# What are the NDIS Practice Standards?

The NDIS Practice Standards create an important benchmark for providers to assess their performance, and to demonstrate how they provide high quality and safe supports and services to NDIS participants. Together with the NDIS Code of Conduct, the NDIS Practice Standards will assist NDIS participants to be aware of what quality service provision they should expect from NDIS providers.

The outcomes of the NDIS Practice Standards are included within the *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018* . The *National Disability Insurance Scheme (Quality Indicators) Guidelines 2018* list the outcomes of the NDIS Practice Standards and also the associated quality indicators NDIS providers can use to demonstrate conformity with the outcomes.

The NDIS Practice Standards consist of a core module and several supplementary modules that apply according to the types of supports and services NDIS providers deliver.

The **Core** module covers:

* rights and responsibility for participants
* governance and operational management
* the provision of supports, and
* the support provision environment

The **supplementary** modules cover:

* High intensity daily personal activities
* Specialist behaviour support
* Implementing behaviour support plans
* Early childhood supports
* Specialised support co-ordination, and
* Specialist disability accommodation.

Each module has:

* a series of high-level, participant-focused outcomes, and
* for each outcome, quality indicators that auditors will use to assess a provider’s compliance with the Practice Standards

# Core Module

## Rights and Responsibilities

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

### Person – centred supports

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

#### To achieve this outcome, the following indicators should be demonstrated:

* + Each participant’s legal and human rights are understood and incorporated into everyday practice.
  + Communication with each participant about the provision of supports is responsive to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand.
  + Each participant is supported to engage with their support network and chosen community as directed by the participant.

**Documents that are relevant to meeting these requirements:**

Statement of participant rights that outlines how participants can expect to be treated In their welcome packs or brochures, service agreement, staff position descriptions and training records. NDIS Code of Conduct signed by staff.

* Protecting Clients Rights Policy
* Choice And Advocacy Policy
* Protecting Clients From Abuse, Neglect, Exploitation And Discrimination Policy

### Individual values and beliefs

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

#### To achieve this outcome, the following indicators should be demonstrated:

* + At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to.
  + Each participant’s right to practice their culture, values and beliefs while accessing supports is supported.

**Documents that are relevant to meeting these requirements:**

Intake documentation. Participant survey/feedback forms.

* Client Diversity Policy

### Privacy and Dignity

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

#### To achieve this outcome, the following indicators should be demonstrated:

* + Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant.
  + Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.
  + Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format.

**Documents that are relevant to meeting these requirements:**

Service agreements, Privacy and consent policy and procedures, participant files, CRM privacy controls, Staff induction, training records and code of conduct. Participant feedback.

* Client Privacy Policy
* Information Collection and Management Policy
* Choice and Advocacy Policy

### Independence and informed choice

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

#### To achieve this outcome, the following indicators should be demonstrated:

* + Active decision-making and individual choice is supported for each participant including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand.
  + Each participant’s right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration.
  + Each participant’s autonomy is respected, including their right to intimacy and sexual expression.
  + Each participant has sufficient time to consider and review their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review and exit.
  + Each participant’s right to access an advocate (including an independent advocate) of their choosing is supported, as is their right to have the advocate present.

**Documents that are relevant to meeting these requirements:**

Feedback forms, Consent form

* Client Privacy Policy
* Choice and Advocacy Policy

### Violence, Abuse, Neglect, Exploitation and Discrimination

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

#### To achieve this outcome, the following indicators should be demonstrated:

* + Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination.
  + Each participant is provided with information about the use of an advocate (including an independent advocate) and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation or discrimination have been made.
  + Allegations and incidents of violence, abuse, neglect, exploitation or discrimination, are acted upon, each participant affected is supported and assisted, records are made of any details and outcomes of reviews and investigations (where applicable) and action is taken to prevent similar incidents occurring again.

**Documents that are relevant to meeting these requirements:**

* Protecting Participants from Violence, Abuse, Neglect, Exploitation and Discriminations Policy and Procedure

## Provider Governance and Operational Management

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

### Governance and Operational Management

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

#### To achieve this outcome, the following indicators should be demonstrated:

* + Opportunities are provided by the governing body for people with disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights.
  + A defined structure is implemented by the governing body to meet a governing body’s financial, legislative, regulatory and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering supports to participants.
  + The skills and knowledge required for the governing body to govern effectively are identified, and relevant training is undertaken by members of the governing body to address any gaps.
  + The governing body ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example Agency requirements and guidance), participants’ and workers’ needs and the wider organisational environment.
  + The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices.
  + The provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports.
  + There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.
  + Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies.

**Documents that are relevant to meeting these requirements:**

Delegation of authority form, strategic and operational plan, position descriptions, performance management forms.

* Governance Policy and Procedure
* Conflict of Interest Policy and Procedure

### Risk Management

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

#### To achieve this outcome, the following indicators should be demonstrated:

* + Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with provision of supports are identified, analysed, prioritised and treated.
  + A documented risk management system that effectively manages identified risks is in place, and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports provided.
  + The risk management system covers each of the following:
    - incident management;
    - complaints management and resolution;
    - financial management;
    - governance and operational management;
    - human resource management;
    - information management;
    - work health and safety;
    - emergency and disaster management.
  + Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks.
  + Supports and services are provided in a way that is consistent with the risk management system.
  + Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.

**Documents that are relevant to meeting these requirements:**

Certificates of currency for any insurance

* Risk Management Policy and Procedure
* Infection and Control Policy and Procedure

### Quality Management

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

#### To achieve this outcome, the following indicators should be demonstrated:

* + A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery.
  + The provider’s quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered.
  + The provider’s quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers.

**Documents that are relevant to meeting these requirements:**

* Your full policy and procedure manual and supporting forms make up your quality management system. The auditor will confirm this all during stage 1 of your audit the document review.

### Information Management

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

#### To achieve this outcome, the following indicators should be demonstrated:

* + Each participant’s consent is obtained to collect, use and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law.
  + Each participant is informed of how their information is stored and used, and when and how each participant can access or correct their information and withdraw or amend their prior consent.
  + An information management system is maintained that is relevant and proportionate to the size and scale of the organisation and records each participant’s information in an accurate and timely manner.
  + Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction and disposal processes relevant and proportionate to the scope and complexity of supports delivered.

**Documents that are relevant to meeting these requirements:**

* Privacy and confidentiality policy and procedure
* Records and information management policy and procedure
* Participant consent form

### Feedback and Complaints Management

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

#### To achieve this outcome, the following indicators should be demonstrated:

* + A complaints management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows principles of procedural fairness and natural justice and complies with the requirements under the *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.*
  + Each participant is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a supportive environment for any person who provides feedback and/or makes complaints.
  + Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures, seeking of participant views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the provider’s organisation.
  + All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.

**Documents that are relevant to meeting these requirements:**

* Feedback forms, and complaint form
* Feedback, compliments and complaints policy and procedure
* Participant handbook

### Incident Management

**Outcome:** Each participant is safeguarded by the provider’s incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.

#### To achieve this outcome, the following indicators should be demonstrated:

* + An incident management system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system complies with the requirements under the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.*
  + Each participant is provided with information on incident management, including how incidents involving the participant have been managed.
  + Demonstrated continuous improvement in incident management by regular review of incident management policies and procedures, review of the causes, handling and outcomes of incidents, seeking of participant and worker views, and incorporation of feedback throughout the provider’s organisation.
  + All workers are aware of, trained in, and comply with the required procedures in relation to incident management.

**Documents that are relevant to meeting these requirements:**

* Incident forms
* Participant incident management policy and procedure
* Participant handbook

### Human Resource Management

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

#### To achieve this outcome, the following indicators should be demonstrated:

* + The skills and knowledge required of each position within a provider are identified and documented together with the responsibilities, scope and limitations of each position.
  + Records of worker pre-employment checks, qualifications and experience are maintained.
  + An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program.
  + A system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.
  + Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.
  + The performance of workers is managed, developed and documented, including through providing feedback and development opportunities.
  + Workers with capabilities that are relevant to assisting in the response to an emergency or disaster (such as contingency planning or infection prevention or control) are identified.
  + Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster.
  + Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants.
  + For each worker, the following details are recorded and kept up to date:
    - their contact details;
  + details of their secondary employment (if any).

**Documents that are relevant to meeting these requirements:**

* Contracts, qualifications, ID
* Training plans
* Position descriptions
* NDIS workers orientation module certificate
* Employment and risk assesses roles register.
* Emergency staff register.

### Continuity of Supports

**Outcome:** Each participant has access to timely and appropriate support without interruption.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.
  + In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role.
  + Supports are planned with each participant to meet their specific needs and preferences. These needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant’s experience is consistent with their expressed preferences.
  + Arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered by the provider.
  + Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are:
    - explained and agreed with them; and
    - delivered in a way that is appropriate to their needs, preferences and goals.

**Documents that are relevant to meeting these requirements:**

* Continuity of supports policy and procedure.
* Service agreement
* Delegation of authority form

### Emergency and Disaster Management

**Outcome:** Emergency and disaster management includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated, and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster.
  + The measures include planning for each of the following:

1. preparing for, and responding to, the emergency or disaster;
2. making changes to participant supports;
3. adapting, and rapidly responding, to changes to participant supports and to other interruptions;
4. communicating changes to participant supports to workers and to participants and their support networks.
   * The governing body develops emergency and disaster management plans (the *plans*), consults with participants and their support networks about the plans and puts the plans in place.
   * The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.
   * Mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster.
   * The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.
   * The governing body regularly reviews the plans, and consults with participants and their support networks about the reviews of the plans.
   * The governing body communicates the plans to workers, participants and their support networks.
   * Each worker is trained in the implementation of the plans.

**Documents that are relevant to meeting these requirements:**

* Emergency and disaster management policy and procedure
* Emergency planning policy and procedure
* Emergency management plan
* Participant emergency preparation plan

## Provision of Supports

These NDIS Practice Standards set out the responsibilities for NDIS Providers when providing supports to participants.

### Access to supports

**Outcome:** Each participant accesses the most appropriate supports that meet their needs, goals and preferences.

#### To achieve this outcome, the following indicators should be demonstrated:

* + The supports available, and any access / entry criteria (including any associated costs) are clearly defined and documented. This information is communicated to each participant using the language, mode of communication and terms that the participant is most likely to understand.
  + Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and each participant’s health, privacy, dignity, quality of life and independence is supported.
  + Each participant is supported to understand under what circumstances supports can be withdrawn. Access to supports required by the participant will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the participant.

**Documents that are relevant to meeting these requirements:**

* Emergency and disaster management policy and procedure
* Emergency planning policy and procedure
* Emergency management plan
* Participant emergency preparation plan

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### Support Planning

**Outcome:** Each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals, and are regularly reviewed.

#### To achieve this outcome, the following indicators should be demonstrated:

* + With each participant’s consent, work is undertaken with the participant and their support network to enable effective assessment and to develop a support plan. Appropriate information and access is sought from a range of resources to ensure the participant’s needs, support requirements, preferences, strengths and goals are included in the assessment and the support plan.
  + In collaboration with each participant:
    - risk assessments are regularly undertaken, and documented in their support plans; and
    - appropriate strategies are planned and implemented to treat known risks to them.
  + Risk assessments include the following:
    - consideration of the degree to which participants rely on the provider’s services to meet their daily living needs;
    - the extent to which the health and safety of participants would be affected if those services were disrupted.
  + Periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required.
  + Each support plan is reviewed annually or earlier in collaboration with each participant, according to their changing needs or circumstances. Progress in meeting desired outcomes and goals is assessed, at a frequency relevant and proportionate to risks, the participant’s functionality and

the participant’s wishes.

* + Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.
  + Each participant’s support plan is:
    - provided to them in the language, mode of communication and terms they are most likely to understand; and
    - readily accessible by them and by workers providing supports to them.
  + Each participant’s support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies.
  + Each participant’s support plan includes arrangements, where required, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services.
  + Each participant’s support plan:
    - anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing; and
    - is understood by each worker supporting them.

**Documents that are relevant to meeting these requirements:**

* Support planning and review policy and procedure
* Participant support plan
* Risk assessments
* Risk management policy and procedure

### Service Agreements with Participants

**Outcome:** Each participant has a clear understanding of the supports they have chosen and how they will be provided.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Collaboration occurs with each participant to develop a service agreement which establishes expectations, explains the supports to be delivered, and specifies any conditions attached to the delivery of supports, including why these conditions are attached.
  + Each participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand.
  + Where the service agreement is created in writing, each participant receives a copy of their agreement signed by the participant and the provider. Where this is not practicable, or the participant chooses not to have an agreement, a record is made of the circumstances under which the participant did not receive a copy of their agreement.
  + Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements are in place with each participant and each specialist disability accommodation provider. At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:

1. How a participant’s concerns about the dwelling will be communicated and addressed;
2. How potential conflicts involving participant(s) will be managed;
3. How changes to participant circumstances and/or support needs will be agreed and communicated;
4. In shared living, how vacancies will be filled, including each participant’s right to have their needs, preferences and situation taken into account; and
5. How behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant.
   * Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster.

**Documents that are relevant to meeting these requirements:**

* Support planning and review policy and procedure
* Service agreement and easy read

### Responsive Support Provision

**Outcome:** Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Supports are provided based on the least intrusive options, in accordance with contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes.
  + For each participant (with their consent or direction and as agreed in their service agreement) links are developed and maintained by the provider through collaboration with other providers, including health care and allied health providers, to share their information, manage risks to them and meet their needs.
  + Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports.
  + Where a participant has specific needs which require monitoring and/or daily support, workers are appropriately trained and understand the participant’s needs and preferences.

**Documents that are relevant to meeting these requirements:**

* Participant Support plan
* Consent form

### Transitions to or from a provider

**Outcome:** Each participant experiences a planned and coordinated transition to or from the provider.

#### To achieve this outcome, the following indicators should be demonstrated:

* + A planned transition to or from the provider is facilitated in collaboration with each participant when possible, and this is documented, communicated and effectively managed.
  + Risks associated with each transition to or from the provider are identified, documented and responded to, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health care risk requiring hospitalisation.
  + Processes for transitioning to or from the provider (including temporary transitions referred to in subsection (2)) are developed, applied, reviewed and communicated.

**Documents that are relevant to meeting these requirements:**

* Exit and transition planning policy and procedure
* Exit Plan

## Provision of Supports Environment

These NDIS Practice Standards set out the environment in which supports are to provided to participants.

### Safe environment

**Outcome:** Each participant accesses supports in a safe environment that is appropriate to their needs.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Each participant can easily identify workers who provide supports to them.
  + Work is undertaken with each participant, and others**,** in settings where supports are provided (including their home), to ensure a safe support delivery environment for them.
  + Where relevant, work is undertaken with other providers (including health care and allied health providers and providers of other services) to identify and manage risks to participants and to correctly interpret their needs and preferences.
  + For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and the manner in which they express emerging health concerns.
  + To avoid delays in treatments for participants:

1. protocols are in place for each participant about how to respond to medical emergencies for them; and
2. each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).
   * Systems for escalation are established for each participant in urgent health situations.
   * Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants.
   * Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently-touched surfaces.
   * Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.
   * Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.
   * PPE is available to each worker, and each participant, who requires it.

**Documents that are relevant to meeting these requirements:**

* Safe environment policy and procedure

### Participant Money and Property

**Outcome:** Participant money and property is secure and each participant uses their own money and property as they determine.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Where the provider has access to a participant’s money or other property, processes to ensure that it is managed, protected and accounted for are developed, applied, reviewed and

communicated. Participants’ money or other property is only used with the consent of the participant and for the purposes intended by the participant.

* + If required, each participant is supported to access and spend their own money as the participant determines.
  + Participants are not given financial advice or information other than that which would reasonably be required under the participant’s plan.

**Documents that are relevant to meeting these requirements:**

* Participant money and property policy and procedure

### Management of Medication

**Outcome:** Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication.
  + All workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication.
  + All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers.

**Documents that are relevant to meeting these requirements:**

* Medication management policy and procedure
* Medication management supporting forms.

### Mealtime Management

**Outcome:** Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences, and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Providers identify each participant requiring mealtime management.
  + Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:

1. undertaking comprehensive assessments of their nutrition and swallowing; and
2. assessing their seating and positioning requirements for eating and drinking; and
3. providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
4. reviewing assessments and plans annually or in accordance with the professional advice of the participant’s practitioner, or more frequently if needs change or difficulty is observed.
   * With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
   * Each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
   * Each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.
   * Mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them.
   * Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:
5. be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
6. if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – proactively manage those risks.
   * Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans.
   * Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.

**Documents that are relevant to meeting these requirements:**

* Mealtime management policy and procedure
* Mealtime management supporting forms.

### Management of Waste

**Outcome:** Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Policies, procedures and practices are in place for the safe and appropriate storage, handling and disposal of waste and infectious or hazardous substances (including used PPE), and each policy, procedure and practice complies with current legislation and local health district requirements.
  + All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.
  + An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required.
  + Each worker involved in the management of waste, or infectious or hazardous substances, is trained in the safe and appropriate handling of the waste or substances, including the use of PPE or any other clothing required when handling the waste or substances.

**Documents that are relevant to meeting these requirements:**

* Waste management policy and procedure
* Waste management supporting forms

All of the below will be relevant to your Registered Nurse.

# High Intensity Daily Personal Activities Module

These NDIS Practice Standards set out the responsibilities of NDIS providers when providing supports and services to participants that require:

### Complex Bowel Care

**Outcome:** Each Participant requiring complex bowel care receives appropriate support relevant (proportionate) to their individual needs.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Each participant is involved in the assessment and development of the plan for their complex bowel care management. With their consent, the participant’s health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
  + Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant receiving complex bowel care.
  + All workers working with a participant requiring complex bowel care have received training,

relating specifically to each participant’s needs, type of complex bowel care and high intensity support skills descriptor for providing complex bowel care, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex bowel care.

### Enteral (Naso-Gastric Tube – Jejunum or Duodenum) Feeding and Management

**Outcome:** Each participant requiring enteral feeding and management receives appropriate nutrition, fluids and medication, relevant and proportionate to their individual needs.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Each participant is involved in the assessment and development of the plan for their enteral feeding and management. With their consent, the participant’s health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
  + Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant who has enteral feeding needs.
  + All workers working with a participant who requires enteral feeding have completed training,

relating specifically to each participant’s needs, type and method of enteral feeding and regime, and high intensity support skills descriptor for enteral feeding, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for enteral feeding.

### Severe Dysphagia Management

**Outcome:** Each participant requiring severe dysphagia management receives appropriate support that is relevant and proportionate to their individual needs and preferences.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Providers identify each participant requiring severe dysphagia management.
  + With their consent, their individual severe dysphagia management needs are assessed by appropriately qualified health practitioners, including by practitioners conducting regular and timely reviews if needs change or difficulty is observed.
  + Each participant requiring severe dysphagia management is involved in the assessment and development of their severe dysphagia management plan. The plan identifies:

1. their individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment); and
2. how risks, incidents and emergencies will be managed to ensure their wellbeing and safety, including by setting out any required actions and plans for escalation.
   * Appropriate policies and procedures are in place in relation to the support provided to each participant requiring severe dysphagia management, including training plans for workers supporting them.
   * Each worker responsible for providing severe dysphagia management to participants has received training, relating specifically to each participant’s needs, managing any severe dysphagia related incident and the high intensity support skills descriptor for severe dysphagia management, delivered by an appropriately qualified health practitioner with expertise in severe dysphagia management.

### Tracheostomy Management

**Outcome:** Each participant with a tracheostomy receives appropriate suctioning and management of their tracheostomy relevant and proportionate to their individual needs.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Each participant is involved in the assessment and development of the plan for their

tracheostomy suctioning and management. With their consent, the participant’s health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.

* + Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant with a tracheostomy.
  + All workers have completed training, relating specifically to each participant’s needs, managing any tracheostomy related incident and high intensity support skills descriptor for providing tracheostomy care (without ventilation) and supporting a person dependent on ventilation, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for tracheostomy suctioning and management.

### Urinary Catheter Management (In-dwelling Urinary Catheter, In-out Catheter, Suprapubic Catheter)

**Outcome:** Each participant with a catheter receives appropriate catheter management relevant and proportionate to their individual needs.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Each participant is involved in the assessment and development of the plan for management of their catheter. With their consent, the participant’s health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
  + Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant with a catheter.
  + All workers have completed training, relating specifically to each participant’s needs, type of catheter and high intensity support skills descriptor for catheter changing and management, delivered by an appropriately qualified health practitioner or a person that meets the high intensity support skills descriptor for urinary catheter changing and management.

### Ventilator Management

**Outcome:** Each participant requiring ventilator management receives appropriate support relevant and proportionate to their individual needs and the specific ventilator used.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Each participant is involved in the assessment and development of the plan for their ventilator management. With their consent, the participant’s health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
  + Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant who is ventilator dependent.
  + All workers have completed training, relating specifically to each participant’s ventilation needs, managing a related incident and the high intensity support skills descriptor for ventilator management, delivered by an appropriately qualified health practitioner or person who meets the high intensity support skills descriptor for ventilator management.

### Subcutaneous Injections

**Outcome:** Each participant requiring subcutaneous injections receives appropriate support relevant and proportionate to their individual needs and specific subcutaneous injections and medication administered.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Each participant is involved in the assessment and development of the plan for their subcutaneous injections which includes dosage measurement and calculation. With their consent, each participant’s health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and

emergencies will be managed, including required actions and escalation to ensure participant wellbeing.

* + There are documented written or phone orders by the health practitioner prescribing the medication that trained workers may administer by subcutaneous injection.
  + Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to participants requiring subcutaneous injections and related medication.
  + All workers have completed training, relating specifically to the participant’s injection and medication needs and high intensity support skills descriptor for subcutaneous injections, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for subcutaneous injections. Workers must also have a basic

understanding of the participant’s related health condition.

### Complex Wound Management

**Outcome:** Each participant requiring complex wound management receives appropriate support relevant and proportionate to their individual needs.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Each participant is involved in the assessment and development of the plan for their complex

wound management. With their consent, the participant’s health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.

* + Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant requiring complex wound management.
  + All workers working with a participant requiring complex wound management have received training, relating specifically to the participant’s needs that are affected by their wound

management regime (for example, showering, toileting and mobility) and high intensity support skills descriptor for providing complex wound management, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex wound management.

# Specialist Behaviour Support Module

These NDIS Practice Standards apply to NDIS providers who are registered to provide specialist behaviour support to NDIS participants.

### Behaviour Support in the NDIS

**Outcome:** Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

#### To achieve this outcome, the following indicators should be demonstrated:

* + The *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* are understood and applied.
  + All NDIS behaviour support practitioners have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of behaviour support plans.
  + Each NDIS behaviour support practitioner undertakes ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.
  + A specialist behaviour support clinical supervisor provides clinical supervision of each work practice of the NDIS behaviour support practitioner.
  + Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures and practices.

### Restrictive Practices

**Outcome:** Each participant is only subject to a restrictive practice that meets any state and territory authorisation (however described) requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Knowledge and understanding of regulated restrictive practices as described in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* and knowledge and understanding of any relevant state or territory legislation and/or policy requirements and processes for obtaining authorisation (however described) for the use of any restrictive practices included in a behaviour support plan.
  + Each Behaviour Support Practitioner undertakes professional development to maintain an understanding of practices considered restrictive and the risks associated with those practices.
  + Each participant and, with the participant’s consent, their support network, providers implementing behaviour support plans, and other relevant stakeholders are engaged in discussions about the need for restrictive practices and they understand the risks associated with their use. Alternatives to the use of restrictive practices are promoted as part of these discussions.
  + Each participant and, with the participant’s consent, their support network, their providers implementing behaviour support plans and other relevant stakeholders are engaged in the development of behaviour support strategies that are proportionate to the risk of harm to the participant or others.
  + Restrictive practices are only included in a participant’s behaviour support plan in accordance with relevant Commonwealth legislation and/or policy requirements and relevant state or territory legislation and/or policy requirements for obtaining authorisation (however described) for the use of any restrictive practices.
  + Regulated restrictive practices in behaviour support plans comply with the conditions prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.*
  + Each participant’s behaviour support plan or interim behaviour support plan includes strategies that will lead to the reduction and elimination of any restrictive practices included in the plan.
  + Support is provided to other providers implementing a behaviour support plan, in delivering services, implementing strategies in the plan and evaluating the effectiveness of current approaches aimed at reducing and eliminating restrictive practices.

### Functional Behaviour Assessments and Behaviour Support Plans

**Outcome:** Each participant’s quality of life is maintained and improved by tailored, evidence- informed behaviour support plans that are responsive to their needs.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Work is undertaken with each participant and their support network to undertake a behaviour support assessment that identifies unmet participant needs, the function and/or purpose of behaviours, and identify strategies to address behaviours of concern.
  + Behaviour support plans take into account all appropriate sources of information such as the

behaviour support assessment, and with the consent of the participant, the participant’s support network, the providers implementing behaviour support plans, and assessments carried out by other collaborating providers and mainstream service providers.

* + Behaviour support plans are consistent with evidence-informed practice, including proactive strategies.
  + The interface between a reasonable and necessary supports under a participant’s plan and any other supports or services under a general system of service delivery that the participant receives, are considered, and strategies and protocols are developed to integrate supports/services as practicable.
  + Behaviour support plans are developed in consultation with the providers implementing behaviour support plans, and the behaviour support plan is given to those providers for their consideration and acceptance.
  + All behaviour support plans containing a regulated restrictive practice are provided to the Commissioner in the time and manner prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.*

### Supporting the Implementation of the Behaviour Support Plan

**Outcome:** Each participant’s behaviour support plan is implemented effectively to meet the participant’s behaviour support needs.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Assistance is given to ensure that the providers implementing behaviour support plans understand the relevant state or territory legislative and/or policy requirements for obtaining authorisation (however described) for the use of a restrictive practice included in a behaviour support plan, including any conditions around the use of restrictive practices.
  + Reasonable measures are taken to ensure the participant, and with the participant’s consent, the participant’s support network, and the providers implementing behaviour support plans, understand the rationale underpinning the behaviour support plan. Instructions and guidance are developed to support the participant, the providers implementing behaviour support plans and

the participant’s support network to effectively implement the behaviour support plan.

* + Providers implementing behaviour support plans are made aware of the reporting requirements prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.*
  + Person-focused training, coaching and mentoring is facilitated or delivered to each of the

providers implementing behaviour support plans, and, with each participant’s consent, their support network (where applicable). It covers the strategies required to implement a participant’s behaviour support plan, including positive behaviour support strategies.

* + Development of behaviour support plans for each participant, in collaboration with the providers implementing the behaviour support plan.
  + Where the specialist behaviour support provider recommends that workers implementing a behaviour support plan receive training on the safe use of a restrictive practice included in a plan, oversight is retained to ensure the training addresses the strategies contained within each participant’s behaviour support plan.
  + Ongoing support and advice is offered to providers implementing behaviour support plans, and, with the participant’s consent, their support network (where applicable), to address barriers to implementation.

### Behaviour Support Plan Monitoring and Review

**Outcome:** Each participant has a current behaviour support plan that reflects their needs, improves their quality of life and supports their progress towards positive change. The plan progresses towards the reduction and elimination of restrictive practices, where these are in place for the participant.

#### To achieve this outcome, the following indicators should be demonstrated:

* + The progress and effectiveness of implemented strategies are evaluated through regular engagement with the participant, and by reviewing, recording and monitoring data collected by providers implementing behaviour support plans.
  + Modifications to the strategies contained in each participant’s behaviour support plan are made based on engagement with the participant and the results of the information and data analysis, and with the participant’s consent, these changes are communicated and training is provided (where required) to their support network on the modified strategies.
  + Opportunities to reduce the use of restrictive practices based on documented positive change are pursued.
  + The Commissioner is notified and work is undertaken with the Commissioner to address such situations:

1. where effective engagement with providers implementing behaviour support plans is not possible for any reason; or
2. if the supports and services are not being implemented in accordance with the behaviour support plan.
   * Each participant’s behaviour support plan is reviewed at least every twelve months. Consideration is given to whether the participant’s needs, situation or progress create a need for more frequent reviews, including if the participant’s behaviour changes, or if a new provider is required to implement the plan.
   * The Commissioner is notified of changes in each participant’s behaviour support plan in the manner and timeframe prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.*

### Reportable Incidents involving the Use of a Restrictive Practice

**Outcome:** Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed.

#### To achieve this outcome, the following indicators should be demonstrated:

* + Support is given to the providers implementing each participant’s behaviour support plan in responding to a reportable incident involving the use of restrictive practices.
  + Each participant, and with the participant’s consent, their support network, the providers implementing behaviour support plans and other stakeholders are included in the review of incidents.

### Interim Behaviour Support Plans

**Outcome:** Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan which minimises the risk to the participant and others.

#### To achieve this outcome, the following indicators should be demonstrated:

* + When a participant develops an immediate need for behaviour support, the participant and the providers implementing behaviour support plans are involved in evaluating the risks posed to the participant and others by the participant’s behaviour, and an interim behaviour support plan is developed that appropriately manages that risk.
  + Advice and guidance is given to the providers implementing behaviour support plans and, with the participant’s consent, their support network on the effective implementation of the interim behaviour support plan.