care support. They will also help people receiving support to maintain high standards of hygiene, for example by disinfecting baths and shower chairs after use, and putting dirty clothes and towels in the laundry
- MASS staff will take safety precautions when they provide personal care support including:
 - removing their jewellery and watches
 - wearing non-slip footwear
 - following manual handling guidelines if physical support is needed
 - asking for help from a colleague if they need it
 - checking the temperature of bath or shower water
- It is important that staff only leave a person alone in the bath if it is safe to do so ie they can support themselves in the bath, have a non-slip mat and accessible handrails, have the water at a comfortable level, do not have epilepsy and can call for help if they need it.

18. Positive Behaviour Support

What this policy aims to do	Ensure that behaviours of concern are managed in a positive, supportive way that protects both people's safety and the rights of the person showing the behaviours of concern
Who this policy applies to	All people who use MASS services and all staff and volunteers involved in service delivery
Who is responsible for carrying out this policy	CEO or responsible managers and service delivery staff, including any practitioners authorised to oversee behaviour management interventions
What words used in this policy mean	<p>A 'behaviour of concern' refers to any behaviour that causes physical harm to the person with a disability or another person, or destroying property resulting in the risk of harm to the person or any other person</p> <p>'Positive behaviour support' means improving the person's quality of life by decreasing their behaviours of concern</p> <p>'Restrictive intervention' means any action to limit these behaviours by restricting a person's rights or freedom of movement</p> <p>'Behaviour support plan' means a plan developed to build a person's strengths by minimising their behaviours of concern including through approved and endorsed restrictive interventions</p> <p>'Authorised program officer' (APO) means a person registered with the Senior Practitioner who is authorised to ensure restrictive interventions are applied in accordance with the Disability Act</p> <p>'Chemical restraint' means medication prescribed by a medical practitioner for the purpose of controlling behaviour (and not a mental or physical illness)</p> <p>'Mechanical restraint' means a device used to prevent, restrict or subdue a person's movement to control their behaviour. This excludes devices used for therapeutic purposes or to transport people safely</p> <p>'Seclusion' means sole confinement of a person in an area where the doors and windows are locked from the outside and they cannot be opened by the person on the inside</p> <p>'Locked doors' is a form of restraint where external doors and windows are locked while clients and staff are inside a building and where adults do not have a key or cannot exit or enter the building. This excludes locking the doors and window during the hours of darkness for the purposes of security.</p>

POLICY

MASS promotes a culture of positive behaviour support and understands that people who display behaviours of concern may do so as a means of communication (dislike, fear, illness or pain). Any behaviours of concern demonstrated by service users will be managed by MASS in a positive, supportive way that protects the safety of the person and those around them – staff, other service users and members of the community. 'Annoying behaviours' (e.g. asking repetitive questions, going into others' rooms, taking food) are not behaviours of concern. These behaviours will be managed through positive behaviour support and redirecting people.

Where positive behaviour strategies have failed and all less restrictive options have been tried and found to be unsuccessful, where there is significant risk of harm to the person, harm to others or significant damage to property, increasingly restrictive options may be approved by the MASS APO in a behaviour support plan. All behaviour support plans must be registered with the Office of the Professional Practice and reviewed at least every 12 months, earlier if there is significant change in behaviours.

The use of any restrictive intervention without a current and approved behaviour support plan is unlawful and MASS staff could face criminal sanctions.

Staff who use restrictive interventions must have received appropriate training. MASS will always seek the advice of the DHHS Office of Professional Practice when in doubt about restrictive interventions.

MASS staff will record all actions taken in response to behaviours of concern in the person's individual support plan and personal file.

MASS may use restrictive interventions as an emergency measure where there is an urgent and serious risk of harm to the person or someone else or significant damage to property. The use of the following emergency restrictive practices is determined by the Act and must be part of an authorised behaviour support plan including:

- Chemical restraint (eg medication)
- Seclusion (e.g. person contained in a part of the building where the doors and windows are locked from the outside and the person cannot get out).

Physical restraint can only be used in the case of an emergency to enable a staff member to uphold their duty of care (e.g. prevent a person from running onto a road) and can never be part of a behaviour support plan. Physical restraint can only be applied until the immediate danger or risk of harm has passed.

MASS will never use aversive therapy, corporal punishment, noxious or aversive stimuli, forced exercise or denial of food or liquids under any circumstances.

Legislation this is based on	<p>National Disability Service Standards</p> <p>To find out more about what the Disability Act says about restrictive interventions, click here</p> <p>To find out more about what the Senior Practitioner does, click here</p> <p>DHHS Senior Practitioner Physical Restraint Direction Paper – May 2011</p>
Other policies to check	<p>Rights and Responsibilities</p> <p>Duty of Care</p> <p>Freedom from Abuse and Neglect</p> <p>Staff Conduct</p>

PROCEDURES

- Any behaviours of concern demonstrated by service users will be managed in a positive way. The behaviours will first be investigated by appropriate specialists (such as a psychologist or a member of the DHHS BIST team, as well as a doctor) to identify triggers which may be addressed to see if this stops or limits the behaviour happening
- MASS staff will discuss how to manage the behaviours of concern with the service user and, as appropriate, with members of their family and natural support network
- MASS staff will pursue all non-restrictive behaviour support options and clearly identify how these have failed to address the behaviours, before considering restrictive interventions
- Before any restrictive intervention, MASS staff will make sure the person displaying the behaviours, families and/or guardians understand that they have the right to appeal to the Senior Practitioner if they do not agree with the intervention
- If anyone does not have a natural support network or guardian, and is unable to advocate for themselves, MASS staff will make sure an independent advocate is provided through the Office of the Public Advocate or other agency
- MASS staff will make sure the person has access to specialist support and services to understand the behaviour support plan and restrictive practices
- MASS staff will help develop a behaviour support plan that is proactive, is based on positive support, builds on the person's strengths and increases their life skills and includes the least restrictive options
- MASS staff will never use aversive therapy, corporal punishment, noxious or aversive stimuli, forced exercise or denial of food or liquids under any circumstances
- Restrictive intervention will always be overseen by a specialist in behaviour management
- Wherever possible, a medical specialist will also oversee any restrictive intervention to identify any potential side effects
- Any use of restrictive practices must be approved by MASS' Authorised Program Officer (CEO) and will be reported to the Senior Practitioner within the required timeframe
- If restraint is used, MASS staff will record the details of every time it is used and how the person responded
- Where (approved) restrictive practices are employed, staff will record all actions and service user responses in the individual plan and personal file
- All incidents of restraint will be reviewed by staff to identify triggers, responses to the restraint, any changes to behaviour as a consequence of the restraint and explore less restrictive options alternatives where future incidents of behaviours of concern arise
- MASS staff may use restrictive interventions as an emergency measure if they consider that a person's safety is in serious and urgent danger or where there is danger of significant property damage. If this happens, the intervention will be as limited as possible, and only until the immediate danger passes, reported immediately to the CEO, who will report the matter to the Senior Practitioner
- All behaviour support plans must be current and reviewed every 12 months or earlier if required.



19.Medication

What this policy aims to do	Make sure MASS staff act responsibly and take accountability for the correct handling and administration of medication to people who use MASS services, including medication that is self-administered
Who this policy applies to	All people who use MASS services and all staff and volunteers involved in service delivery
Who is responsible for carrying out this policy	CEO or responsible managers and service delivery staff
What words used in this policy mean	<p>'Medication' means any chemical substances used to treat medical conditions, taken in a dose prescribed by a medical practitioner and dispensed by a pharmacist</p> <p>'Treatment sheet' is a document that has the person's authorised medications, specific dose and monitoring requirements recorded and signed by the doctor</p> <p>'Administration sheet' is a form signed by staff confirming medication has been given</p> <p>'Pro Re Nata (PRN)' is medication to be administered only when specific circumstances occur, for example, an epileptic seizure</p> <p>'Webster pack' is storage of medication in separate plastic cells that separates and enables a medication dose to be individually released. Webster packs must only filled by pharmacists</p>

POLICY

All MASS staff who administer medication must have been trained in how to do it safely and effectively.

Only medication on a person's treatment sheet that has been completed and signed by their medical practitioner and dispensed by a pharmacist will be administered to a person. Staff will never prescribe any medication or other remedies (herbal or natural) or any over the counter medications (purchased at a pharmacy or other outlet). Staff will only administer over the counter medications or other remedies (natural, herbal) with the authority of the person's treating doctor (where an adult) or the parent or guardian of a child.

MASS will have procedures to minimise risk in medication handling and administration.

Legislation this is based on	<p>National Disability Service Standards</p> <p>Department of Human Services Standards</p> <p>Victorian Child Safe Standards</p>
Other policies to check	<p>Duty of Care</p> <p>Positive Behaviour Support</p> <p>Freedom from Abuse and Neglect</p> <p>Health and Wellness</p> <p>Managing Illness</p> <p>Critical Client Incident Reporting</p> <p>Record Keeping and Confidentiality</p>

Procedures

Medication

- All MASS staff who administer medication must have been trained in how to do it safely and effectively. Staff attendance at such training will be recorded and reviewed regularly to ensure all staff are current
- If a MASS staff member is to directly administer medication, the most senior staff member or the staff member specially delegated will take responsibility for this
- Before MASS staff administer medication they will make sure their hands and all equipment are clean
- All medication will be dispensed from a Webster pack filled by a pharmacist, with the exception of medication that must be taken as a liquid or inhaled. The Webster pack will be clearly labelled with the full name and photograph of the person who has been prescribed the medication, as well as clear information about how much medication is to be given, when and any special instructions.
- MASS staff will check the Webster pack to make sure previous doses were administered correctly and completely
- Staff will check before administering medication, and cross check if two staff members are present. Staff will ensure the '6 Rs' of medication administration are observed:
 1. Right person: name on the medication matches the person receiving it
 2. Right medication: matches that documented on the treatment sheet.
 3. Right dose: number of tablets, amount of liquid, number of puffs from an inhaler. Proper measuring equipment must be used to make sure people get the right dose of liquid medication
 4. Right time: breakfast, lunch, dinner, before bed; taken before or after food
 5. Right route: swallowed, applied to skin or inhaled
 6. Right documentation: the administration sheet accurately records the day and time the medication was given; is signed by the person administering; and witnessed by a second staff member where available
- Medication will be taken to the person and administered directly from the Webster pack, bottle or tube, using the approved medication equipment to minimize the risk of medication being spilled or lost
- Staff will stay with the person to observe they have received the medication as prescribed
- MASS staff will make sure medication is stored safely and securely, in locked cupboards or locked containers for refrigerated medication
- If anyone using a MASS service shows signs of distressing side effects or an allergic reaction to medication, staff will contact the prescribing doctor immediately
- Staff will only administer over the counter medications (medications that can be purchased from a pharmacy, such as Panadol) or other remedies (natural, herbal) with the authority of the person's treating doctor (where an adult) or the parent or guardian of a child
- MASS staff will check with Nurse Oncall or the person's treating doctor before giving someone a second dose of any non-prescription medication where the first dose has not managed the condition within the recommended time frame
- Staff will ensure that there is always at least two weeks of medication supply securely stored (unless the medication has a short 'use by' date)
- Staff will make sure all medication is reviewed by the service user's doctor at least once every six months and that the results are recorded

PRN Medication

- All PRN medication must be documented on a person's treatment sheet with clear instructions written by the treating doctor on when it is to be used, the correct dose and how it should be taken
- All PRN medication must be stored separately from routinely administered medication
- All staff will follow the doctor's instructions and never give more than the prescribed dose
- If the PRN medication is used as part of a behaviour support plan, staff will discuss it with the APO and follow MASS positive behaviour support policy. The number of times PRN medication is administered for behaviour control will be analysed when reviewing the person's behaviour support plan in conjunction with behavioural specialists
- All PRN medication administration must be documented
- Incorrect or unauthorized administration of PRN restraint medication must be reported as a Category 1 incident.

Self-administration

- If an adult client chooses to administer their own medication, MASS staff will respect and support their choice and will also protect people's health and safety
- MASS staff will support adult service users in developing the skills and knowledge to administer their own medication safely and according to their doctor's instructions
- If there is any doubt or discussion about a person's ability to make an informed decision, staff will discuss the situation with the person's family, guardian or advocate as appropriate and record this discussion
- If an adult service user is going to administer their own medication, staff will make sure:
 - The person understands and accepts the responsibilities
 - An agreement about self-administration is written and signed by the person or their guardian/advocate and doctor (with the doctor given a copy to keep).

Mistakes with medication

- If any mistakes happen with the administration of medication, staff will immediately explain the situation to the service user and/or their family, guardian or advocate
- If a medication has been missed, staff will contact Nurse Oncall to obtain advice regarding the missed dose, record the advice on the client file and follow through with the advice
- If an additional dose of medication has been given, staff should immediately monitor the health of the person, call Nurse Oncall to obtain medical advice and call emergency services (000) if there is a deterioration in the person's health. The incident should be immediately reported to the CEO and an incident report made
- If medication is dropped on the floor it is to be safely discarded and Nurse Oncall or the local pharmacist contacted to obtain advice. Staff must not give medication from a Webster pack packaged for a different day or time as a substitute without clear instructions from a medical or pharmaceutical specialist.
- Lost medication of medication that has been removed from a Webster pack without being recorded on the treatment sheet must be immediately reported to the CEO, an incident report completed and notes made on the client file
- Where the pharmacy has made an error in the medication, staff should immediately contact the pharmacy for instructions and new supply of medication. The incident must be reported to the CEO and an incident report completed
- All medication incidents will be discussed at team meetings to learn from the mistakes and work together to minimize the risk of reoccurrence.

20. Managing Illness

What this policy aims to do	Make sure everyone who uses MASS services gets prompt and appropriate attention when they are ill
Who this policy applies to	All staff and volunteers involved in service delivery
Who is responsible for carrying out this policy	CEO or responsible managers and service delivery staff
What words used in this policy mean	'Person responsible' means someone who can make decisions on another person's behalf 'Medical treatment' means any procedure conducted by a registered medical professional

POLICY

MASS staff will work to ensure that when service users are ill they will receive suitable medical care, as quickly as possible. MASS staff will discuss all aspects of medical care - including doctors, hospitals, chemists, emergency services - with the person who is unwell and/or their family or guardian where the person is a child or young person, and provide support to adult clients so they can make their own choices about treatment as far as possible.

Every step in the treatment of illness is recorded in the person's file, with dates, times and legible signatures from all professionals providing medical services.

MASS staff make sure any external people also respond to a person's illness in ways that protect the person's privacy and dignity as well as their health and safety. All staff involved in providing support to the ill person will be told about the treatment plan, but information will be shared only as needed to balance the person's right to privacy and duty of care.

Any health or screening tests or other follow-up action recommended by the doctor will be arranged as soon as possible.

All medication will be administered in accordance with MASS' medication policy.

If the person experiences any adverse reaction to medication, or does not improve, MASS staff will make sure the doctor is contacted to discuss next steps.

Legislation this is based on	National Disability Service Standards DHHS Human Services Standards Victorian Child Safe Standards
Other policies to check	Decision Making and Choice Health and Wellness Medication Involvement of Families and Advocates Record Keeping and Confidentiality

PROCEDURES

Responding to illness

- MASS staff will ensure that when a service user is ill they receive suitable medical care as quickly as possible
- Every step in the treatment of illness is recorded in the person's file
- MASS staff will follow these steps in responding to illness:
 - Staff should remain vigilant and aware of the health and well being of all clients. If there is any change in presentation of the person implying pain or discomfort medical attention must be sought as soon as possible.
 - Ask the person questions about how they feel and when they started feeling unwell
 - Observe physical symptoms and changes in behaviour and/or mood
 - Record information from these questions and observation in the person's file, including the date, time and a legible signature
 - Advise a manager
 - Advise carers and/or family that a person is unwell and what the treatment plan is
 - Arrange an appointment with the person's doctor (depending how ill they are)
 - Record any instructions from the doctor in the person's file
- If a MASS staff member accompanies an adult client to the appointment, make sure:
 - The doctor speaks directly to the ill person
 - The ill person is treated with respect, and their rights, privacy and dignity are protected
 - The ill person understands the doctor's instructions and advice
 - The ill person is encouraged to ask questions
 - The doctor is given any relevant medical history, including if the ill person has had seizures, information about frequency and trigger factors.
- All staff involved in providing support to the ill person will be told about the treatment plan, but information will be shared only as needed to balance the person's right to privacy and duty of care
- Any pathology tests or other follow-up action recommended by the doctor will be arranged as soon as possible
- Prescriptions will be filled immediately. MASS staff will make sure chemists have provided all instructions about dosage and any relevant information about possible reactions, and that this is understood by the ill (adult) person and/or any staff supporting them
- All medication will be administered according to the medication policy
- If the person experiences any adverse reaction to medication, or does not improve, MASS staff will make sure the doctor is contacted to discuss next steps
- If a person using MASS services is seriously ill or their health suddenly deteriorates, and they need to go to hospital, MASS staff will follow these steps:
 - If possible, consult with the person's regular doctor
 - Arrange transport to a public hospital emergency department (call 000 for ambulance)
 - Let family and the service manager know what is happening
 - Explain to the ill person what is happening
 - Pack a labelled overnight bag with toiletries, personal belongings and medications
 - Make sure a family member, other support person or staff member accompanies the person to the hospital
 - Note these actions in the person's file

- Complete the appropriate incident report.

Consent to treatment

- MASS staff will understand where consent is needed legally (consent is not needed if treatment is needed to prevent death or serious damage to the person's health, or to reduce significant pain or distress)
- MASS staff will ensure that the doctor or medical professional has consent from an appropriate person with authority to make that decision
- For children and young people, MASS will make sure the family or person responsible is involved in consent decisions
- MASS staff will support adult clients to understand the nature and effect of proposed medical treatment and if they have capacity, to communicate their consent

If there are doubts about capacity to understand the medical treatment or communicate consent, MASS staff will involve the person's guardian, advocate or family in discussing the situation and finding the best person responsible. (the order of priority is: an agent appointed under an enduring power of attorney to make decisions about medical treatment, a person appointed by VCAT to make medical decisions, a guardian, a person appointed in writing by the person who needs the medical treatment, the person's spouse or domestic partner, their primary carer, their nearest relative over 18)

- If there are any disputes or confusion as to capacity to consent, MASS will apply to VCAT for clear rulings on who can make treatment decisions on the person's behalf
- MASS staff will do all they can to make sure no person responsible goes beyond their legal role - if a person needing treatment is likely to regain the capacity to make their own choices, a person responsible is not allowed to consent to treatment the person would not want or that would result in a significant deterioration in their health, and a person responsible is never allowed to give consent to treatment that would lead to infertility, terminate a pregnancy or remove tissue for transplant.

21. Critical Client Incident Reporting

What this policy aims to do	Make sure that we assess and respond to risks through the reporting and managing of incidents
Who this policy applies to	All employees of MASS, service users, their families and advocates
Who is responsible for carrying out this policy	All MASS staff
What words used in this policy mean	'Critical Incident' is an unplanned and unexpected event that injures or harms or has the potential to do so. It occurs regardless of whether a staff member is present or witnesses the event; it can be actual or alleged; and may be accidental or deliberate 'Incident Report' refers to an official written report by those involved in or witnessing the incident and describes the event

POLICY

A client incident report is required for all critical incidents occurring at MASS or during service delivery that involve and/or impact upon clients. This includes all critical incidents that occur:

- While a staff member is with the client **CLARIFY 'PRIVATE HOMES' WITH DHHS**
- When the client attends a service provider premises, including offices, residential services, respite facilities or day services
- When a staff member is **providing in-home support** or support in the community with the client
- Onsite at the service, including inside and around the building and locations that are within view of staff.

If a service provides 24-hour care (for example, residential care or statutory child protection) a report is required for all incidents involving clients of this service regardless of location.

If a service does not provide 24-hour care, critical incidents occurring outside of service delivery may also need to be reported.

Critical incidents must be reported based on the level of seriousness. The incident category also determines who must be notified if such an event occurs:

- Category 1: the most severe incidents which result in death, serious trauma, harm, abuse, neglect or abandonment
- Category 2: serious but less severe than Category 1, that threaten the health, safety and/or wellbeing of service users or staff

All Category 1 and 2 incidents must be reported to the CEO immediately and to DHHS within the prescribed timelines. The CEO will report all critical client incidents to the Board.

Legislation this is based on	National Disability Standards DHHS Human Services Standards DHHS Critical Client Incident Management Instruction, technical update 2014 Victorian Child Safe Standards
Other policies to check	Freedom from Abuse and Neglect Medication Workplace Health and Safety Emergency Management

PROCEDURES

Roles and responsibilities:

- All MASS staff will be trained in and understand the classification of incidents by category according to the DHHS definitions (and any technical updates that may be issued) – definitions are provided at Attachment 6
- When a critical incident occurs, the most senior member of staff present is expected to take responsibility for the following:
 - Responding to the immediate needs of individuals involved, any other client witnesses and affected staff
 - Taking any remedial action necessary to re-establish a safe environment (this is the first priority where safety is threatened)
 - Communicating with the CEO or responsible manager and the family of people affected by the incident in order that they can provide timely support
 - Reporting the incident in accordance with this Procedure
- The CEO or responsible manager will take responsibility for:
 - Undertaking follow up actions in relation to individual incidents
 - Ensuring all mandatory reporting to police and DHHS is completed within the prescribed timeframes and that the correct procedure to ensure the wellbeing and safety of those involved is followed
 - Reviewing incident information over time to identify lessons and practice implications
 - Generating and implementing strategies and action plans and monitoring and reviewing the effectiveness of actions taken
 - Ensuring the Board is informed of the incident while maintaining client confidentiality

Written incident reports:

- The most senior member of staff present is expected to take responsibility for completing an incident report form and providing a copy to the CEO or responsible manager (copies of Incident Report Forms are provided at Attachment 7)
- All sections of the incident report form are to be completed without exception. If a section does not apply, the words 'not applicable' should be entered in the appropriate place
- The original incident report must be retained in the Incident Report Register and a copy in client's file.

Reporting to DHHS:

- Category 1 Incident reports must be sent to the DHHS designated regional office as soon as possible and at the latest within one working day of the incident or one working day from being first told of the incident
- Category 2 Incident Reports must be sent to DHHS designated regional office as soon as possible and at the latest within two working days of the incident or two working days from being first told of the incident.

Longer-term actions

- MASS management will:
 - Review the Incident Report Register regularly to ensure any identified risks are managed and remedial actions have been taken, identify other potential risks and put in place preventative strategies to minimise occurrence
 - Ensure that all incidents are reported to the Board so that it is informed of the nature/frequency of incidents; and can ensure risk minimisation strategies are implemented.

22. Privacy and Information Sharing

What this policy aims to do	Make sure all people who use MASS services have their right to privacy respected
Who this policy applies to	All people who use MASS services and all staff and volunteers involved in service delivery
Who is responsible for carrying out this policy	CEO or responsible managers and service delivery staff
What words used in this policy mean	<p>'Privacy' can have different meanings but it generally refers to having control about what you share with other people</p> <p>'Physical privacy' is about being separate from others and having private space</p> <p>'Information privacy' is about knowing that your personal information is not being shared with other people unless you have agreed to it</p> <p>'Privacy of communications' means that you can use forms of communication without other people being able to overhear or read what you have written.</p>

POLICY

MASS will respect the privacy of people who use MASS services and their right to choose if, when and how their information is shared with others.

MASS staff will only collect information about a person using a service that is needed for their care and support, and then only if the person (or their parent or guardian if a child) agrees.

MASS staff will respect each person's right to have secrets and private interests and activities, and will not expect people to share information unless they choose to.

MASS will respect the privacy of people who use MASS services and their right to choose if, when and how their personal spaces and activities are shared with others.

In residential services, MASS staff will make sure people using the service have access to a space where they can be alone or spend time with other people in private if they want to.

MASS staff providing personal care to a child or adult will:

- Have been trained on how to provide personal care to children and adults in a manner which maintains privacy and preserves dignity
- Respect the wishes of the person (or their family if a child) to specify the gender of the person providing personal care
- Ensure adults and children are encouraged and supported to be as independent as possible in their personal care.

Legislation this is based on	DHHS Human Services Standards Victorian Child Safe Standards
Other policies to check	Rights and Responsibilities Record Keeping and Confidentiality Staff Conduct

PROCEDURES

- MASS staff will only collect information about a service user that is needed for their care, and only if the person agrees
- Staff will tell services users what information they are collecting and why
- MASS staff will make sure all information collected is accurate
- MASS staff will not share information about a person with anyone else unless it is important for their care, and will get permission from the person/family or their guardian (unless the information is needed urgently to protect health and safety)
- Service users will be told where their file is kept and that they can see it any time
- Service users can have information changed in their files if it is wrong
- Staff will explain the information written in a personal file if requested by a service user
- If MASS staff share private information about a person for any reason, they must record in the file what information they shared, why and whether they had permission
- If MASS staff pass on information they collect for reporting or research, they will remove names and make sure people cannot be identified. MASS staff will only pass on information for research or reporting if people have agreed
- MASS will respect the privacy of people who use MASS services and their right to choose if, when and how their personal spaces and activities are shared with others
- MASS staff will not enter a person's personal space (such as their home, bedroom or bathroom) unless it is necessary to support them and the person has given permission, and will only stay as long as they need to
- MASS staff will not allow other people to enter the personal spaces of people who use MASS services unless it is necessary for their care and permission has been given
- People who want to enter the personal space of people using MASS services for other reasons (such as cleaning, maintenance, showing the space to a prospective resident) can only do so if the person is given 24 hours written notice in an accessible form
- Some other people can go into a person's personal space without notice - these include the person's invited guests, guardians (if they have authority), the Senior Practitioner, Community Visitors, WorkCover inspectors and specific people needing emergency access such as doctors, police, fire brigade and ambulance officers
- MASS staff will knock before they go into a person's personal space and explain why they want to come in
- In residential services, MASS will make sure people using the service are able to receive and make private telephone calls
- MASS staff will not touch a person who receives support unless it is necessary for their care and the person agrees. If staff do need to touch a person for their care, they will ask permission and ensure as much privacy and dignity as possible
- MASS staff will not touch any person's belongings unless the person asks them to, or unless the circumstances have been agreed in the person's individual support plan
- In residential services, MASS staff will make sure people using the service have access to enough space to store their belongings privately
- MASS staff can enter a person's room without permission where there is an emergency and staff reasonably believe the person or other/s are in danger of harm
- MASS will establish and asset register for each person receiving residential support and will update and audit the register on a regular basis.

23. Financial Support

What this policy aims to do	Ensure service users have as much control as possible over their own money and that staff are completely transparent in everything to do with people's financial affairs
Who this policy applies to	People who use any MASS service and all staff
Who is responsible for carrying out this policy	Managers responsible for the service delivery
What words used in this policy mean	'Property' is the term used to refer to any financial asset a person might own including cash, investments, land or buildings

POLICY

MASS will encourage adult clients to take as much responsibility as they can for managing their own money, and will provide the support they need to act on their financial choices.

MASS staff will make sure adult clients make decisions about their own money as far as possible, as agreed in writing as part of each person's individual plan. All adult clients will have their own bank account/s, and will have their regular income paid into these account/s.

MASS staff will provide support and encouragement for people to improve their money management skills and will help to ensure money, financial information and belongings are kept secure.

If a person using MASS services does not directly manage their own money, MASS staff will respect the decisions of their legal guardian/administrator, or will support people managing money as agreed in their individual plan, under strict guidelines.

MASS will never manage a person's finances. Where a person does not have capacity to manage their own finances and a person responsible is not nominated, an application will be made to VCAT to appoint an Administrator.

Legislation this is based on	National Disability Service Standards DHHS Human Services Standards
Other policies to check	Decision Making and Choice Guardians and Administrators

PROCEDURES

Individual financial management

- MASS staff will make sure adult service users can make decisions about their own money as far as possible, and will document this in the individual plan
- MASS staff will provide support and encouragement for people to improve their money management skills
- Adult clients will have their own bank account, and will have their regular income paid into their account
- MASS staff will support adult clients to develop a written agreement about how their money will be managed, and if they want support, what activities they want support with and who they want to give that support
- If necessary, MASS staff will provide a form for people (or their guardians/administrators) to sign authorising direct debits for fees or other service charges - or if the person prefers, they can make transfers from their account when payments are due
- Personal items will be bought using people's own money
- MASS staff will help make sure adult clients keep their money, financial information and belongings secure
- Wherever possible, MASS staff will not take responsibility for handling money belonging to service users
- MASS staff will encourage people not to keep large amounts of cash in their house. In supported accommodation, staff will encourage people to keep money in a locked drawer in their room, or a locked cash box (the person who owns the money should hold the key)
- If anyone opens a locked cash tin or drawer other than the person who owns the money, a witness is there to observe and record this access
- If asked, MASS staff will provide people with information about options for getting independent financial advice, help people understand information they've been given by banks or other financial institutions and attend appointments to provide support
- MASS staff will provide service users with information about payment options for paying bills, and support for payments and payment plans, if the person they support agrees
- MASS staff will not:
 - be co-signatories to bank accounts held by clients
 - provide any financial investment advice to clients
 - use money, bank accounts or other financial assets owned by clients for their own personal use, even if these are offered to them
 - lend money to or borrow money from clients
 - be involved in creating a will for a client
 - knowingly benefit from the will of a client.
- If MASS purchases an item on behalf of a service user, the date, item, amount, seller and full name of the staff person, position and signature will be recorded along with the receipt in a personal record for each person.