Adelaide Quality Care

Policy 1

Work Health & Safety Practice Guideline (Risk & Incident Management)

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Work Health & Safety Practice Guideline

(Risk & Incident Management)

1. WH&S Risk Management Policy and Forms

2. Accidents 3. Bullying and Harassment 4. Dealing with Challenging Interactions 5. Emergencies 6. Hazardous Substances 7. Infectious Diseases 8. Manual Handling 9. Personal Protective Equipment 10. Safe Driving 11. Slips/Trips/Falls 12. Smoke Free Environment 13. Stress 14. Sun Protection 15. Working at External Locations/In Isolation

16. Workplace Violence

1. WH&S Risk Management Policy and Forms

DEFINITION

<u>Risk</u> – is the possibility that harm (death, injury, or illness) might occur when exposed to a hazard.

<u>Hazard</u> – means a situation or thing that has the potential to harm a person.

<u>Risk Control</u> – means taking action to eliminate health and safety risks so far as is reasonably practicable, and if it is not possible, minimising the risks so far as is reasonably practicable. Eliminating a hazard will also eliminate any risks associated with that hazard.

<u>Risk Management</u> is a logical, step by step process of identifying hazards, assessing the risk associated with those hazards, eliminating or controlling those risks and monitoring and reviewing risk assessments and control measures. The objective of this process is to improve workplace health and safety by addressing problems before injuries and incidents occur.

POSITION STATEMENT

AQC aims to promote and implement the principles and processes of Work Health and Safety risk management to create and maintain a safe and healthy working environment for all staff, clients, contractors and visitors.

We recognise it is our legislative responsibility, to effectively manage workplace risks in order to prevent injuries and incidents and improve safety in the workplace. It is also recognised that improving WH&S performance plays a key role in improving overall organisational performance and thereby allowing the organisation to better position itself to deliver effective services and programs to our clients.

LEGISLATION AND STANDARDS

WHS Act

Risk management is important because it plays a vital role in creating a safer and healthier workplace and assists us to meet our legislative responsibilities. Under the Work Health and Safety Act 2014 and Regulations all PCBU's have a responsibility to ensure that the workplace is free of

risks that can cause injury or illness to workers, contractors, and other people such as visitors and clients.

Risk management involves a systematic process by which hazards are identified and the risk of injury or illness is eliminated or reduced. Risk management is applied to all organisational WH&S programs and all work practices, systems and processes in the workplace.

The following diagram illustrates the WH&S framework and how risk management (and consultation) impact on all WH&S practices.



Risk management provides the framework by which health and safety issues are identified and addressed and provides tools and processes to make improvements to local workplace safety practices.

AQC will implement a risk management process through the following mechanisms – Staff WH&S induction and training Provision of personal protective equipment Hazard identification and reporting Risk assessment and control Workplace review.

Risk management is required at all stages of a work process including –

- **Step 1. Identify hazards**: Find out what could cause harm.
- Step 2. Assess risks: If necessary understand the nature of the harm that could be caused by the hazard, how serious the harm could be and the likelihood of it happening.

 This step may not be necessary if you are dealing with a known risk, with known controls.
- **Step 3. Control Risks**: Implement the most effective control measure that is reasonably practicable in the circumstances and ensure that it remains effective over time.

 Specific information about the hierarchy of control measures and developing and implementing control measures.
- **Step 4. Review control measures**: Review the control measures to ensure they are working as planned.



STAFF WH&S INDUCTION & TRAINING

All staff will have knowledge of work health and safety issues.

- During their initial orientation support staff will be trained in work health and safety including back care, transferring and safe lifting, and universal precautions.
- Each staff member will attend Work Health and Safety training at least annually (remotely).
- Individual training will be provided if a staff member is inexperienced in the use of any piece
 of equipment or in general safety procedures.
- WH&S Induction Checklist (Attachment 1) to be completed for each staff member. See attached. Staff are informed of what constitutes unsafe working areas and conditions.

These include but are not limited to the following –

- Unsafe equipment eg. electrical equipment;
- Unsafe access eg. stairs;
- A need for grab rails or walking aids;
- Home and garden maintenance needs;
- Hazards in the client's kitchen eg. open fires, gas ovens, especially if in poor repair;
- Positioning of bathroom aids (grab rails, bath seats, etc) and the need for any alterations
- Poor lighting;
- Electrical appliances, faulty connections, worn or frayed cords, extension cords in walkways
- Faulty heaters and electric blankets;
- Electric blankets used where there is risk of incontinence;
- Polished floors when clients have mobility issues;
- Loose mats;
- Uneven floors and steps in bad repair; and
- External hazards (rubbish, overhanging trees and shrubs, poor lighting)
- Client behaviour eg use of drugs and alcohol, smoking, mental health issues.

The Work Health and Safety Act and Regulations require persons who have a duty to ensure health and safety to 'manage risks' by eliminating health and safety risks so far as is reasonably practicable, and if it is not reasonably practicable to do so, to minimise those risks so far as is reasonably practicable.

Risk management is a four-step process that involves –

- Identifying hazards
- · Assessing risks
- Eliminating or controlling risks
- Monitoring and reviewing.



A risk management approach will be adopted to prevent incidents occurring. Risk management requires that foreseeable danger (or hazards) is identified; eliminated or controlled; and continuously monitored and reviewed. Risk management is a proactive process that will help us respond to change and facilitate continuous improvement in the organisation. It will be planned, systematic and cover all reasonably foreseeable hazards and associated risks.

HAZARD IDENTIFICATION

A hazard is a situation with the potential to cause harm to life, health or property and is the primary cause of health and safety problems in the workplace.

Hazards generally arise from the following aspects of work and their interaction:

- The physical work environment
- The equipment, materials and substances used
- The work tasks and how they are performed
- Work design and management.

Hazards can be identified in several ways including -

- undertaking workplace inspections (including inspections of client homes);
- reviewing injury and incident data including near misses;
- investigating complaints and incidents;
- conducting safety audits;
- monitoring worker health and the work environment;
- observing work practices;
- consulting with workers and others, including staff, contractors, clients and visitors;
- responding to information contained in hazard report forms;
- consulting with health and safety representatives and WH&S Committee members;
- consulting, cooperating and coordinating activities with other duty holders.

Hazards that affect the Community Care

- Slips, trips, falls
- Manual handling
- Workplace violence
- Infection Control
- Client behaviour ie smoking, drug and alcohol use
- Motor vehicles, travel and transport

- Working at external locations
- Infectious Diseases
- Domestic squalor
- Working alone or in isolation
- Drugs and alcohol
- Stress
- Safe food handling

HAZARD REPORTING

Hazard – a source of potential harm.

Any identified work place hazards are to be reported immediately. This is the responsibility of all staff members. Staff will report all hazards on the Hazard/Incident/Accident Report form (Attachment 2).

Where staff perceive an immediate imminent and/or serious risk to the health and safety of anyone within the workplace including clients and their families they must immediately phone the HeadOffice. If the HeadOffice is unavailable then the Managing Director. They should remove themselves and anyone else at risk to prevent injury or illness in the first instance.

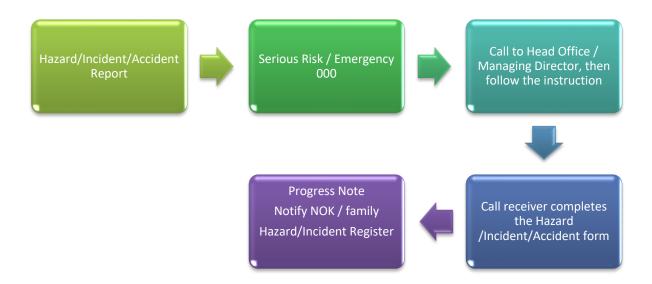
Where staff are unable to complete and submit a form themselves on the day of observing a hazard, they should phone the office, the client's Care Coordinator or Managing Director and report the issue. It is the staff member's responsibility to ensure that the hazard has been managed in some way to reduce risk of harm to others ie. reported, recorded in the client's communication book, drawn to the attention of the client and others in the household, eliminated, reduced, controlled in some way. ie a sign posted over faulty power point, mat removed etc.

The Head office receiving a call from Support workers / Personal Care Assistance / Nurses in relation to a Hazard/Incident will complete a Hazard/Incident report form on their behalf.

Hazard/Incident Reports received in outer offices should be scanned to the Managing Director and Coordinators on the day of receipt. Once received the coordinators will discuss with the relevant

people and ensure that a memo is sent to all employees affected (ie working in the environment in which the hazard exists). The Hazard/Incident Register (Attachment 3) is to be completed by the Quality Coordinator and Care Coordinators.

Care Coordinators are responsible for ensuring follow up action is completed and updated on the system as soon as possible and within 1 week of notification. Where they are unable to address the issue immediately and close the issue on the Hazard/Incident Register they will ensure that they have alerted the Consumers/Representives so that additional resources or action may be taken to address the issue.



RISK ASSESSMENT

AQC risk assessment processes will commence from the point of consumer referral. The Care Coordinators where they have contact with the person making the referral,

will ask the referrer a range of questions about any risks from the consumer and/or their environment,
 complete WHS form WH&S Questions to ask at referral.

Where there is no contact with the referrer. The referral will be allocated to a Support Planner who will contact the referrer where there are any identified risk areas on the referral form and complete the above form and/or the client and ask them a range of questions about any risks prior to arranging a visit to the client.

Will complete WHS form as above.

The Support Planner will complete the CCO Workplace Health & Safety Risk Assessment form when visiting the client to complete the initial assessment.

Support Planners are to consider how hazards may cause harm, the likelihood of harm occurring and the severity of harm should it occur. Please refer to risk indicator chart. Support Planners will complete a WH&S Risk Assessment on all client home's before services are commenced. Support Planners will ensure that the client's home is as safe a workplace as possible. They will recommend to the owner of the property any changes that are required to make the home a safer work place. It is recognised that due to the nature of the business, some hazards may be out of the control of the organisation. However, services to clients will be provided in such a way as not to endanger the client or the staff member providing the service. Specifically, Support Planners will - • physically inspect the relevant areas in and around the client's home; • identify unsafe areas in the client's home which impact on service provision; • make appropriate referrals to occupational therapists and/or physiotherapists to assess problem areas; • ensure that appropriate remedial work is carried out and control mechanisms put into place; • document hazards, referrals, remedial work and controls in the client's risk management plan and in the client's progress notes prior to support staff commencing work; • ensure support staff receive relevant client WH & S information through inclusion in roster alerts. Support Workers will – Ensure that where they have

identified a hazard that they have reported it. Update the risk assessment form and provided information about this update in the client communication book. Support Worker Workplace Review Form – being developed.

- 2. Accidents
- 3. Bullying and Harassment
- 4. Dealing with Challenging Interactions
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- 13. Stress
- 14. Sun Protection
- 15. Working at External Locations/In Isolation

16. Workplace Violence

PURPOSE AND SCOPE

- People have a right to remain living in the community for as long as possible.
- Consumers should be encouraged to maintain their independence if possible, including managing their own medicines in a safe and effective manner.
- Adelaide Quality Care (AQC) Support Worker will provide medication support and/or administration and will abide by the policy and procedures outlined in this document.
- Support Workers will have access to training to ensure that they have appropriate skills and knowledge to support and/or administer consumer medication.

POLICY

- Adelaide Quality Care has established a written policy and procedures that outline the decision of AQC regarding the role of support workers in the management of consumer medication and any relevant risk management policy and practice issues.
- Consumers receive individual medication assessment (where appropriate) and where appropriate this assessment be in conjunction with the consumer, family, doctor, and other health professionals.
- AQC regularly liaises with general practitioners, pharmacists, and other health professionals regarding medications as required
- Consumers have a clear, individual medication support plan.
- A consent form is completed by the consumer or carer, family or guardian.
- Consumers with more complex health care needs have access to an appropriate health professional to provide back-up advice and support, as and when needed.
- Staff have access to training that provides them with the necessary skills and knowledge to confidently assist consumers with medication support and/or administration.
- There is an organizational commitment to ongoing assessment and monitoring of staff practices.

- AQC is committed to ongoing continuous improvement in the management and administration of consumer medication.
- Adelaide Quality Care will maintain effective information management systems that maintains appropriate controls of privacy and confidentiality for stakeholders.
- Adelaide Quality Care's Policies and Procedures are maintained as read-only documents in the Policies and Procedures folder on the shared drive.
- The Adelaide Quality Care is responsible for maintaining the currency of this information with assistance from the Managing Director and other staff as required.
- The involvement of all staff is encouraged to ensure Adelaide Quality Care's Policies and Procedures reflect practice and to foster ownership and familiarity with the material.
- A copy of each form used by our organisation is maintained in the shared drive in the sub-folder; entitled "Forms".
- All staff can access the Policies and Procedures at Adelaide Quality Care's Office in paper based or electronic format.
- Policies and procedures are reviewed every three years at minimum or as required.
- All superseded policies and procedures are removed from the Adelaide Quality Care's Policy and Procedure folder and electronically archived by the Managing Director only.

DEFINITIONS

Medication Support is the prompting and/or assisting the consumer with self-medication and may involve:

- Reminding and/or prompting the consumer to take the medication
- Assisting (if needed) with opening of medication containers for the consumer
- And other assistance not involving medication administration

If medication support is being provided the consumer retains all responsibility for their medications.

Medication Administration is the actual giving of medication and may involve:

- Storing the medication
- Opening the medication container
- Removing the prescribed dosage

• And giving the medication to the consumer as per instructions.

If medication administration is being provided, the support worker is responsible for ensuring that the consumer takes their medications.

NOTE: Before involvement if the administering or support of consumer medication a support worker must have achieved the medication, competencies described under staff training.

Carer: A person such as a family member, friend, or neighbor, who provides regular and sustained care and assistance to another person without payment for their caring role other than a pension or benefit.

Primary Carer: The person who provides the most informal assistance to the care recipient

DAA

Medication: Medication includes medicines prescribed for the consumer by a doctor or health professional and medicines purchased over the counter. These medicines include capsules, eardrops. Eye drops. Inhalants, liquid. Lotion and cream, nose-drops, patches, powder, tablets, wafers, suppositories, oxygen, pessaries, nebulisers, schedule 8 drugs, vaginal cream by applicator, sprays (eg nitro lingual spray) and insulin (by pen or pre-filled syringes).

Pro Re Nata (PRN) Medication: is medication that is not needed or taken on a predetermined regular schedule but is taken in response to particular symptoms or complaints.

Support Worker: A support worker is an employee employed to provide personal care services, which shall include assisting consumers with hygiene and grooming, dressing and undressing, fitting of appliances, mobility and exercises, toileting, fluid intake, feeding and preparation of meals, assisting enrolled nurses, registered nurses or others to manage consumers where necessary, socialisation including taking with consumer and family and managing and or administering (in line with the AQC Medication Administration Policy) prescribed medications as per consumer care plan, and environmental services, which shall include limited housekeeping, bed making, laundry, shopping, transport, assistance with correspondence, care of pets and pot plants and basic home maintenance, but does not include an employee who is substantially employed to perform domestic housekeeping work.

PROCEDURES

Participant Documentation Procedure

- Confidentiality of participant's records is maintained.
- All Adelaide Quality Care's staff and volunteers responsible for providing, directing or coordinating Participant care or support, must document their activities.
- Participant's files will provide accurate information regarding their care and support and will contain, but is not limited to:
 - Participant's personal details
 - Referral information
 - Assessments
 - Support plans and goals
 - Participant's reviews, and
 - Details regarding service responses.
- Original Participant documentation will be stored in the Participant's central file.
- Information relating to Participant's ongoing situation, including changes to their situation (i.e. increased confusion, deteriorating health, increased risks, etc.) is to be documented in the Participant's notes.
- All Adelaide Quality Care's staff required to document the activities relating to care and support of Participants, will be appropriately trained in effective documentation and record keeping.
- Individuals are not permitted to document on behalf of another person.
- Participant's records will be audited regularly to ensure documentation is thorough, appropriate and of high quality.
- Participant records will be stored in a safe and secure location with access available to authorised persons only.
- Agreements with brokerage agencies will include a requirement for brokerage workers to regularly document their activities.
- Staff must ensure that all relevant information about the progress of or support provided to a Participant is entered into that person's file notes in a factual, accurate, complete and timely manner.
- Staff must only use information collected from a Participant for the purpose for which it was collected.

- Participants should be advised that data which has been collected but which does not identify any Participant may be used by the organisation for the purposes of service promotion, planning and evaluation.
- Participants and their guardians have a right to access any of their personal information that has been collected. Staff will support such persons to access their personal information as requested.

Entering Adelaide Quality Care Service

- Create a Participant file to act as the central repository of all Participant's service information and interactions. This will only contain material relevant to the management of care or support needs including but not limited to:
 - Enquiry form
 - Copy of signed agreement
 - Assessments
 - Support Plan
 - Participant Intake form
 - Communication notes
 - Privacy statement, and
 - Complaint information
- Assign a unique identifier for each Participant for documentation and record keeping purposes.
- Collect initial information using the (Adelaide Quality Care)'s Participant Intake form.
- Collect only personal information necessary to adequately assess and manage the Participant's care and support needs.
- Use the Adelaide Quality Care's Assessment Report to document Participant's assessment information.
- Adelaide Quality Care's [Manager.Position] will work with the Participant, their advocates(s) and any other family or service providers/individuals to develop and document a Participant Support Plan. This will be documented using the Adelaide Quality Care's Support Plan.

Ongoing Documentation Procedures

- Maintain Participant information in the electronic "Participant Management System" in accordance with system practices.
- Document Participant's information and service activities only on Adelaide Quality Care's approved forms or tools.
- Ensure other service agencies and health professionals involved with the care or support of Adelaide Quality Care's Participant provide adequate documentation of their activities and the Participant's well-being or condition.
- Clearly document:
 - The outcomes of all ongoing Participant's assessments and reassessment.
 - Changes or redevelopment of Participant's Support Plans including revised goals or preferences.
 - Any critical incidents or major changes in the Participant's health or well-being.
 - Conversations (in person or via telephone) with the Participant, family members, their representative or advocate.
 - Conversations regarding the Participant, with any other providers, agencies, health/ medical professionals, family members or other individuals with an interest in the Participant.
 - Activities associated with Participant's admission and exit including referrals.

Setting up and maintaining files for Participants

- Once the personal file for Participants has been established, staff must maintain that file. This requires staff to ensure that all information is accurate, up-to-date and complete.
- Staff must document in the person's file, significant issues and events that arise during their work with the Participants, as those events and issues occur.
- As information in the personal file becomes non-current (that is, information that no longer has any bearing on the services being provided to the Participant), staff will establish an archival file, and progressively cull such non-current information into that file for storage in a secure place.
- The [Manager.Position] must regularly audit the files of Participants to ensure that
 - The file is up-to-date
 - All forms are being used appropriately
 - Non-current information is being culled and stored in the archival file, and
 - The progress/file notes are factual, accurate, complete and in chronological order.

• When a Participant leaves the service, his/her personal file and archival file are to be stored in a secure place such as a locked area, or password protected file on a computer; all under the control of Adelaide Quality Care.

Participants file formats in hard copy

The files of Participants will be established and maintained in the following format:

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- The file will consist of a standard manual folder or other similar folder.
- The forms must be based on the current formats, which have been approved by Adelaide Quality Care
- Archival files may be in the form of lever-arch folders or archive boxes and may be multiple in number; as required.
- If files are held in an electronic format, the forms/domains and formats must similarly be approved, and
- For ease of access, materials in the archival file should be listed chronologically with each page numbered in order, in groups of similar forms.

Security of files and Participant information

- All current hard copy files for Participants must be kept in a secure area such as a lockable filing cabinet at the service to ensure that only authorised personnel can gain access to personal information of a Participant. Authorised personnel include Adelaide Quality Care's staff members who are employed to provide support to the Participants. If it is not possible for files to be stored at the service, then alternative arrangements should be made by the Participant and the [Manager.Position] to ensure confidentiality and security.
- All electronic files must be password protected to ensure confidentiality and security.
- If stored at the service, current files of Participants can only be taken from the service by relevant staff from Adelaide Quality Care when it is clearly for the purpose of assisting the Participants to provide information to, or to access another service such as a doctor.
- Non-current files should not be removed from the service unless:
 - They are being moved to a more secure archival storage unit
 - Permission has been sought from the [Manager.Position] to do so

- Faxing of information about Participants should only be considered in exceptional circumstances. For example, this may be required when time constraints prohibit the use of normal secure services and only when the receiver of the fax can guarantee the security of the information.
- Staff must not undertake any of the following actions without the express approval of the [Manager.Position]:
 - Photocopy any confidential document, form or record.
 - Copy any confidential or financial computer data to any other computer, USB or storage system such as google docs.
 - Convey any confidential data to any unauthorised staff member or to any other person(s)

Transporting hard copy files of Participants

If for any reason the files of Participants need to be transported from one location to another (such as from their normal location to a doctor), the files must be transported in a locked document container such as a briefcase or attaché case. Adelaide Quality Care will provide such locked cases wherever required.

Communication / file notes for Participants

plan.

- Communication/file notes for Participants must include the following components:
 - The date of each entry being made
 - The time when the entry is being made
 - The time when the event occurred
 - The nature of the event in a factual, accurate, complete and timely manner
 - The signature of the person making the entry
 - The surname of the person making the entry (printed in brackets)
 - The person's position of employment
- Staff must ensure that all relevant information about the Participant is entered into the person's file notes in a factual, accurate, complete and timely manner.
- The file notes for each Participant should be written when a significant event occurs or to record the type of support provided while on duty. The definition of a significant event will vary from person to person and should be determined in consultation with the [Manager.Position], and should normally relate to the support required by the person-centred
- It is required that staff make an entry in the progress/file notes on each shift even when the person's day has gone according to plan and without occurrence of unusual or extraordinary events.

- All entries made into file notes should be placed on the next available line. Under no circumstances should blank spaces be left on the progress/file notes sheet.
- All file-note entries made by staff on behalf of another staff member (e.g. dictating over the phone) must be signed by the person dictating the notes on their next shift. It is the responsibility of that person to check the entry for accuracy, and if required note any corrections that need to be made on the next line available.
- Whenever required, the Participants should be made aware of what has been recorded in their progress/file notes

Access to files of Participants

- Participants and/or their guardians must have access to their own records on request. The [Manager.Position] should approve and control the way Participants access their own records to ensure that the security of other non-related information is maintained.
- Access to files of Participants is the direct responsibility of the [Manager.Position]. When access is requested by anyone other than staff employed by Adelaide Quality Care, it will only be granted when the [Manager.Position] is satisfied that the policies and procedures of Adelaide Quality Care have been followed and access to the file is in the best interest of the Participant. Such access will only be granted when consent has been given by the appropriate person.
- All files of Participants are the property of Adelaide Quality Care and although Participants and their guardians can access the file, it cannot be taken by the Participants or their guardian or be transferred to any service external to Adelaide Quality Care without permission of the [Manager.Position].
- Copies of files that are legitimately released for any reason shall be recorded on an appropriate letter which shall be signed as a receipt by the service recipient or their legal guardian.
- The proper procedure for releasing information about Participants to persons or services that are external to Adelaide Quality Care is to proceed as per the "Consent Policy and Procedure."
- Any students on placement at Adelaide Quality Care may only access files with the consent of the Participant or their guardian. Students will be required to provide a written undertaking that they will always maintain confidentiality and only use non-identifying information. The contract is to specify that what information is to be used for, and that any written compositions containing the information will be given to the [Manager.Position] for approval.

Staff Records

Staff files are kept in a filing cabinet in the [Manager.Position]'s office and are available only to the [Manager.Position]. The filing cabinet is locked when the office is unattended.

Minutes of Meetings

Minutes of meetings are maintained on the shared drive.

Other Administrative Information

- Individual staff are responsible for organising and maintaining the filing of general information in accordance with their job descriptions.
- Administrative information including funding information, financial information and general filing is maintained in the filing cabinets in [Manager.Position]'s office. The cabinets are locked out of hours or when the office is unattended for a lengthy period of time.

Electronic Information Management

-Data Storage

- All data is stored on the shared drive of the server.
- Only the [Manager.Position] can add new data folders to the shared drive of the server.

-Backup

- All computer data (including emails) is backed up every night to a remote server.
- Periodic testing of backed-up data is undertaken to check the reliability of this system.

-External Programs

• No programs, external data or utilities are installed onto any workstation without the permission of the [Manager.Position].

Log-in Credentials

Assigned by the [Manager.Position].

Email

- Staff may send and receive minimal personal emails.
- All emails are filed in the appropriate folders set up by the [Manager.Position].
- Pornographic, sex-related or other junk email received is to be deleted immediately. Under no circumstances are staff allowed to respond to junk emails.

Internet

- Internet access is restricted to work related purposes.
- Internet access reports are maintained on the server and are regularly reviewed by the [Manager.Position].
- Under no circumstances are staff allowed to access pornographic or sex-related sites.

Getting Help and Reporting Problems

- Our organisation maintains an ongoing IT support agreement.
- If staff experience problems with a program or computer or any other piece of equipment, they can in the first instance, contact the [Manager.Position].
- If necessary, the [Manager.Position] will arrange for the IT Consultant(s) to provide assistance.

Social Media

- We are aware that social media (social networking sites; Facebook, Twitter etc., video and photosharing sites, blogs, forums, discussion boards and websites) promotes communication and information sharing.
- Staff who work in our organisation are required to ensure the privacy and confidentiality of the organisation's information and the privacy and confidentiality of Participant's information. Staff must not access inappropriate information or share any information related to their work through social media sites.
- Staff are required to seek clarification from the [Manager.Position], if in doubt as to the appropriateness of sharing any information related to their work on social media sites.

Monitoring Information Management Processes and Systems

- Information management processes and systems are regularly audited as part of our audit program.
- Staff, Participants and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made.

Archival and Storage

• All records after their active time must be kept in archive files for an additional period. This retention period is determined by regulatory, statutory, legislative requirements and /or defined by Adelaide Quality Care as best practice. (Please See "Disposal and Archiving of Documents" (Attachment 1) for a guide to retention periods.).

- Records in archive must be identified and stored in a way that allows for easy access and retrieval when required.
- Archived records in hard copy must be stored in an environment which minimises deterioration and damage, i.e. not exposed to direct sunlight, moisture, extremes of temperature, pests, dust, fire hazards, etc.

Destruction of Records

- The following procedures apply for the destruction of records
 - Junk mail and instructional post-it notes may be placed in recycling bins or other bins as required.
- All other Adelaide Quality Care's records/documents for destruction are to be
 - Shredded first and then placed in recycling bins, or
 - Sent off-site to be securely pulped, or
 - Deleted from the network.

REFERENCES

- Disability Discrimination Action 1992 (Commonwealth)
- Privacy Act (1988)
- Work Health and Safety Act 2011
- NDIS Practice Standards and Quality Indicators 2018

RELATED DOCUMENTS

WH&S Induction Checklist (Attachment 1)

Hazard/Incident/Accident Report form (Attachment 2)

Hazard/Incident Register (Attachment 3)