

## NDIS Legislation Amendment (Quality Indicators) Guidelines 2021

The NDIS Commission has now published the changes which include the introduction of three new Practice Standards. This Amendment makes essential changes to the NDIS Act to improve the support and protections provided to NDIS participants who may be at risk of harm. The Amendment also includes a number of minor amendments to strengthen existing measures and ensure the NDIS commission has the clear legal authority to pursue providers or workers who infringe or fail to uphold the rights of people with disabilities.

In summary, the amendment will strengthen the protections for NDIS participants, including those who are at risk of harm and will strengthen the operational effectiveness of the NDIS program.

### What are the new requirements?

The amendment includes the following new requirements:

- 1) Mealtime management
- 2) Severe dysphagia management
- 3) Emergency and disaster management and related matters
- 4) Other amendments
- 5) Application, saving, and transitional provisions

- **Mealtime Management Practice Standard** – providing guidance and ensuring compliance in relation to safe and quality practice by registered NDIS providers in the delivery of mealtime management to people with disabilities. This requirement applies to a provider who provides supports to participants who require support to manage mealtimes (such as those with mild dysphagia). It deals with the nutritional value and texture of meals, and with their planning, preparation and delivery. It will appear in Schedule 1, Core Module, Part 5 – Support provision environment, of the NDIS Practice Standards;
- **Severe Dysphagia Management Practice Standard** – providing guidance and ensuring compliance in relation to safe and quality practice by registered NDIS providers in the delivery of severe dysphagia management to people with disabilities. This requirement applies to a provider who provides high intensity daily personal activities and has severe dysphagia management set out in the certificate of registration. It will appear in Schedule 2, Module 1: High intensity daily personal activities, of the Practice Standards.
- **Emergency and Disaster Management Practice Standard** – to strengthen guidance to NDIS providers on complying with their obligations to ensure the health, wellbeing, and safety of the NDIS participants they support during COVID-19, or future emergencies or disasters. this standard is intended to address the planning required by providers to prepare, prevent, manage and respond to emergency and disaster situations whilst mitigating risks to and ensuring continuity of supports that are critical to the health, safety and wellbeing of NDIS participants. It will appear in Schedule 1, Core Module, Part 3 – Provider governance and operational management, of the NDIS Practice Standards.

This audit checklist provides a **guide** to support you to identify the necessary documents, records and evidence that demonstrate compliance with the National Disability Insurance Scheme Legislation **Amendment** (Quality Indicators) Guidelines 2021. You may find the full document of NDIS legislation Amendment here :

<https://www.legislation.gov.au/Details/F2021N00274>

### Preparing Your Business

It is important that you have evidence and records showing your documents are being used, and templates are completed, where possible. The Stage 1 Audit will focus on reviewing your documents and management system plans to ensure you have met enough of the requirements and are ready for the Stage 2 audit. Please remember that it is your responsibility to provide the required documents for the audit.

<b>Core Module</b>		
<b>Division 1 – Rights and Responsibilities</b>		
<b>12</b>	<b>Risk Management</b>	
12	Outcome: Risks to participants, workers and the provider are identified and managed.	Your comment
	(3) The risk management system covers each of the following: (a) incident management; (b) complaints management and resolution; (c) financial management; (d) governance and operational management; (e) human resource management; (f) information management; (g) work health and safety; (h) emergency and disaster management.	
	(4) Where relevant, the risk management system includes measures for the prevention and control of infection and outbreaks.	
	(5) Supports and services are provided in a way that is consistent with the risk management system.	
	(6) Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.	
<b>17</b>	<b>Human Resource Management</b>	
17	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.	Your comment
	(7) 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.	
	(8) Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster	
	(9) Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants.	
	(10) For each worker, the following details are recorded and kept up to date: (a) their contact details; (b) details of their secondary employment (if any).	
<b>18</b>	<b>Continuity of Supports</b>	
18	Outcome: Each participant has access to timely and appropriate support without interruption.	Your comment

	<p>(5) Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are:</p> <p>(a) explained and agreed with them; and</p> <p>(b) delivered in a way that is appropriate to their needs, preferences and goals.</p>	
<b>18A</b>	<b>Emergency and disaster management</b>	
18 A	<p>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</p>	Your comment
	(1) 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.	
	<p>(2) The measures include planning for each of the following:</p> <p>(a) preparing for, and responding to, the emergency or disaster;</p> <p>(b) making changes to participant supports;</p> <p>(c) adapting, and rapidly responding, to changes to participant supports and to other interruptions;</p> <p>(d) communicating changes to participant supports to workers and to participants and their support networks</p>	
	(3) 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.	
	(4) The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.	
	(5) 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.	
	(6) The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster	
	(7) The governing body regularly reviews the plans, and consults with participants and their support networks about the reviews of the plans.	
	(8) The governing body communicates the plans to workers, participants and their support networks	
	(9) Each worker is trained in the implementation of the plans.	
<b>20</b>	<b>Support Planning</b>	
20	<p>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.</p>	Your comment

	(2) In collaboration with each participant: (a) risk assessments are regularly undertaken, and documented in their support plans; and (b) appropriate strategies are planned and implemented to treat known risks to them	
	(2A) Risk assessments include the following: (a) consideration of the degree to which participants rely on the provider's services to meet their daily living needs; (b) the extent to which the health and safety of participants would be affected if those services were disrupted.	
	(6) Each participant's support plan is:(a) provided to them in the language, mode of communication and terms they are most likely to understand; and(b) readily accessible by them and by workers providing supports to them.	
	(7) Each participant's support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies.	
	(8) 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.	
	(9) Each participant's support plan: (a) anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing; and (b) is understood by each worker supporting them.	
<b>21</b>	<b>Service Agreements with Participants</b>	
21	Outcome: Each participant has a clear understanding of the supports they have chosen and how they will be provided.	Your comment
	(5) Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster.	
<b>22</b>	<b>Responsive Support Provision</b>	
22	Outcome: Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.	Your comment
	(2)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.	
<b>23</b>	<b>Transitions to or from a provider</b>	
23	Outcome: Each participant experiences a planned and coordinated transition to or from the provider.	Your comment
	(2) 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.	

	(3) Processes for transitioning to or from the provider (including temporary transitions referred to in subsection (2)) are developed, applied, reviewed and communicated.	
<b>Division 4 – Support Provision Environment</b>		
<b>24</b>	<b>Safe Environment</b>	
24	Outcome: Each participants accesses supports in a safe environment that is appropriate to their needs.	Your comment
	(1) Each participant can easily identify workers who provide supports to them	
	(2) 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.	
	(3) 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.	
	(4) 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.	
	(5) To avoid delays in treatments for participants: (a) protocols are in place for each participant about how to respond to medical emergencies for them; and (b) each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).	
	(6) Systems for escalation are established for each participant in urgent health situations.	
	(7) Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants	
	(8) Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently-touched surfaces.	
	(9) Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.	
	(10) Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.	
	(11) PPE is available to each worker, and each participant, who requires it.	
<b>26 A</b>	<b>Mealtime management</b>	
26A	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.	Your comment

	(1) Providers identify each participant requiring mealtime management.	
	(2) Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners: (a) undertaking comprehensive assessments of their nutrition and swallowing; and (b) assessing their seating and positioning requirements for eating and drinking; and (c) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and (d) reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.	
	(3) With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.	
	(4) 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.	
	(5) 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.	
	(6) 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.	
	(7) Effective planning is in place to develop menus with each participant requiring mealtime management to support them to: (a) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and (b) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)— proactively manage those risks.	
	(8) 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.	
	(9) 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.	
<b>27</b>	<b>Management of Waste</b>	
27	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.	Your comment

	(1) 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.	
	(4) 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.	
<b>Module 1: High Intensity Daily Personal Activities</b>		
30 A	Severe dysphagia management	
30 A	Outcome: Each participant requiring severe dysphagia management receives appropriate support that is relevant and proportionate to their individual needs and preferences.	Your comment
	(1) Providers identify each participant requiring severe dysphagia management.	
	(2) 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.	
	(3) Each participant requiring severe dysphagia management is involved in the assessment and development of their severe dysphagia management plan. The plan identifies: (a) their individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment); and (b) 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.	
	(4) 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.	
	(5) 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.	
<b>Module 3: Early Childhood Supports</b>		
55	<b>Applicable Practice Standards</b>	
56	The Child	
	Outcome: Each child participant accesses supports that promote and respect their legal and human rights, support their development of functional skills, and enable them to participate meaningfully and be included in everyday activities with their peers.	Your comment
	(5) Alternative arrangements for the continuity of supports for each child participant, when changes or interruptions are unavoidable, are: (a) explained and agreed with them (taking into account their capacity to understand and agree to alternative arrangements) and their family; and (b) delivered in a way that is appropriate to their needs, preferences and goals.	
<b>Part 9 –Verification</b>		

74	Human Resource Management	
74	<p>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.</p>	Your comment
	(3) Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.	
	(4) Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.	
	(5) PPE is available to each worker, and each participant, who requires it.	
77	Risk Management	
77	<p>Outcome: Risks to participants, workers and the provider are identified and managed.</p>	Your comment
	(3) The risk management system includes emergency and disaster planning..	
	<p>(4) Risk assessments are regularly undertaken, and include the following:</p> <ul style="list-style-type: none"> <li>(a) consideration of the degree to which participants rely on the provider's services to meet their daily living needs;</li> <li>(b) the extent to which their health and safety would be affected if those services were disrupted.</li> </ul>	
	(5) Infection prevention and control standard precautions are implemented throughout all settings.	

Global Compliance