Policy and Procedure Manual

Stellar Experiences Pty Ltd

Version 1

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Cardiovascular Management Procedure

Policy area	Guest Health and Wellbeing
Document type	Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this procedure is to explain how Stellar Experiences supports guests at risk of, or currently experiencing cardiovascular disease.

SCOPE

This procedure applies to all our workers (employees, contractors and volunteers) supporting guests with cardiovascular disease management requirements.

DEFINITIONS

Term	Definition
Coronary Heart Disease	'Heart Attack'. Caused by a build-up of plaque in the walls of the arteries supplying blood to the heart.
Cerebrovascular Disease	'Stroke'. A condition that affects blood flow and blood vessels in the brain.
Peripheral Arterial Disease	Blood clots in the arms or legs.
Rheumatic Heart Disease	Damaged heart valves due to rheumatic infection.
Congenital Heart Disease	A problem with the heart's structure which is a condition since birth.
Deep Vein Thrombosis	Blood clot which has formed in one of the deep veins (usually the leg).

Pulmonary Embolism	Blood clot blocking the blood vessels leading to the lungs.
Electrocardiogram (ECG)	Non-invasive test that records the electrical activity of the heart.

CONTEXT

Stellar Experiences recognises that people with disability are at higher risk of cardiovascular disease than the general population. We are committed to prioritising guests' health and wellbeing in a way that:

- encourages and supports them to adopt and maintain good nutrition and healthy lifestyle habits;
- escalates health-related issues, concerns and risks promptly as required;
- is culturally safe and communicated in a language, mode and method they are most likely to understand;
- upholds their privacy and dignity;
- enables independence and capacity-building where possible; and
- empowers them to live their best life.

PROCEDURES

1. Good Nutrition and a Healthy Lifestyle Habits

1.1 Encourage the guest to eat healthy foods and drink plenty of water.

1.2 Encourage the guest to keep active and mobile as much as possible.

1.3 Provide the guest with information and services that can assist with managing risks and problems with excess alcohol consumption, weight problems (both underweight and overweight), smoking and drugs.

1.4 Encourage and support the guest to adopt consistent sleep routines.

2. Communication and Information

2.1 Identify any barriers the guest may be facing accessing services and treatment, including communication or cultural difficulties. Ask the guest if they require an advocate or a family member to support them through the process. If they do, collaborate with the advocate or family member.

2.2 Actively listen to any concerns the guest has, demonstrate respect and empathy, allow them to talk, offer suggestions (without providing medical advice) if asked and provide any communication or follow up assistance they request.

3. Risk Management

3.1 If requested we can support guests to organise an annual comprehensive health assessment with their general practitioner.

3.2 Notify family/alternate decision-maker/advocate if you have any concerns in relation to the guest's health and wellbeing and escalate to a qualified health practitioner if required.

3.3 Recognise signs and symptoms of heart issues. The main ones are outlined in the table below:

Common Signs and Symptoms of Cardiovascular Issues

Note: This list is not exhaustive and is a guide only. Arrange for the guest to have immediate medical assessment by a qualified health practitioner if you are worried about the guest's health or wellbeing.

- Pain or tightness in the arms, neck, jaw, shoulders or back.
- Pain, tightness or 'fluttering' feeling in the chest
- Shortness of breath
- Nausea or vomiting
- Fatigue
- Sweating
- Dizziness
- Unusual heartbeat (either too fast or too slow)
- Fainting
- Palpitations
- Indigestion or heartburn
- Trouble speaking and understanding (confusion)
- Paralysis or numbness of the face, arm or leg
- Trouble with seeing in one or both eyes
- Severe and sudden headache
- Trouble walking

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement are responsible for:

- maintaining this procedure and associated documents;
- ensuring the procedure is effectively implemented across the service;
- monitoring worker compliance with the requirements of this procedure; and
- ensuring training and information is provided to workers to carry out this procedure.

All workers are responsible for complying with the requirements of this procedure.

COMPLIANCE

Deliberate breaches of this procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Conflict of Interest Policy and Procedure

Policy area	Risk Management
Document type	Policy
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	04/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	04/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to managing conflicts of interest.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Conflict of Interest	A conflict of interest occurs when a person or organisation has an opportunity to put what will benefit them (their own interests) ahead of the interests of the person they are supporting. These conflicts may be: • actual – it happened or is happening • potential – it might happen • perceived – it seems like it has happened or might happen Conflicts of interest that are not managed effectively can pose risks to a guest's safety and limit their choice and control. Conflicts of interest can also pose a risk to providers and the sustainability and integrity of the National Disability Insurance Scheme (NDIS).

CONTEXT

Stellar Experiences recognises that declaring or avoiding conflicts of interest is an important part of:

- safeguarding the guest against exploitation and/or discrimination;
- ensuring that the guest has access to services and supports that best suit their individual needs, circumstances, preferences and goals;
- upholding the guest's right to informed choice, control and self-determination; and
- maintaining integrity of the service provided, by removing any form of bias, favouritism or discrimination.

POLICY STATEMENT

1. Fair, Transparent and Objective Actions and Decisions

- We will act in the best interests of the guest at all times.
- We will ensure service access and delivery actions and decisions are unbiased, fair, objective and ethical.
- We will maintain processes to enable open and transparent disclosure of conflicts of interest.
- We will anticipate and identify all conflicts of interest, both at the beginning and throughout service delivery and employment of workers.

2. Gifts, Benefits and Commissions

- Employees will declare all gifts and benefits up to the value of $30 within 14 days of receipt to their Area Manager/Direct Supervisor.
- Area managers/Direct Supervisors must record this information on the Gifts Register on Notion.
- In the event that employees receive gifts exceeding this limit, they must immediately notify senior management to decide how to proceed.
- Employees must always maintain professional boundaries and appropriately decline gifts where possible.
- Acceptance or provision of a gift is determined on a case-by-case basis. There are limited situations where it may be appropriate to do so, such as if the gift facilitates the efficient conduct of our business and does not influence or be seen to influence impartiality in undertaking duties.

- Staff must have no financial or other personal interest that could directly or indirectly influence or compromise the choice of provider or provision of support to a client.
- We will not offer gifts, services or other benefits to guests that may be perceived to show bias, preferential treatment or coercion.

3. Risk Management

- We will maintain processes for all workers to declare any conflict of interest on onboarding with Stellar Experiences and during their involvement with Stellar Experiences, and we will monitor and review this process.
- If a conflict of interest is declared, we will:
    - identify the stakeholders affected and let them know of the declared conflict of interest;
    - assess the seriousness of the situation — taking into account factors such as duty of care, privacy and risks;
    - ensure the person with the conflict of interest does not take part in discussion or decision-making while the case is being managed; and
    - conduct any required internal and external reporting in the required timeframe and format.

4. Information and Record-keeping

- We will keep an accurate and up to date Conflict of Interest Register.
- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

5. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of their responsibilities in relation to preventing or declaring a conflict of interest.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

Once the conflict of interest has been declared, the following processes must be followed:

1. The conflict of interest must be documented in the Conflict of Interest Register.
2. The type of conflict of interest must be noted on the Register:
3. Once declared, the management of the conflict must be noted on the Register:
    - actual – it happened or is happening;
    - potential – it might happen;
    - perceived – it seems like it has happened or might happen.
4. Ongoing monitoring of the conflict and reviewing of the circumstances.
5. If the guest chooses to continue receiving services where a Conflict of Interest exists, we will provide access to resources that have been provided by the NDIA and will make sure that the guest understands the conflict of interest and how the conflict will be managed by providing education. Resources can be found on the NDIA website for:
    - NDIA Position Statement on Conflicts of Interest in the NDIS Provider Market
    - Participants Rights Factsheet
    - Conflict of Interest – checklist for participants
    - Conflict of Interest – Allied Health (assistive technology)
    - Conflict of Interest – Home and Living Supports
    - Support Coordinator and Conflict of Interest
    - Conflict of Interest – Plan Management
    - Conflict of Interest – in regional, rural and remote areas
    - Conflict of Interest – One provider of multiple supports.

Types of Conflict of Interest as a registered provider

- One provider delivering multiple NDIS supports and services.
- A family member or close friend working for the NDIS provider a guest receives services from. **Note:** if the funding for supports under a guest's plan is managed by the NDIA, family members will only be able to be funded to provide supports if they are a registered provider of supports.
- A provider only referring to organisations they have a strong personal connection with, or intentionally not referring to specific organisations they have a personal connection with.
- A staff member working for multiple NDIS providers.
- An NDIS provider owning multiple businesses in the local area.
- A staff member with a personal relationship with other staff members.

Circumstances where a conflict of interest may be unavoidable

- Where limited alternative service options are available within regional, rural and remote areas.
- The services required involve specific cultural and religious choice and practices.
- Highly specialised services where there are few accredited providers operating nationally.
- The guest chooses to receive supports from a specific provider after fully considering other available services or supports and they formally acknowledge and accept the presence of a conflict of interest with their chosen provider.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Consent Policy

Policy area	Information Management and Privacy
Document type	Policy
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	04/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	04/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to discussing, obtaining and documenting consents.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Consent	When someone gives permission, freely and voluntarily and with all required information, for an activity or intervention to take place which affects them.
Dignity of Risk	The right of a person to make their own informed choices, and live the way they want to live, even if there are risks involved.

CONTEXT

Stellar Experiences recognises that all individuals have the right to make decisions about things that affect their lives. We will:

- encourage and support the guest to make informed and independent decisions where consent is required;
- discuss consent with the guest in a way that is culturally safe and in a language, mode and method the guest is most likely to understand;

- encourage and support the guest to access opportunities for meaningful participation and active inclusion in their community;
- recognise the guest's right to dignity of risk in informed decision-making;
- encourage guest choice, control, self-determination and capacity-building in decision-making and consent, where possible; and
- implement processes to protect personal information and safeguard against violence, abuse, neglect and exploitation.

POLICY STATEMENT

1. Discuss Consent

- We will discuss with the guest, seek their input and give them time to ask questions and review information to ensure they understand what consent means and what they are being asked to consent to.
- We will ensure the guest understands they have a right to withdraw or change consent at any time.
- We will ensure the guest is aware of the 'opt out' option if their information is requested for external audit purposes (e.g. NDIS Commission)
- We will not withdraw or deny support of guest decision-making based on our own opinion about the decision or action the guest is choosing (dignity of risk).
- We will inform the guest that their consents can be withdrawn at any time, they must communicate this with their Area Manager.

2. Obtain Consent

- We will assume the guest has capacity to make informed and independent decisions, unless there is reasonable evidence that this is not the case.
- We will not perform an activity or intervention that affects the guest, or share their information with third parties, if we do not have the required consent from them to do so.
- We will obtain the guest's informed consent where required for a personal care treatment, procedure or other intervention.
- We will obtain consent before using or publishing any media images (photo, video) of a guest or worker.
- We will obtain written consent from the family/alternate decision-maker/advocate of a child who is under the age of 18 years old before performing an activity or intervention that affects the child, or sharing information to third parties.

- We will not disclose or share guest or worker information to third parties without their written consent.
- We will support the guest to engage an advocate of their choice, to speak on their behalf, if requested.
- If the guest does not have intellectual or cognitive capacity to provide consent, we will identify and engage an appropriate advocate, who can provide consent on their behalf.

3. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents. If consent has not been obtained, we will record this clearly in the guest file and ensure all workers are aware of this.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

4. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of their responsibility to discuss with the guest and obtain and document guest written consents.
- We will maintain processes to adequately monitor and supervise workers.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Continuous Improvement and Quality Management Policy and Procedure

Policy area	Service Delivery
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	04/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	04/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct Privacy Act 1988

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to continuous improvement and quality management.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Complaint	An expression of dissatisfaction with a support or service where standards or expectations have not been met.
Continuous Improvement	A deliberate and sustained effort to improve processes and adopt a 'learning' culture. It involves cyclical steps: identifying opportunities for improvement; collecting and analysing data; deciding on new approaches based on data analysis; developing and implementing changes and evaluating the effectiveness of the changes.
Deming Cycle	A management methodology incorporating integrated knowledge and learning, with the aim of continually improving processes. This cycle is based on four stages:

	Plan; Do; Check; and Act.
Open Disclosure	The practice of acknowledging the complaint, expressing regret to the person making the complaint that standards or expectations have not been met, finding out what happened, how and why and seeking to learn from the experience and make improvements. **Note:** Expressing regret does not mean an admission of guilt.
Internal Audit	Independent, objective assurance and consulting activity designed to add value and improve operations. It adopts a systematic and disciplined approach to evaluating and improving the effectiveness of a quality management system.
Corrective Action	An action, or a plan created to address a non-conformance from an internal or external audit.
Performance Indicators	Measures that evaluate outcomes or results.

CONTEXT

Stellar Experiences is committed to maintaining safety and quality and continually improving our service delivery and business operations. We will adopt a 'Plan; Do; Check; and Act' approach to continuous improvement and quality management which:

- is proportionate to the size and scale of our organisation and the scope and complexity of supports provided;
- prioritises guest health, safety and wellbeing;
- promotes a learning culture where gaps, opportunities, input and feedback (including complaints) from stakeholders are encouraged and welcomed;
- integrates planning, resource allocation, risk management and reporting as part of the continuous improvement process;
- provides cultural and language-accessible modes and methods for guests to submit feedback and complaints;
- fosters a resolution-based culture of open disclosure;
- upholds guests' human rights — including their right to privacy, confidentiality, dignity and respect;
- promotes guests' right to choice, control and self-determination;
- encourages and supports guest independence and capacity-building, where possible; and
- implements changes as required and evaluates the effectiveness of those changes.

POLICY STATEMENT

1. Implementing and Maintaining a Quality System

- We will implement and maintain a quality system that:
    - is integrated in our overall risk management and compliance framework;
    - enables the governing body to monitor the organisation's performance in delivering safe and quality services and supports;
    - clearly defines role accountabilities and responsibilities for ensuring safety and quality in service delivery;
    - supports the timely and accurate collection of data so we can identify, analyse, monitor and report risks, complaints and incidents; and
    - provides trend analysis functionality so we can identify process gaps and continually improve our service delivery.

2. Identifying Opportunities for Improvement

- We will strive to continually improve our processes to provide guests with safe and quality services and support.
- We will maintain processes that are consistent with our mission, vision and values.
- We will continually review and evaluate our processes and make changes as required.

3. Encouraging and Acknowledging Feedback and Complaints

- We will ensure guests are aware of their right to provide feedback and make a complaint, both internally and externally, and support them to do this if requested.
- We will actively engage with guests and their family/alternate decision-maker/advocate, workers and other stakeholders and use their input and feedback for continuous improvement and quality management.
- We will acknowledge a complaint, demonstrating courtesy and respect, verbally and/or in writing to a complainant and express verbal gratitude to acknowledge a compliment.

4. Collection, Collation and Evaluation of Information and Data

- We will maintain processes to collect, collate and evaluate information and data to identify gaps, systemic issues, errors, opportunities for improvement and non-conformances.

- We will maintain a Continuous Improvement Register, Complaints Register, Incident Register and Risk Register with details, actions and outcomes of complaints, incidents, risks and suggested/required improvements.

5. Reviewing and Monitoring Processes

- We will review management processes to ensure roles and responsibilities align with mission, vision and strategy.
- We will conduct internal audits to review and monitor processes and operations and make any required adjustments.
- We will participate in external audits and view them as an opportunity to learn and continually improve.
- We will review feedback, suggestions, complaints and incidents to identify systemic issues and take follow up action(s) as required (changes to policy and procedures, worker rostering, supervision and training, technology and communications).
- We will review and revise our policies, procedures, forms and templates to ensure currency, accuracy and compliance.

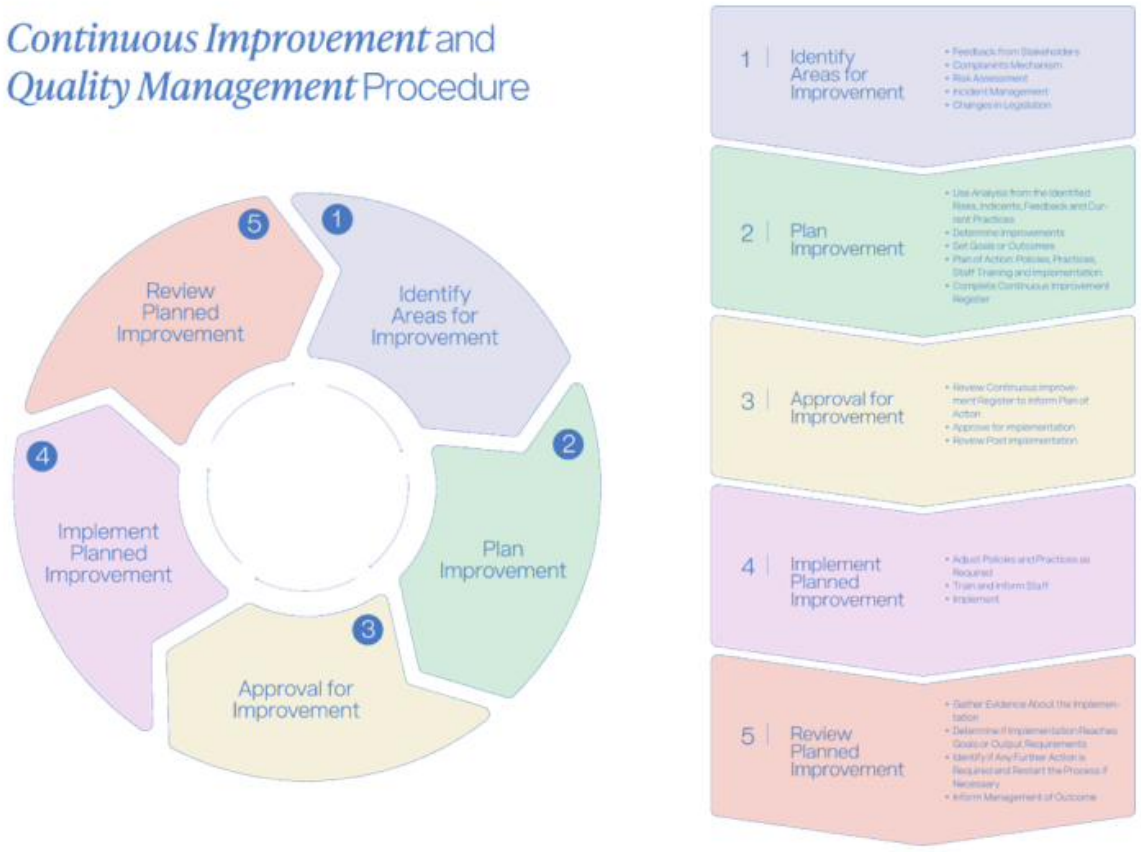
6. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

7. Worker Training and Supervision

- We will maintain a skilled and trained workforce, which supports our mission, vision and values and recognises the importance of continuous improvement.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES



RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Corporate Card Management Policy

Policy area	Finance and Administration
Document type	Policy and Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	06/08/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	06/08/2027
Authority	Corporations Act 2001 Income Tax Assessment Act 1997 A New Tax System (Goods and Services Tax) Act 1999 NDIS Practice Standards and Quality Indicators Privacy Act 1988

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to the issue, use, reconciliation and security of corporate cards, so that workers can pay for what a shift requires without being out of pocket, and so that every transaction can be accounted for.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).It applies to all Stellar Experiences credit cards, debit cards, prepaid cards and digital wallets issued in the name of the business. It applies to every use of a corporate card, whether the card has been signed out for a program or social outing, or used for an admin purchase.

DEFINITIONS

Term	Definition
Corporate Card	Any credit, debit or prepaid card issued in the name of Stellar Experiences Pty Ltd. Each card also carries the name of a worker.
Cardholder	The worker who has a corporate card in their possession, who is responsible for the card and for every transaction made on it during that period.
Card Sign-Out Log	The physical sign in and out record kept above the safe, in which each use of a card by support workers is recorded.
Admin Purchases	The Notion database in which admin staff record their purchases.
Transaction Limit	The maximum value of a single transaction that a cardholder may make without prior approval.
Reconciliation	Matching each transaction on the card statement to an approved expense record and receipt.
Personal Use	Any use of a corporate card for a purpose that is not a legitimate Stellar Experiences business or guest expense.

CONTEXT

Corporate cards let our workers buy tickets, meals and entry fees so that an experience can go ahead. They also carry risk, because they spend business and guest-related funds without a second person present. We will:

- issue cards only with a Director's approval, and assign them only to the programs, outings and admin functions that need them;
- set limits appropriate to the role and review them;
- require a receipt and a reason for every transaction, entered at the time;
- reconcile each card every month;
- act immediately on any lost, stolen or misused card; and
- treat deliberate personal use of a corporate card as serious misconduct.

POLICY STATEMENT

Corporate cards are assigned to a program, a social outing or to admin use as they are needed. What is required depends on what the card is being used for.

1. Issue of Cards

- Corporate cards are issued only on the written approval of a Director.
- Each card carries the name of a worker because the card issuer requires a name. The name on the card does not limit who may use it.
- Cards are held centrally and assigned to a program, a social outing or to admin use as required.
- The Stellar Experiences Code of Conduct outlines the appropriate use of corporate cards which staff agree to upon onboarding.
- The finance register is maintained by the Finance Officer. The finance register is used to record the card, the name the card is issued in, the transaction limit and authorised uses of the card.
- A card assigned to a program or social outing is signed out before the shift and signed back in immediately after, and the worker who signs it out is the cardholder for that period.

2. Permitted Use

Permitted
Guest entry fees, tickets, meals and activity costs for a rostered support
Accommodation for an approved overnight support
Program materials and consumables approved by the Area Manager
Bookings for experiences made in accordance with the Rostering and Bookings Policy
Emergency purchases required to keep a guest safe
Approved operational and administrative expenditure, including subscriptions, software, office supplies, freight and advertising, made by admin staff

Not permitted
Any personal purchase, even if the cardholder intends to repay it
Cash advances or ATM withdrawals

Not permitted
Alcohol, tobacco and gambling
Use of a card by any worker other than the worker who signed it out
Adding a corporate card to a personal device wallet

3. Cardholder Obligations

All workers using a corporate card

- The PIN is kept secure.
- The card is kept secure at all times, and is not left in an unattended vehicle or bag.
- A receipt is obtained for every transaction.
- The card is returned to the safe as soon as it is no longer required, and in any case before the worker finishes for the day.

Programs and social outings

- The card is signed out in the Card Sign-Out Log, kept above the safe before it is taken from the office.
- The card is signed back in and returned to the safe immediately on return to the office.
- The receipt is photographed at the time of purchase.
- The transaction is entered into ShiftCare against the relevant shift and guest within 24 hours, with the receipt photo attached, noting the amount, the card used and the reason for the purchase, in accordance with the Expense Claims Policy.

Admin purchases

- The card is signed out in the Card Sign-Out Log, kept above the safe before it is used.
- The card is signed back in and returned to the safe immediately on return to the office.
- The transaction is entered into the Admin Purchases database in Notion within 24 hours of the purchase, noting the amount, the supplier, the card used and the reason for the purchase.

4. Limits and Approvals

- Each card has a transaction limit set at the time of issue.

- Any transaction above the transaction limit on a card signed out for a program, social outing or admin purchase requires the Operations Managers prior approval.
- Limits are reviewed annually, and whenever a cardholder's role changes.

5. Storage and Custody

- All corporate cards are kept in the safe when they are not in use.
- A card signed out for a program or social outing is returned to the safe at the end of the shift.
- The Card Sign-Out Log is a physical book kept above the safe. Each entry records the date, the worker's name, the card taken, the program or outing the card is for, the time out, the time in and the worker's signature.
- Completed Card Sign-Out Logs are kept by the Finance Officer in line with our record keeping requirements.

PROCEDURE

1. Monthly Reconciliation

1. The Finance Officer obtains the card statement at the end of each statement period.
2. Each transaction on the statement is matched to its record: the expense record and receipt in ShiftCare where the card was signed out for a program or social outing, or the entry in the Admin Purchases database in Notion where the purchase was made by admin staff.
3. The Card Sign-Out Log is checked against the statement to confirm which worker held the card at the time of each transaction.
4. Any transaction without a matching record or receipt is queried with the cardholder, who must respond within five business days.
5. Where a receipt or record cannot be produced, the cardholder provides an email to the Finance Officer detailing the expense.
6. Reconciled guest-related transactions are coded to the correct guest and invoiced by the Finance Officer through the financial software.
7. Operational and administrative transactions are coded to the relevant expense account by the Finance Officer.
8. Guest-related transactions are checked against the guest's support arrangements so that any out of pocket component is invoiced correctly under the Invoicing Policy.

9. The Finance Officer reports monthly to the Directors on unreconciled and queried transactions.

2. Lost, Stolen or Compromised Cards

1. Where a card is not signed back in at the end of a shift, the worker notifies their Area Manager/Service Coordinator immediately, and the card is treated as compromised if it is not recovered within 24 hours.
2. The cardholder contacts the card issuer immediately to cancel the card.
3. The cardholder notifies the Finance Officer immediately, and in any event within 24 hours.
4. The Finance Officer reviews recent transactions for any unauthorised use and reports any to the issuer and, where appropriate, to police.
5. A replacement card is issued only with a Director's approval.

3. Misuse

1. Accidental personal use is reported by the cardholder to the Finance Officer as soon as they become aware, and the amount is repaid in full within seven days.
2. Deliberate personal use, failure to declare a personal transaction, or providing a false receipt is treated as serious misconduct under the Disciplinary Policy and may be reported to police.
3. Failure to sign a card in or out, or repeated failure to record a transaction within 24 hours, is a breach of this policy and may result in the worker's access to corporate cards being withdrawn.

4. Cancellation and Return

1. The Finance Officer cancels a card and updates the register when a cardholder leaves, changes role, or no longer requires the card.
2. Final transactions are reconciled before the card is closed.
3. The card is physically destroyed and the destruction is recorded in the register.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and

- ensuring training and information is provided to workers to carry out this policy.

The Finance Officer is responsible for maintaining the finance register, reconciling statements monthly, investigating queried transactions and cancelling cards. The Directors are responsible for approving the issue of cards and the setting of limits.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Covid-19 Response Policy and Procedure

Policy area	Risk Management
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	04/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	04/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct State/territory WHS legislation

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to managing an outbreak of Covid-19.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Close Contact	State and territory definitions of Covid-19 'close contact' differ. Generally, you are a close contact if you are living with someone who has Covid-19, or you have spent a lot of time indoors with someone who has Covid-19.
Coronavirus	This is a group of viruses known to cause respiratory infections. They range from the 'common cold' to more severe diseases. The current coronavirus is called 'Covid-19'.
Covid 19	This coronavirus is highly contagious and transmitted usually when a person coughs or sneezes. Common signs of Covid-19 are: • fever; • coughing; • sore throat; • fatigue;

	• loss of smell and taste; and • shortness of breath.
Outbreak	A sudden increase in the number of cases of the same disease. With Covid-19, the Australian Government's Department of Health defines this as when two people in three days become sick with the symptoms and at least one of these has a positive Covid-19 test result.
Pandemic	A global outbreak of disease.

CONTEXT

Stellar Experiences is committed to ensuring the health and wellbeing of guests and workers. We will implement and maintain processes to manage a Covid-19 outbreak that:

- comply with federal and applicable state/territory government health and WHS directives and recommendations;
- prioritise guest and worker health, safety and wellbeing;
- facilitate guest continuity of support;
- manage internal and external reporting in the required timeframes and formats;
- are culturally safe and communicated in a language, mode and method that the guest is most likely to understand; and
- uphold guest privacy and dignity.

POLICY STATEMENT

1. Planning and Preparation

- We will plan and prepare for Covid-19 outbreaks.
- We will maintain a Covid-19 Safe Plan and Covid-19 Outbreak Management Plan.
- We will appoint an internal Covid-19 Safety Response Management Team with suitable skills and knowledge to guide our response to an outbreak.
- We will have a process in place to enable us to identify essential services that must be kept in place to ensure the safety, health and wellbeing of each guest in the event of a Covid-19 outbreak.

2. Communication

- We will communicate this Covid-19 policy, our Covid-19 Safe Plan and Covid-19 Outbreak Management Plan to workers so that it is understood across the organisation.
- We will ensure workers have the knowledge, tools (posters, brochures) and equipment (personal protective equipment) to respond in a way that prevents or minimises guests'' and their own health risks while delivering services during an outbreak.

- We will ensure workers are aware of their own responsibilities if they have Covid-19 symptoms.

3. Monitoring and Review

- We will regularly review the Covid-19 Safe Plan and Covid-19 Outbreak Management team to ensure effectiveness and compliance and revise accordingly.

4. Risk Management and Reporting

- We will manage Covid-19-related incidents and conduct reportable/mandatory incident reporting in accordance with our Incident Management Policy and required regulatory reporting timeframes and formats.
- We will follow government health directives and our Infection Management Procedure to control infection and minimise or eliminate the spread of Covid-19.
- We will follow the relevant state or territories WHS legislative requirements to maintain a safe workplace, including providing appropriate personal protective equipment (PPE) and training and guidance on use of PPE as required.

5. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will store the information securely to ensure guest privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

6. Training and Development

- We will maintain a skilled and trained workforce which is aware of their responsibilities in relation to a Covid-19 outbreak and has undertaken initial and annual refresher training on hand hygiene and infection prevention and control.

PROCEDURES

1. Managing an Outbreak

1.1 Confirm infection control precautions are in place. Refer to the Infection Management Procedure.

1.2 Convene the Covid-19 Outbreak Management Team.

1.3 Implement the Covid-19 Outbreak Management Plan and the Covid-19 Safe Plan.

1.4 Isolate suspected or confirmed cases. If a guest has Covid-19 and requires essential supports, identify suitable workers to support them and schedule the supports.

1.5 Provide the workers with all required PPE and guidance/training to use this.

1.6 Make sure PPE and Covid-19 testing kits are easily accessible to workers.

1.7 Liaise with the public health department and follow their instructions.

1.8 Schedule regular environmental cleaning and disinfecting of all areas.

1.9 Put signs up at the entrance of the workplace (if applicable) to warn visitors.

1.10 Suspend all non-essential services and supports and communicate this clearly to guests and family/alternate decision-maker/advocate.

1.11 Suspend all non-essential visitors to the workplace and make sure there are clear signs indicating this at the entrance of the workplace (if applicable).

1.12 Communicate to workers the importance of being vaccinated and encourage them to do so.

2. Worker Response Actions

2.1 Do not attend work if you have:

- symptoms of respiratory illness (even mild symptoms) including fever, cough, shortness of breath, sore throat, runny or congested notes, tiredness, loss of smell or appetite;
- returned from overseas or interstate within the last 14 days, consistent with the state's public health directives; or
- been in contact with someone who has been diagnosed with Covid-19.

2.2 If you are at work and experience any of the above symptoms:

- leave work immediately;
- report symptoms to your manager;
- get tested for Covid-19; and
- self-isolate at home until test results are received.

2.3 If the test result is positive, stay at home for another five days, or longer if symptoms persist. If the test result is negative, stay at home until symptoms have resolved.

2.4 If you are a close contact, work from home if possible for seven days.

2.5 If your guest has, or may have, Covid-19:

- assist the guest seek medical advice;
- identify essential supports to ensure the guest's health and wellbeing;
- discuss with other stakeholders (e.g. family/alternate decision-maker/advocate), your manager and the rostering team to ensure continuity of support.

2.6 Do not enter the home of a guest diagnosed with Covid-19 until you have donned (i.e. 'put on') all required PPE as directed.

2.7 Encourage and support the guest to use good hand and respiratory hygiene and make sure you do as well. Refer to the Infection Control Procedure.

2.8 Perform routine and disinfectant cleaning in accordance with the Routine and Disinfectant Cleaning Procedure.

2.9 Keep a register of visitors by requesting they complete the Sign In/Out Sheet. This should include the visitor's first name, and the date and time they entered and exited the workplace.

2.10 Conduct social distancing to reduce risk of transmission. This includes some or all of the following:

- stay at home if you are sick;
- do not shake hands or conduct other physical forms of greeting;
- hold meetings online rather than face-to-face;
- eat lunch outside, rather than in a small room;
- make sure the workplace is regularly professionally cleaned;
- clean and disinfect shared high-touch surfaces regularly;
- use a hand sanitiser or wash your hands with soap and water regularly; and
- open windows and adjust air conditioning to enable circulation of fresh air.

3. Worker Training

3.1 All team members are required to complete Basics of Infection Prevention training and Hand Hygiene for non clinical health care workers yearly.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager - Isabella Cole, Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring worker compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Diversity Policy and Procedure

Policy area	Service Delivery
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	04/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	04/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct NDIS Inclusion and Diversity Framework NDIS Workforce Capability Framework Universal Declaration of Human Rights

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to diversity and inclusion.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
CALD	The acronym for 'Culturally and Linguistically Diverse'. It refers to people from a range of countries and ethnic, racial, cultural and religious groups.
Diversity	The representation (inclusion) of people in an environment of different cultures, ethnicity, race, religion, gender, sexual orientation and preference, ability, age, family structure, lifestyle, socioeconomic status.
Inclusion	This is how well the contributions, presence and perspectives of a diverse group of people are recognised, valued and integrated in the organisation.

CONTEXT

Stellar Experiences welcomes and supports diversity and inclusion. We believe every individual has the right to be recognised, respected and valued. We are committed to providing all guests with person-centred, safe and appropriate services and supports. This includes the following diversity groups:

- people with disability;
- people living with dementia;
- Aboriginal and Torres Strait Islander Peoples;
- people who live in rural or remote areas;
- people from culturally and linguistically diverse (CALD) backgrounds;
- people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual plus (LGBTIQA+);
- people who are financially or socially disadvantaged;
- veterans;
- people who are homeless or at risk of becoming homeless; and/or
- people living with mental health illness.

POLICY STATEMENT

1. Service Access

- We will identify and remove barriers for new and existing eligible guests to access our services.
- We will provide safe and welcoming environments for our guests.
- We have zero tolerance for any form of discrimination.
- We will strive to increase access and community participation and engagement opportunities for our guests in diverse groups.
- We will partner with the guest to identify other services and supports to enhance their health, safety and wellbeing and help them achieve their goals and we will assist them with accessing these services and supports, if requested.

2. Recognise, Understand and Value Diversity

- We will treat all people with kindness and respect, and equally according to their human rights.
- We understand the diversity of the guests that use our services, including those at higher risk of harm, and we will tailor information, communication and services to meet their diverse needs.

- We will develop a trust relationship with our guests and seek to understand their culture, ethnicity, religious/spiritual beliefs, gender identity, family structure/circumstances and/or lifestyle choices.
- We will recognise and value our guests' lived experiences.

3. Support Provision

- We will provide services and environments that make our guests feel welcome, respected and supported.
- We will partner with the guest and other stakeholders to identify strategies to provide services and supports that are trauma-aware, healing-informed and culturally safe.
- We will build effective partnerships with the guest and/or their family/alternate decision-maker/advocate to foster relationships, increase participation and engagement and promote the guest's health and wellbeing.
- We will, in partnership with the guest, identify others involved, or who should be involved, in their care and ensure coordination with them.
- We will ensure appropriate safeguards are in place to protect the guest against any form of violence, abuse, neglect, exploitation or discrimination.
- We will provide services and supports that build on the guest's strengths and encourage them to increase their skills where possible.
- We will support our workers to understand the different ways our guests communicate, including people living with dementia and people with difficulties communicating, and to communicate effectively with them, both verbally and non-verbally.
- We will ensure relevant cultural and linguistic diversity needs and preferences are accurately recorded in the Support Plan and Service Agreement and that all relevant workers are aware of the guest's specific needs and preferences.

4. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

5. Worker Training and Supervision

- We will maintain a skilled and trained workforce which recognises and supports diversity and inclusion and is culturally aware.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

1. Service Access

1.1 Encourage and support the guest to contact relevant local community networks for their guidance and input in the guest's support. For example, cultural, religious/spiritual networks, sexual orientation support groups, veterans support groups, Aboriginal and Torres Strait Islander Elder(s) and communities.

1.2 If the guest has not requested specific community members or networks, identify potential sources of community support and discuss with the guest for their consideration.

1.3 Assist the guest to contact relevant government agencies for information on services or support the guest may be eligible for, or contact them directly if the guest requests this.

1.4 Assist the guest to access an interpreter, or other aids and equipment to meet their needs as required.

2. Support Provision

2.1 Ask the guest about appropriate cultural and linguistic protocols and follow them at all times when supporting them.

2.2 Ask the guest if current practices reflect their cultural, religious and/or linguistic protocols and take action to make any required changes. Continue to seek feedback on this in guest reviews.

2.3 Ask the guest how they want to connect with their community and support them to do this.

2.4 Be aware of your own biases and check that you are not making decisions or judgments on behalf of your guest based on your own personal experiences, perspectives, attitudes or beliefs.

2.5 Contact the community network of the guest's choice and collaborate with them to promote guest community participation and engagement — including employment, education and hobbies.

2.6 Collaborate with health and allied health professionals to adopt a holistic approach for the guest's health and wellbeing.

2.7 Source and provide information on community events and networks that meet the guest's needs and identified goals.

3. LGBTIQA+ Identity

3.1 Listen to the guest's story of their lived experiences before asking questions.
3.2 Respect the guest's sexual identity, expression and/or orientation.
3.3 Protect the guest's personal information privacy.
3.4 Ask the guest how they wish to be referred (personal pronouns 'he', 'she', 'they').
3.5 Always use inclusive language.
3.6 Support the guest to access safe and inclusive channels to provide feedback and lodge complaints and incidents (Human Rights Commission, Anti-Discrimination Commission).

4. Aboriginal and Torres Strait Islander Peoples

4.1 Partner with the guest to ensure services and supports are accessible to, and culturally safe for Aboriginal and Torres Strait Islander Peoples.
4.2 Listen to the guest's story of their lived experiences before asking questions.
4.3 Check with the guest on how to act in a culturally respectful manner.
4.4 Ask the guest how to communicate effectively with them.
4.5 Ask the guest how they want to be connected to their community and respect the importance placed on family and the kinship system.
4.6 Develop relationships with key guest contacts and those with cultural knowledge — Elders, family members and other community members — and learn from them so you can better understand the culture, kinship system and community.
4.7 Accept and respect the guest's wishes if they prefer to be supported by family or community. Work collaboratively with key stakeholders to enable them to do so.
4.8 Access and use the Department of Health and Aged Care's publication Actions to Support Older Aboriginal and Torres Strait Islander People - A Guide for Aged Care Providers and/or the NDIS' First Nations Strategy publication for information and guidance in providing inclusive services and supports for Aboriginal and Torres Strait Islander Peoples.

5. Guests who do not Speak English

5.1 If the guest has a family member or close friend who supports or visits them, and speaks English, ask them to ask the guest if they give permission for them to act as an interpreter. Alternatively, establish if there is an available staff member who speaks the language.

5.2 If required, access and use the Department of Home Affairs Translating, and Interpreting Service (TIS).

6. Guests living with Dementia or Cognitive Impairment

6.1 Collaborate closely with the guest and/or their family/alternate decision-maker/advocate to really get to know the guest to better understand their specific needs and associated behaviours.

6.2 Discuss with the guest's family/informal carer ways to support the guest and resources available such as Dementia Australia's Information and ideas for carers, family members and friends.

6.3 Maintain close links with the guest's informal support network throughout the support planning and service delivery process.

6.4 Contact the National Dementia Helpline on 1800 100 500 for information and guidance on dementia. There is also a web chat helpline.

6.5 Be aware of and understand the 10 Dementia Enabling Environment Principles. These principles are evidence-based and widely recognised as forming the basis for maintaining service environments and providing services and supports that are safe, effective and person-centred for people living with dementia:

1. Unobtrusively reduce risks.
2. Provide a human scale (this means creating an environment that is not too overwhelming or intimidating).
3. Allow people to see and be seen.
4. Reduce unhelpful stimulation.
5. Optimise helpful stimulation.
6. Support movement and engagement.
7. Create a familiar space.
8. Provide opportunities to be alone or with others.
9. Provide links to the community.
10. Respond to a vision for way of life.

7. Guests living with Mental Health Illness

7.1 If there is a life-threatening situation with your guest, call emergency services on Triple Zero (000).

7.2 If not life-threatening, and the guest is wanting help, discuss with them that help is available 24/7 from the following services:

- Gather Yourself - Stellar's mental health and wellbeing service

- Lifeline (13 11 14);
- Kids Helpline (1800 55 1800);
- Mental Health Crisis Assessment and Treatment Team (in your state or territory);
- Beyond Blue (1300 224 636);
- 13 YARN (13 92 76) (confidential one-on-one with an Aboriginal or Torres Strait Islander Crisis Supporter).

7.3 The Department of Health and Aged Care's Head to Health provides a useful guide to services and has all the contact details listed in 7.2 above. Also Mental health and the NDIS for disability guests.

8. Guests living in Rural or Remote Communities

8.1 Follow the steps in any of the previous sections, as relevant.

8.2 Partner with the guest, family/alternate decision-maker/advocate, government agencies and specialist and mainstream service providers as required to find solutions to service gaps and barriers. This may involve arranging guest transport to services, bringing in services from neighbouring towns, arranging shared services.

8.3 Refer to the NDIS - Rural and Remote Strategy or the Department of Health and Aged Care (as appropriate) for information and resources. The Department of Social Services, Dementia Australia and the Australian Institute for Health and Welfare also have useful resources.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Document Development and Control Policy

Policy area	Governance and Information Management
Document type	Policy and Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	30/07/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	04/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct Privacy Act 1988 Corporations Act 2001

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to developing, approving, publishing, reviewing and retiring our policies, procedures and forms, so that workers always have access to the current version and only the current version.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

It applies to all controlled documents, including policies, procedures, forms, templates, plans, registers and guidance material. It does not apply to individual guest records or worker personnel records, which are managed under the Privacy Policy.

DEFINITIONS

Term	Definition
Controlled Document	A document that is formally approved, version controlled, published in a single authoritative location, and subject to scheduled review.

Term	Definition
Document Owner	The person accountable for the accuracy and currency of a document and for initiating its review.
Version Control	The practice of assigning a unique version number to each approved iteration of a document and retaining a record of what changed.
Superseded Document	A previous version of a controlled document that is no longer in effect but is retained for record-keeping purposes.
Document Register	The master list of all controlled documents, recording the document number, title, owner, version, approval date and review date.

CONTEXT

Stellar Experiences recognises that a policy is only useful if workers can find it, understand it and trust that it is current. Multiple versions circulating in email, group chats and personal folders create risk for guests. We will:

- maintain a single authoritative location for every controlled document;
- write documents in plain English so that they can be used by the people who need them;
- consult the workers, guests and stakeholders affected by a document before it is approved;
- version control every document and record what changed and why;
- review every document on a scheduled cycle and whenever something changes that affects it;
- communicate changes to workers rather than relying on them to notice; and
- retain superseded versions so that we can show what was in effect at any point in time.

POLICY STATEMENT

1. Version Control

- A new document is issued as version 1.
- A minor change that does not alter the meaning or requirements, such as correcting a typographical error or a position title, increments the decimal, for example version 1.1.

- A material change to the requirements, or a scheduled review that results in change, increments the whole number, for example version 2.
- The footer of every document shows the document name and the version number, and every page is numbered.
- Only the version published in the Stellar Experiences StaffHub and on our website is authoritative. Printed copies and copies saved elsewhere are uncontrolled.

3. Review Cycle

- Every controlled document is reviewed at least every 12 months from the date of approval.
- A document is reviewed out of cycle where legislation, a Practice Standard, a funding arrangement or a system changes; where an incident, complaint, audit finding or grievance indicates the document is not working; or where a Director requests it.
- Where a review results in no change, the review is still recorded and the review date is reset.

4. Approval

Policies and procedures are approved by the Directors, the Operations Manager and Service Quality and Improvement. Forms, templates and registers may be approved by the Operations Manager. No document takes effect until it has been approved and published.

5. Access and Retention

- Current documents are published in the Stellar Experiences StaffHub and are accessible to all workers.
- Superseded versions are moved to an archive folder and are retained for a minimum of seven years.
- Documents are not edited directly in place while in effect. Changes are drafted in a working copy and published on approval.
- Where a guest requires a document in an accessible format, Service Quality and Improvement arranges an Easy Read, translated or alternative format version.

PROCEDURE

1. Developing or Revising a Document

1. The Document Owner identifies the need, whether from a scheduled review, a legislative change, an audit finding, an incident, or a gap raised by a worker or guest.
2. The Document Owner checks the document register to confirm whether an existing document already covers the subject, and whether other documents will need to change as a result.
3. The Document Owner drafts the document using the Stellar Experiences template, in plain English, referring to the people we support as guests.
4. The draft is checked against the relevant legislation, the NDIS Practice Standards and Safety Standards by Service Quality and Improvement and consulted with relevant parties where needed.
5. The draft is submitted to the approvers with a summary of what has changed and why.
6. On approval, the version number, date approved, approver and review date are updated, and the document is published in the Stellar Experiences StaffHub.
7. The document control register is updated and the superseded version is moved to the archive.

2. Communicating Changes

1. Service Quality and Improvement notifies all affected workers of the new or revised document, summarising what has changed and what they need to do differently.
2. Where a change materially affects practice, it is covered in the next team meeting or supervision, and acknowledgement is recorded.
3. Where a change affects guests, families or other stakeholders, they are advised in a format they can use.
4. Induction materials and training content are updated to reflect the change.

3. Retiring a Document

1. A document is retired only with the approval of the Directors.
2. The document control register records the date of retirement and the reason.
3. The retired document is moved to the archive and is retained for a minimum of seven years.
4. Any document that referred to the retired document is updated.

4. Monitoring

1. Service Quality and Improvement reviews the document register monthly and escalates any document that is overdue for review.
2. The Directors receive a report on document currency at least quarterly.
3. Document control is included in internal audit activity and in preparation for external audit.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

Service Quality and Improvement is responsible for maintaining the document control register, coordinating reviews, publishing approved documents, archiving superseded versions, and communicating changes to workers.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Emergency and Disaster Management Policy and Procedure

Policy area	Risk Management
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to emergency and disaster management.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Disaster	Any phenomenon, natural or human-made, that has the potential to cause extensive destruction of life and property. Examples include flood, fire, heatwave, snowstorm, storm/cyclone or a health pandemic.
Emergency	A serious risk to health, life or the environment. Examples are the same as listed above under 'Disaster' and also includes terrorist threats and other similar crisis events.

CONTEXT

Stellar Experiences is committed to ensuring the health, safety and wellbeing of guests and workers before, during and after an emergency or disaster event. We will implement and maintain processes to:

- adequately plan and prepare for emergency and disaster events;
- provide continuity of support for all guests, to the extent possible, before, during and after an emergency or disaster event;
- provide essential supports for guests with complex/high needs during an emergency or disaster event;
- consider cultural and linguistic needs and preferences in our emergency and disaster planning;
- seek input from the guest and/or family/alternate decision-maker/advocate in the development of the guest's personal emergency plan;
- ensure personal emergency plans are person-centred, responsive and achievable; and
- collaborate and communicate with relevant stakeholders before, during and after an emergency or disaster event.

POLICY STATEMENT

1. Compliance

- We will comply with all relevant legislation, regulations, standards and health directives issued by federal, state and local governments before, during and after an emergency or disaster event.
- We will comply with relevant organisational policies, procedures and work instructions before, during and after an emergency or disaster event.

2. Emergency and Disaster Planning

- We will develop and maintain an emergency plan and a contingent emergency and disaster plan that describe how Stellar Experiences and workers will prepare for and respond to an emergency and disaster event and how we will manage risks to the health, safety and wellbeing of guests and workers.
- We will ensure our emergency and disaster planning is integrated in our governance and risk management frameworks.
- We will incorporate the relevant state or territories WHS legislation requirements in our emergency and disaster planning and provide worker consultation and training.
- We will seek input from the guest and/or their family/alternate decision-maker/advocate, to identify and assess guest risks and develop a guest-specific personal emergency plan to action during and after an emergency or disaster event.

- We will consider the guest's needs, circumstances, preferences and goals when developing the Personal Emergency Preparation Plan.
- We will ensure the Personal Emergency Preparation Plan is culturally safe to suit the guest's needs and preferences and is provided and presented in a language, mode and method that the guest is most likely to understand.
- We will have processes in place to ensure Personal Emergency Preparation Plans are consistent with, and flow through to the overall organisational emergency plan.

3. Testing and Review

- Guest's personal emergency preparation plans and the organisation's emergency and disaster plans are tested and reviewed annually
- We will seek feedback from all relevant stakeholders (guests and workers) and adjust the plan accordingly.
- We will strive to continuously improve our emergency and disaster management processes.

4. Communicate and Consult

- We will communicate and consult with all relevant stakeholders and share information with other service providers before, during and after an emergency or disaster event, with guest consent, to ensure continuity of support and the health, safety and wellbeing of the guest.
- We will debrief with guests and workers after an emergency or disaster event and offer any emotional support (e.g. counselling) if requested or required.

5. Information and Record-keeping

- We will maintain documented evidence of workers who have relevant experience to assist in an emergency or disaster situation.
- We will document our process for ensuring we have alternate/back-up workers with relevant emergency and disaster management experience, to assist in an emergency or disaster situation in the event regular workers are unavailable.
- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

6. Worker Engagement, Training and Supervision

- We will maintain a skilled and trained workforce, which is aware of steps to take in an emergency or disaster event and how to prioritise guest health, safety and wellbeing.
- As part of our worker onboarding process, we will identify new workers with relevant experience to assist in an emergency or disaster situation (e.g. current or past volunteer with State Emergency Service or Rural Fire Service) and maintain documented evidence of this.
- We will maintain documented evidence of worker internal and external training in emergency and disaster management, including details on who provided the training, to whom and alternate/back-up workers who have the relevant training/competency to assist in an emergency or disaster if regular trained workers are unavailable.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

1. Actions to Take When an Emergency or Disaster is Declared

1.1 Follow all guidelines and directives issued internally (Directors, senior management) and externally via management (state/territory WHS regulator, Department of Health, federal government).

1.2 Keep up to date with any updates from official sources and take appropriate action(s).

1.3 Review the guest's personal emergency plan to check it has supports in place for the guest before, during and after the emergency or disaster event.

1.4 Contact guest and/or family/alternate decision-maker/advocate and discuss with them, in a language, mode and method they are most likely to understand, how the event may or will affect their services, actions the organisation is going to take and how and when the guest's personal emergency plan will be implemented.

1.5 Identify workers who are critical to the delivery of essential frontline services and discuss with them the personal emergency plan to ensure continuity of support.

2. Testing and Review

2.1 During the initial Coordination of Care meeting guests, families and/or advocates will have the opportunity to test the Personal Emergency Preparation Plan.

2.2 After testing, review with guest and other stakeholders and adjust the plan accordingly to ensure the required safeguards are in place.

2.3 The NDIS Compliance Team should follow points 2.1 and 2.2 for testing and review of the organisation's emergency plan and contingency emergency and disaster plan and

review how personal emergency preparation plans flow through to the overall organisation's emergency plan and contingency emergency and disaster plan.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Epilepsy Management Procedure

Policy area	Guest Health and Wellbeing
Document type	Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this procedure is to explain how our organisation supports guests who suffer from epilepsy.

SCOPE

This procedure applies to all our workers (employees, contractors and volunteers) who support guests suffering from epilepsy.

DEFINITIONS

Term	Definition
Epilepsy	A brain disorder that causes recurring, unprovoked seizures. It is usually diagnosed as epilepsy if there are two or more seizures in 24 hours, or one seizure with high risk of recurrence.
Seizure	Sudden surges of abnormal and excessive electrical activity in the brain that causes a variety of symptoms, depending on which part of the brain is affected.

General Seizures	These include: • **Tonic-clonic seizures**: Convulsive seizures that cause loss of consciousness, sudden muscle jerks and repetitive stiffening and relaxing of muscles. • **Absence seizures**: Brief seizures often mistaken for 'daydreaming' or inattention. They are characterised by suddenly stopping activity, staring and being unresponsive. Awareness is impaired for a very short time (e.g. 2-10 seconds). Some people are not aware they have experienced an absence seizure.
Focal Seizures	These include: • **Focal aware seizures**: The person is aware of their surroundings but may not be able to talk or respond normally. They may experience nausea, déjà vu, numbness or tingling. • **Focal impaired awareness**: This often involves appearing confused and engaging in unusual behaviours such as fidgeting, mumbling or chewing. The person is unlikely to remember the seizure. • **Focal to generalised tonic-clonic seizures**: These start as focal seizures but then evolve into tonic-clonic seizures (convulsion).
Status Epilepticus (EP)	A condition characterised by seizures lasting longer than 5 minutes or seizure clusters occurring without full recovery in between.

CONTEXT

Stellar Experiences recognises that people with disability are at higher risk than the general population of experiencing epilepsy. We will:

- identify and minimise exposure to seizure risk factors;
- escalate seizure-related issues, concerns and risks promptly and appropriately;
- ensure workers are adequately trained and competent to support guests with epilepsy management;
- provide support in a way that is culturally safe and communicated in a language, mode and method that the guest is most likely to understand;
- uphold guest privacy and dignity; and
- encourage independence and capacity-building where possible.

PROCEDURES

1. Providing Support

1.1 Observe the guest and be aware of any adverse changes in their mood or behaviour that may indicate problems or changes in triggers.

1.2 Organise for an emergency management plan to be provided by a qualified health practitioner, in consultation with the guest and family/alternate decision-maker/advocate, to be implemented in the event of a seizure emergency.

1.3 Provide any support or assistance the guest requires to take prescribed medications.

1.4 If requested, organise for the guest to be assessed at least annually, and more often if required, by a qualified health practitioner (neurologist, specialist doctor, specialist epilepsy nurse).

1.5 Organise immediate referral to the qualified health practitioner if you observe the following:

- not responding to anti-seizure medication;
- seizures are not controlled;
- experiencing unwanted side effects from medication; or
- any other issues, concerns or risks.

1.6 If the guest has a seizure episode, follow the instructions in the guest's epilepsy/seizure management plan. If you are concerned for the guest's health and safety and you think the situation may be life-threatening, call Triple Zero (000). For general steps to manage a seizure, see section 3 below.

1.7 If the guest must go to hospital, make sure the hospital has a copy of the guest's epilepsy management plan. Contact the guest's family/advocate as soon as practicable. After discharge from hospital, support the guest with any follow-up actions required.

2. Epilepsy Management Plan

2.1 Follow the epilepsy/seizure management plan developed by a medical practitioner and where requested, organise for it to be reviewed by the practitioner at least annually.

2.2 Make sure the epilepsy management plan includes:

- epilepsy diagnosis;
- description of seizures, including type, duration and usual frequency;
- signs to check before and after a seizure;
- seizure triggers;
- emergency management and when to call an ambulance;
- instructions on medication selection and administration;
- other coexisting health conditions; and
- person-centred seizure first aid.

3. Seizure Response Actions

Seizure Type	During the Seizure	After the Seizure
Focal (impaired awareness) seizures	• Stay with the guest. • Gently guide the person away from obstacles or situations that may increase the risk of falling or serious injury. • Time the Seizure (seizures usually last between 30 seconds and three minutes). • Provide reassurance until the person is fully recovered.	If the person is confused, reassure them and maintain communication with them.
Generalised absence seizures	• Stay with the guest. • Keep the person safe from any harm. • Time the seizure.	Recognise that a seizure has occurred, repeat any information they may have missed during the seizure and reassure and stay with the person.
Tonic-clonic seizures	• Stay with the guest. • Protect the person from injury (especially the head) and move furniture or items that could cause injury away from the person. • Time the seizure (seizures usually last between 30 seconds and three minutes.)	If the person is unconscious or has something in their mouth that can block their airways, such as food, drink, or dentures, lie them on their side, place something soft under their head and stay with them until they regain consciousness. Provide reassurance until the person is fully recovered.

4. Seizure Medications

4.1 Guests may be prescribed medications to help manage seizures. These can prevent/minimise seizures and often need to be taken on a regular basis. Some guests may need to take them for life, while others have the medications phased out.

4.2 Emergency seizure medications are used to prevent a seizure from becoming prolonged and potentially causing further damage to the guest (e.g. in the case of status epilepticus (see Definitions)).

4.3 For guests with prescribed emergency seizure medications, an emergency medication management plan (EMMP) should be written by a medical practitioner including:

- indications for medication administration;
- medication name;
- dose;
- frequency;
- route;
- instructions on how to administer the medication; and
- emergency procedures.

4.4 Examples of emergency seizure medications include:

- Lorazepam (Ativan®);
- Diazepam (Diastat®, Valium®, Valtoco®);
- Midazolam (Nayzilam®, Versed®);
- Clonazepam (Klonopin®); and
- Phenytoin.

Note: Workers administering medications MUST be appropriately trained and assessed as competent to administer the emergency seizure medications.

5. Post-Seizure Monitoring

5.1 Recovery from seizures can differ from person to person. It is therefore important for workers to have clear instructions on how to support and monitor the guest before, during and after the seizure.

5.2 Some people may require prolonged monitoring, while some may not. Some may have a headache, need sleep or be confused for a while. Specific instructions on post-seizure monitoring must be documented in the guest's epilepsy/seizure management plan.

5.3 Workers must comply with instructions on the epilepsy/seizure management plan and record actions taken in the Incident Report Form and progress notes where applicable.

5.4 Both the epilepsy management plan (EMP) and emergency medication management plan (EMMP) must be updated annually or early as required.

Call an ambulance if

- it is specified in the guest's epilepsy/seizure management plan or emergency management plan;
- if the seizure lasts 5 minutes or more;
- the guest is unconscious;
- another seizure starts shortly after a previous seizure;
- the seizure occurred in water;
- the guest has an injury that requires further medical assessment;
- it is the guest's first time having a seizure; or
- the guest has diabetes or is pregnant.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement are responsible for:

- maintaining this procedure and associated documents;
- ensuring the procedure is effectively implemented across the service;
- monitoring worker compliance with the requirements of this procedure; and
- ensuring training and information is provided to workers to carry out this procedure.

All workers are responsible for complying with the requirements of this procedure.

COMPLIANCE

Deliberate breaches of this procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Food Safety Management Policy and Procedure

Policy area	Food Safety
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	Australia New Zealand Food Safety Standards Safe Food Australia NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to food safety management.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Biological Hazards	Microbial hazards in food include bacteria such as salmonella, viruses such as Norovirus, and parasites such as trematodes (flukes) and prions (e.g., mad cow disease).
Cross-Contamination	Cross-contamination is when bacteria or other microorganisms are unintentionally transferred from one substance or object to another, with harmful effects. Cross-contamination between raw and cooked food is the cause of most infections.

Food Allergy	When the immune system reacts to a food substance (allergen), producing allergy antibodies (proteins in the immune system) that identify and react with foreign substances. An allergic reaction happens when a guest develops symptoms following exposure to an allergen. Symptoms may include hives, swelling of the lips, eyes, or face, vomiting or a wheeze. The most common triggers are egg, cow's milk, peanut, tree nuts, sesame, soy, fish, shellfish, and wheat. Some food allergies can be severe, causing life-threatening reactions known as anaphylaxis. About two per cent of adults have food allergies.
HACCP	This stands for 'Hazards Analysis and Critical Control Point'. It refers to the management system where food safety is addressed through the analysis and control of biological, chemical and physical hazards from raw material production, procurement and handling, to manufacturing, distribution and consumption of the finished product.

CONTEXT

Stellar Experiences is committed to implementing and maintaining best practice food safety management. We will plan, prepare and provide food to guests which:

- complies with food safety regulations and standards;
- is safe and suitable to eat;
- provides menu variety and supports good health and nutrition;
- prevents or minimises risk of contamination, infection and allergies; and
- best suits individual needs and preferences.

POLICY STATEMENT

1. Compliance and Risk Management

- We will comply with requirements in the Australia New Zealand Food Standards Code and the Food Safety Standards Australia.
- We will identify and control food safety hazards using the HACCP system (see Definitions).
- We will systematically examine our food handling operations to identify potential hazards that may reasonably be expected to occur.
- If a hazard does occur, we will develop and implement a food safety program to control the hazards.

- We will identify and assess guest-specific risks in relation to food and notify the manager and/or guest's family/alternate decision/maker/advocate for immediate referral to a qualified health practitioner if required.

2. Infection Control

- We will cook and store food in line with food safety regulatory requirements.
- We will exercise best practice hand and respiratory hygiene while preparing and handling food in accordance with the Infection Management Procedure.
- We will conduct routine and disinfectant cleaning to prevent or minimise the risk of cross-contamination and infection in accordance with the Routine and Disinfectant Cleaning Procedure.

3. Monitoring and Review

- We will review our food safety policy at least annually or as required to ensure it is adequate and make changes as required.

4. Incident Reporting

- We will complete internal and external incident reporting in required timeframes and formats.
- We will escalate incidents to ensure the health, safety and wellbeing of the guest.

5. Information and Record-keeping

- We will maintain up to date records of individual guests' mealtime management plans in accordance with the Mealtime Management Policy and Procedure.
- We will document guest-specific food safety issues, concerns or incidents in other relevant documents (guest file, Support Plan, Behaviour Support Plan).

6. Training and Development

- We will maintain a skilled and trained workforce which is aware of food safety management requirements.

FOOD SAFETY PRINCIPLES

The key elements of food hygiene are:

- **Personal hygiene:** This includes handwashing, protective clothing, illness procedures, and other duties (e.g. avoiding smoking).

- **Preventing cross-contamination:** This includes preventing bacterial, physical, chemical, and allergenic contamination, particularly by having appropriate equipment in place (such as separate cutting boards).
- **Cleaning procedures:** Thorough cleaning of the kitchen, equipment, and kitchenware (including plates and cutlery) is vital.
- **Allergen control:** All providers must clearly explain which foods contain products that are allergenic and must prevent allergens from cross-contaminating other food.
- **Safe storage of food:** This includes storage locations and containers, using a first in first out system, appropriate labelling and temperature control.
- **Cooking temperatures:** Providers must ensure they cook and hold food at appropriate temperatures to prevent bacterial risks.

Mealtime Management Plan

If applicable, refer to the guest's Mealtime Management Plan for individualised instructions on food preparation and provision.

People with food allergies

Check the guest's Support Plan for any known food allergies. Check again with the guest and their family. Foods that may cause an allergic reaction are called allergens. Even a tiny amount of an allergen can cause a reaction.

If the guest lives alone, it is possible to eliminate all food allergens from the home. This can be achieved through careful reading of labels on packaging and taking necessary precautions during cooking.

If the guest does not choose to eliminate all food allergens from the home, or you are preparing food in an environment away from the home (where there is a potential for allergens to come into contact with the guest's food) the following steps should be taken:

- Read all labels on cans, jars and packaging.
- Label foods as "safe" or "not safe" (perhaps using red/green stickers).
- Designate particular shelves for 'safe' foods rather than putting similar foods next to each other.
- Avoid contamination by:
    - washing hands
    - not allowing allergen-covered utensils to touch 'safe' foods
    - confine all eating to limited areas, e.g. kitchen or dining areas

- use different utensils to prepare non-allergenic and allergenic dishes
- wash foods or place in sink/dishwasher immediately after use
- clean grills, use foil to protect surface when cooking
- clean all surfaces after preparing food
- clean countertops before preparing food.

General food preparation

- Minimise the cumulative time that potentially hazardous food is kept within the temperature danger zone (maximum of two hours).
- Clean, sanitise and dry all food contact surfaces, utensils, chopping boards and equipment after preparing food.
- Store raw and cooked food separately.
- Wash all fruits and vegetables to remove contamination.
- Use single-use or disposable cloths where possible.
- If multi-use cloths are used, they are to be cleaned and sanitised after each task.

Cleaning and sanitation

- Clean all food preparation areas with an anti-bacterial solution and paper towel.
- Thoroughly wash glasses, cutlery, crockery and utensils with hot water and detergent.

Utensils

- Saucepans, bowls, plates, etc. must be clean and sanitised.
- Utensils should be durable, washable, unchipped and uncracked.
- Use microwave-safe containers in microwaves.

Cutting boards

- After use, scrape boards and wash in hot, soapy water; use a sanitiser.
- If using a wooden board, wash in hot soapy water, smear with salt and then wash again before using.

Food handling

- Tongs, spoons and forks should be used for handling food, in preference to gloved hands
- Separate tongs should be used for serving raw foods and cooked foods.
- Use gloves to handle food if no tongs are available.
- Wash and dry hands thoroughly.
- Hair must be tied back.

- Stop clothes, jewellery or a phone touching food or surfaces (e.g. tie hair back, remove loose jewellery and rings, cover open sores).
- Wear clean clothing and aprons.
- Do not eat, spit, smoke, sneeze, blow or cough over food or surfaces that touch food
- Inform management if sick or unwell, or food has been contaminated in any way.

Washing hands properly

- Use the sink provided just for handwashing.
- Wet hands under warm, running water.
- Lather hands with soap.
- Thoroughly scrub fingers, palms, wrists, back of hands, and under nails for approximately 20 seconds.
- Rinse hands under warm, running water.
- Turn off taps using a paper towel or elbow.
- Thoroughly dry hands with a single-use towel.

When to wash hands

- Before handling food, or if returning to handle food after completing other tasks.
- Before working with ready-to-eat food.
- After handling raw food.
- After using the toilet.
- After smoking, coughing, sneezing, using a handkerchief or tissue.
- After eating or drinking.
- After touching the face, hair, scalp, nose, etc.
- After doing anything else that could dirty their hands, e.g. handling garbage, touching animals or children or completing cleaning duties.

When to wear gloves

- Wear neatly fitting disposable gloves at all times.
- Wear fresh gloves when alternating between handling raw foods and cooked foods.
- Discard gloves after each use.
- Wear gloves during cleaning up to protect hands from food contamination.

Freezing, defrosting and reheating food

Frozen foods must be maintained below -17^{o}C. To maintain the integrity of frozen food, the freezer requires:

- regular defrosting
- never to be overloaded
- cabinet doors to be shut when not in use
- regular checking of temperature.

Our workers observe the following rules:

- store frozen foods immediately in the freezer
- wrap or cover food, store in food-grade containers which allow for proper air circulation
- keep the storage area in a clean condition
- check daily to ensure food is protected from contamination, stored in food-grade containers, and has free circulation of air.

Defrosting

- Defrost all foods in a refrigerator at or below 5°, or rapidly defrost them in a microwave oven using the defrost setting.
- When using microwaves, thaw food at medium/low defrost.
- Use correct microwave procedures, such as:
    - alter the position of food pieces during thawing
    - ensure potentially hazardous food is properly thawed
    - only use microwave approved materials
    - cook all meat immediately after thawing.
- **Never refreeze** food after thawing or keep and reheat hot foods that are left from the day before.

Reheating

- Reheat food immediately before use, where possible.
- Heat food from a refrigerator to above 60°C, as quickly as possible.
- Use a meat probe thermometer, if available, to check internal temperatures
- Slow cooking, as in a crockpot, can be dangerous and is not recommended
- Never reheat a precooked product more than once.
- Boil eggs for 10 minutes and then place in cold water for five minutes.

Food storage

General storage requirements

- Check packaging and labels are in good condition and "use by" dates are current.
- Check labels for special storage instructions.

- Unpack frozen or cool-type foods and place in the fridge immediately.
- Store food in a cool, dry area in food-grade containers with tight-fitting lids, and date-mark.
- Store chemicals in a separate area, so as not to contaminate food.
- Store food off the floor (e.g. at a minimum height of 15 centimetres) allowing for easy cleaning.

Dry goods storage

Dry good storage areas must:

- be fly proof and vermin proof
- be adequately ventilated
- have properly fitting doors which seal completely
- have the lowest shelf at least 30 centimetres from the floor
- have containers made from food-grade materials with tight-fitting lids that are emptied and washed before refilling.

Refrigerated storage

All foods that require refrigeration must be stored below 5°C. Cooked and uncooked foods must be kept separate to prevent cross-contamination:

- Fridge temperature will be checked weekly at a minimum.
- Store raw meats below cooked, where they cannot drip onto cooked foods.
- Store dairy products in their original packaging.
- Reseal opened cheeses or store in airtight containers.
- Recap and refrigerate after opening products sold in jars (e.g. mayonnaise, pickles, etc.)
- Store food according to the manufacturer's instructions.
- Use food within its date marking and on a stock rotation basis.
- Cover food products with plastic or store in food-grade containers.
- Keep the storage area clean.
- Use insulated thermal bags when grocery shopping with guests, and there is likely to be a delay in returning foods to a refrigerator.
- Clean and sanitise refrigerators weekly.

Pest control

Report to management any evidence of the need for:

- pest control
- fly screens
- airtight garbage bins.

Smoking

Smoking is not permitted in any food handling area or the guest's home while workers are present.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring worker compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Gather Policy

Policy area	Guest Health and Wellbeing
Document type	Policy
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	26/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct UN Convention on the Rights of Persons with Disabilities

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to guest mental health and wellbeing.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Mental Health	This refers to a person's emotional, psychological and social wellbeing. It affects how we think, feel and behave. It also helps determine how we handle stress, relate to others and make choices.
Wellbeing	This is a combination of physical, mental, emotional and social factors, all contributing to a person's sense of 'wellbeing'.
Wellness	A philosophy underpinned by an emphasis on preventative health measures, optimising physical and emotional function, independence and encouraging active participation and engagement.

CONTEXT

Stellar Experiences is committed to prioritising guests' health and wellbeing in a way that:

- encourages and supports them to adopt and maintain good nutrition and healthy lifestyle habits;
- best suits their individual needs, abilities, circumstances, preferences and goals;
- safeguards them against violence, abuse, neglect and exploitation;
- escalates health-related issues, concerns and risks promptly as required;
- provides choice, control and self-determination;
- is culturally safe and communicated in a language, mode and method they are most likely to understand;
- upholds their privacy and dignity;
- promotes community participation and engagement;
- promotes building relationships with others;
- enables independence and capacity-building where possible; and
- empowers them to live their best life.

Gather offers three services designed to support the mental health, wellbeing, and social connection of our guests.

Gather Yourself provides personalised 1:1 mental health and wellbeing support for Stellar Experiences guests, offering flexible session options in our Caringbah therapy space, at home, in the community, or online, with a focus on building resilience, developing essential life skills and enhancing emotional wellbeing.

Gather Around is a small-group workshop program running in five-week blocks of up to six guests, covering a range of essential topics including social interactions, anxiety, self-esteem, healthy relationships and holistic health, guided by our experienced mental health support team.

Gather Online is a welcoming virtual community that brings people together through live Zoom sessions encompassing movement, mindfulness, trivia, yoga, fitness and social connection, available to anyone regardless of their location or ability to attend in person.
These services reflect Gather's commitment to fostering a sense of belonging, building confidence and empowering individuals to navigate life's challenges within a safe, supportive, and inclusive environment.

POLICY STATEMENT

1. Encourage and Support Mental Health and Wellbeing

- We will identify any guest who requires support with their mental health through staff feedback, guest feedback, incident reports, progress notes or from the guests family or advocate.
- Together with the guest and their family or advocate we will implement a system to further support the guest to navigate their mental health or circumstances through accessing Gather.
- We will support the guest to understand their mental health or circumstance and set small, achievable goals at first and then gradually move to bigger goals where possible.
- To further support the guests with their mental health and goals, the Gather Coordinator will provide person-centred techniques, informal and formal training to all of Stellar Experiences support workers.
- The Gather Coordinator, will consistently monitor and review each guest's progress providing formal updates as required and requested.

2. Health and Wellbeing Review and Monitoring

- We will maintain processes to regularly review and monitor each guest's health and wellbeing and notify the family/alternate decision-maker/advocate of any issues, concerns or risks.
- The Gather Coordinator, will consistently monitor and review each guest's progress providing formal updates as required and requested.
- We will recognise and respond appropriately, and in a timely manner, to any observed deterioration or adverse change in a guest's mental health, cognitive or physical function, capacity or condition.
- We will implement processes to optimise mental health by:
    - identifying, monitoring and responding to changes in the guest's mental health;
    - minimising distress, depressive symptoms, risk of self-harm, suicide or harming others; and
    - facilitating access to mental health treatment when required.

3. Referrals and Assessments

- If requested we will support guests to undertake comprehensive health assessments, with their doctor, to identify health needs, enable active management of those needs and reduce health risks and poor health outcomes.
- If requested, we will refer identified mental or physical health risks or concerns to a qualified health practitioner for assessment, with the consent of the guest or family/alternate decision-maker/advocate, unless there is a concern to the guest's health and safety.
- We will collaborate with other service providers, using a multi-disciplinary approach, to support the guest to develop new skills, identify a support need and/or achieve goals. If requested we can support guests to obtain referrals to a dietitian, physiotherapist, occupational therapist, exercise physiologist, counsellor, behaviour support practitioner, medical specialist or other professional.

4. Risk Management and Reporting

- We will partner with the guest and/or their family/alternate decision-maker/advocate to identify and document risks to the guest's health, safety and wellbeing and develop strategies to support them.
- We will implement strategies to support our workers to recognise, identify, respond to and escalate in a timely manner guest risks, concerns and deterioration or changes in their mental health and cognitive ability.
- We will implement a process for the guest, their family/alternate decision-maker/advocate and others involved in the guest's care to escalate concerns about the guest's mental health and wellbeing.
- We will manage incidents (including 'near misses') and conduct reportable/mandatory incident reporting in accordance with our Incident Management Policy and required regulatory reporting timeframes and formats.
- We will implement processes to avoid/minimise delays in a guest's required medical treatment(s) by:
    - providing adequate worker training so workers know how to respond in the event of the guest's medical emergency and how to distinguish between an urgent and non-urgent health situation, or, if they are not able to distinguish, who to escalate to for guidance; and
    - establishing clearly articulated and documented escalation processes for the guest in an urgent health situation.

5. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure information about the guest's condition(s), needs and preferences are documented and communicated within the organisation and with others where responsibility for care is shared.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure guest privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

6. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of guests' right to freedom of expression, self-determination and decision-making to achieve their own health and wellbeing goals.
- We will maintain processes to adequately monitor and supervise workers.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement are responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring worker compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct and Contract.

Governance and Operational Management Policy and Procedure

Policy area	Governance
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct Privacy Act 1988

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to maintaining an effective governance framework and processes.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Delegation of Authority	The internal mechanisms or processes in place which authorise specific workers to act on, or sign on behalf of the organisation.
Governance	The rules, relationships, systems and processes by which an organisation is directed, controlled and held accountable.
Key Personnel	Person or people responsible for the executive decisions of the organisation – in other words those who plan, direct and/or control the activities. For example, directors, board chair, CEO and other senior managers.
Mission	An organisation's core purpose, intention and objectives.

Vision	What the organisation hopes to achieve, or become, in the future.
Values	Articulates the organisation's core principles and ethics that guide and direct it.

CONTEXT

Stellar Experiences recognises the importance of an effective governance framework and operational management processes to ensure safe and quality service delivery and compliant business operations. We will establish a governance framework that:

- is proportionate to the size and scale of our organisation and the scope and complexity of supports provided;
- integrates with effective risk management and compliance processes;
- ensures transparency and safeguards against unethical or unlawful practice;
- manages conflicts of interest;
- has clearly articulated mission, vision and values which are understood across all levels of the organisation;
- ensures clear, consistent and transparent delegations of authority, reporting lines and internal controls;
- maintains effective continuous improvement, quality management, complaints management and incident reporting processes;
- maintains effective information, financial, human resource and work health and safety management processes; and
- is monitored and reviewed to ensure compliance and suitability.

POLICY STATEMENT

1. Governance and Compliance Framework

- We will maintain a governance framework that supports compliance with applicable legislation, regulations, standards and our contractual and funding requirements, including maintaining current applicable licences, insurances and registrations.
- We will maintain a documented system of delegated responsibility and authority so that suitable personnel are available in the absence of the usual position holder.
- We will proactively manage and document actual and perceived conflicts of interest.

2. Key Personnel

- Our Senior Management Team will guide Stellar Experiences mission, vision and values.

- We will appoint key personnel who are suitably screened, skilled and competent to undertake their role, with clearly defined responsibilities, authority and accountability for the provision of services and supports.
- We will keep key personnel information and contact details up to date in our registration records and notify the relevant regulator if there are any changes to key personnel and/or governance processes.

3. Policies and Procedures

- We will develop and maintain policies, procedures and processes that are compliant, ethical and consistent with our mission, vision and values.
- We will ensure our documented policies and procedures are current, regularly reviewed, informed by contemporary, evidence-based practices, and are understood and accessible by workers.
- Our policies and procedures guide the way our workers undertake their roles.

4. Business Planning and Partnerships

- We will undertake business and strategic planning in a spirit of continuous improvement and develop, review, implement, monitor and evaluate business plans, and make adjustments as required to ensure safety and quality of services.
- We will provide opportunities for guests to contribute to the governance of our organisation and partner with them to develop and improve organisational policy and processes in relation to support provision and protection of guest rights.
- We will seek to address, through strategies and business planning, service access issues for diverse/special needs groups (e.g. Aboriginal and Torres Strait Islander Peoples, people experiencing homelessness, people living with dementia).

5. Reviewing and Monitoring Processes

- We will review board and management processes to ensure roles and responsibilities align with mission, vision and strategy.
- We will conduct internal and external audits to ensure integrity of our governance processes and operations and make any required adjustments.
- We will monitor financial investment in priority areas to deliver improved outcomes for guests.
- Our Senior Management Team will monitor the performance of management, including responses to individual issues, to drive continuous improvement in management practices.

- We will review and revise our policies, procedures, forms and templates to ensure currency, accuracy and compliance.

6. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

7. Worker Training and Supervision

- We will maintain a skilled and trained workforce, which is kind and caring, supports our mission, vision and values and is aware of their responsibility to comply with organisational requirements.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

1. Delegations

1.1 Establish delegations that refer to the role/title/position, not to individuals.

1.2 Check the levels of authority are hierarchical through the appropriate lines of responsibilities.

1.3 Do not exercise a delegation of authority where the officer holding the delegation has an actual, potential or alleged conflict of interest. In this case, transfer the delegation to another appropriate role/position.

1.4 Request a permanent change to a delegation in writing and obtain approval from the Senior Management Team for this.

1.5 Use the Delegation of Responsibility and Authority Form to record delegations, detailing the activity, the role/title/position of the delegate and other relevant details (e.g. breakdown of delegation amounts).

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and

- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Guest Advocacy Policy and Procedure

Policy area	Advocacy
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct UN Convention on the Rights of Persons with Disabilities Privacy Act 1988

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to guest advocacy.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Advocacy	Services provided by a nominated individual, family or professional entity, to actively support a person by speaking on their behalf and representing their best interests (even if that interest does not reflect the advocate's own beliefs, opinions, conclusions, or recommendations). **Note:** the advocate does not make decisions on the person's behalf, they are speaking on their behalf. For example, if the person does not have the confidence to speak up and further their own cause themselves.
Advocate	Based on the definition of advocacy above, an advocate:

	• aims to protect the interests and welfare of the person for whom they are advocating; • is not a substitute/alternative decision-maker and does not have the capacity to make decisions on behalf of the individual for whom they are advocating; • operates from the perspective of the person for whom they are advocating when negotiating an outcome; and • respects the privacy and confidentiality of the person for whom they are advocating. An advocate may be: • an informal advocate (e.g. family member or friend); • a formal, independent advocate (e.g. Aged and Disability Advocacy Australia, Australia (ADA Australia), Older Persons Advocacy Network (OPAN), National Disability Advocacy Program); or • a legal advocate (e.g. lawyer).

CONTEXT

Stellar Experiences recognises the rights of guests to access and engage with an advocate of choice to speak on their behalf. We value the important contribution of the advocacy role in upholding human rights and ensuring each individual has a voice.

POLICY STATEMENT

1. Expectations and Limitations of Advocacy

- We acknowledge the expectations and limitations of the advocacy role and will implement processes to manage risk (training workers, implementing Conflict of Interest Policy).

2. Access to an Advocate

- We will encourage and support a guest's right to access an advocate of their choice and assist them to engage an advocate, if they request one, or if we consider it is in their best interests to have someone speak on their behalf.

3. Engaging with an Advocate

- We will communicate effectively and work cooperatively with an advocate at the direction of, and to the extent requested by the guest or their family/alternate decision-maker.
- We will ensure the guest is aware of their right to change their nominated advocate at any time and support them to do this if requested.

4. Acting on Concerns and Resolving Issues

- We will act promptly and resolve issues or concerns that an advocacy arrangement is not in a guest's best interests. For example, where there is a conflict of interest or where the advocate does not consider, or adequately consider the guest's rights and wishes.

5. Information and Record-keeping

- We will ensure information and records are accurate and up to date - including the contact details of a guest's nominated advocate.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

6. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of guests' right to freedom of expression, self-determination and decision-making by using an advocate.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

1. Expectations and Limitations of Advocacy

1.1 Start from the assumption that an adult has the capacity to make their own decisions.

1.2 Recognise the expectations and limitations of the advocacy role (see Schedule 1).

1.3 Be aware that the greater the level of advocacy support provided to a guest, the greater the risk of conflict of interest, manipulation and/or undue influence (see Schedule 1).

1.4 Implement strategies to minimise risk of perceived conflict of interest, manipulation and/or undue influence (see Schedule 1).

2. Access to an Advocate

2.1 Provide new guests/family/alternate decision-maker with information (e.g. Welcome Pack) about:

- the right to use an advocate, and/or advocacy services;
- the role of an advocate;
- who can be an advocate; and
- how to contact a formal advocacy service.

2.2 Remind guests/families/alternate decision-makers of their right to have an advocate where there is:

- a perceived or actual conflict of interest (e.g. where a worker or family member promotes personal or professional interests rather than the guest's);
- a concern regarding undue or inappropriate influence or pressure being placed on the guest decision-making;
- an issue confronting the guest which requires a level of 'advocacy power' that might be beyond them or their support network;
- a concern that the interests of workers or organisational policy is in conflict with the interests of the guest (e.g. where there is a complaint or grievance which impacts on the guest).

2.3 Where a guest and/or their family/alternative decision-maker requests it, support them to contact an independent advocacy service.

3. Engaging with an Advocate

3.1 Make sure the guest (and/or the family) is aware they can nominate an advocate to assist in communications with us.

3.2 Where a guest does not have the capacity to self-advocate, seek their input to identify potential family members or friends who would be suitable to speak on their behalf.

3.3 Where a guest is unable to self-advocate and does not have family or friends to advocate for them, make any further necessary arrangements, which may include:

- undertaking a needs assessment of the guest;
- appointment of a formal advocate from a recognised Advocacy Service; and/or
- consulting the relevant state/territory Public Guardian.

3.4 If there is a current Public Guardian appointment for the guest, consult with the Public Guardian regarding the appointment of an advocate.

3.5 Engage with the guest and/or their family/alternate decision-maker subject to any conditions or limitations outlined in the appointment, by:

- providing the nominated advocate with information that would also be provided to the guest/family/ alternative decision-maker, including relevant personal guest information; and
- where practicable, participating fully in any meetings or correspondence initiated by the nominated advocate/s.

3.6 Make sure the guest/family/alternate decision-maker is aware they can change the nominated advocate at any time. On receipt of a written request from the guest to discontinue with the advocate, we will cease all communication with the discontinued advocate in respect of the guest's affairs.

4. Maintenance of Records

4.1 Document the name and contact details of the advocate in the guest file.

4.2 Clearly distinguish the contact details of the advocate from the guest's next of kin and/or emergency contact (although they may be the same person).

4.3 During the guest's annual Coordination of Care review, confirm with the guest that the recorded details for their nominated advocate are still correct.

4.4 Obtain a written request from the guest/family/alternate decision-maker in relation to nomination of a new advocate or ceasing an existing advocacy arrangement and document this in the guest's file.

5. Acting on Concerns and Resolving Issues

5.1 When acting as or liaising with an advocate, be alert to:

- actual, potential or perceived conflicts of interest, in which the advocate may have a professional or personal interest that is either directly or indirectly different from, and in competition with, the interests or wishes of the other person; and
- situations where the advocate does not consider, or adequately consider, the guest's rights and wishes.

5.2 Report concerns in relation to an advocate to your manager. The manager will take further action as appropriate (e.g. discuss with family or other stakeholders).

5.3 Where the issue cannot be resolved by discussing with the advocate, take action in accordance with the Safeguarding Against Violence, Abuse, Neglect, Exploitation and Discrimination Policy.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;

- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Guest Feedback and Complaints Management Policy and Procedure

Policy area	Service Delivery
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct NDIS (Complaints Management and Resolution) Rules 2018 NDIS (Procedural Fairness) Guidelines 2018 UN Convention on the Rights of Persons with Disabilities UN Convention on the Rights of the Child Privacy Act 1988

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to guest feedback and complaints management.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Complaint	Expressing dissatisfaction with a support or service where standards or expectations have not been met.
Open Disclosure	The practice of acknowledging the complaint, expressing regret to the person making the complaint that standards or expectations have not been met, finding out what happened, how and why and seeking to learn from the experience and make improvements. **Note**: Expressing regret does not mean an admission of guilt.

Procedural Fairness ('Natural Justice')	Legal term for acting fairly in administrative decision-making.
Reprisal	The act of retaliation — to 'pay back' someone who has actually or allegedly 'wronged' you.
Retribution	The act of taking revenge — punishment inflicted motivated by personal vengeance.

CONTEXT

Stellar Experiences recognises the importance of an effective feedback and complaints management system to provide our guests with safe and quality care and continually improve our service delivery and business operations. We will maintain a feedback and complaints management system that:

- is proportionate to the size and scale of our organisation and the scope and complexity of supports provided;
- complies with relevant legislation, regulations, standards and principles — including principles of procedural fairness ('natural justice').
- is fair, consistent and transparent;
- upholds guests" human rights — including their right to privacy, confidentiality, dignity and respect;
- promotes guests' right to choice, control and self-determination;
- encourages and supports guest independence and capacity-building, where possible;
- provides cultural and language-accessible modes and methods for guests to submit feedback and complaints; and
- fosters a resolution-based culture of open disclosure without discrimination, reprisal or retribution.

POLICY STATEMENT

1. Encouraging and Acknowledging Feedback, Compliments and Complaints

- We will ensure guests are aware of their right to provide feedback and make a complaint (without fear of reprisal or retribution), both internally in our organisation and also externally to a regulator, and support them to do this if requested.
- We will welcome all complaints, concerns, compliments and suggestions and view them as opportunities for continuous improvement.
- We will support guests to access an advocate, language services or any other aid or service they need to raise and resolve a complaint.

- We will acknowledge the complaint verbally and/or in writing, expressing regret that standards or expectations have not been met, or express verbal gratitude to acknowledge a compliment, in a way that is culturally respectful, and in a language, mode and method the guest is most likely to understand.

2. Response Actions

- We will take required action(s) to address immediate guest risks, issues or concerns.
- We will conduct internal and external incident reporting as required.
- We will document the feedback/complaint in the Complaints Register.
- We will discuss our response actions with the guest and/or family/alternate decision-maker/advocate and encourage their involvement in improving our services.
- We will inform the guest if their rights or interests may be adversely affected in a direct and specific way because of the complaint, or something relating to the complaint.
- We will ensure any adverse decision outcome(s) for the guest is/are based on the facts and the record of decision is clearly and accurately documented in the guest file and in the Complaints Register.

3. Communication and Collaboration

- We will conduct all discussions with the guest and/or family/alternate decision-make/advocate with sensitivity, courtesy and respect.
- We will communicate and collaborate with the guest and/or family/alternate decision-maker/advocate throughout the complaints process.

4. Continuous Improvement and Quality Management

- We will seek to learn from feedback and complaints and continually improve our service delivery processes.
- We will review and analyse feedback and complaints raised to identify systemic issues and take follow up action(s) as required (changes to policy and procedures, worker rostering, supervision and training, technology and communications).
- We will report outcomes of complaints/incident investigations to both the guest and other stakeholders (including relevant workers) and ensure this is documented in our quality management system as part of the continuous improvement process.
- We will regularly review and improve the effectiveness of our feedback and complaints management system.

5. Reviewing and Monitoring Processes

- We will conduct audits to review and monitor our feedback and complaints management process and make any required adjustments.
- We will maintain a Complaints Register and a Continuous Improvement Register with details, actions and outcomes of complaints and suggested improvements.

6. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

7. Worker Training and Supervision

- We will maintain a skilled and trained workforce, which is aware of guests'' right to complain and our complaints-handling process.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

Following are the key steps in the complaints management process. Refer to Appendix 1 at the end of this document for a graphical representation of the process steps.

1. Lodging a Complaint

1.1 Discuss with the guest and/or family/alternate decision-maker/advocate their right to make either an internal or external complaint. Provide information about the complaints management process:
    - at intake and in the guest Welcome Pack;
    - in the Service Agreement;
    - during support provision; and
    - during guest six and twelve month Coordination of Care reviews and assessments.

1.2 Encourage the guest to complete the Complaints and Feedback Form to lodge a complaint. If it is easier for them, they can write it down on paper, send it via email, or tell you and you can fill out the Form.

1.3 Assist the guest with lodging an external complaint to the NDIS Commission, or other regulators such as the Human Rights Commission or Office of the Australian

Information Commissioner, if requested. Refer to Appendix 2 for regulator contact details.

2. First Actions

2.1 Develop a written acknowledgment of feedback/complaint which is sincere in concern about the guest's health, safety and wellbeing, is specific and direct; provides relevant information and explanation about next actions; and provides contact details and encourages the guest to make contact if they have concerns or want information.

2.2 Where possible, resolve the complaint at the point of service, unless further investigation is required.

2.3 Do not discuss the complaint with anyone who does not have responsibility for resolving the issue.

2.4 Provide the guest with any cultural, communication or language aids or support they need (language interpreter or Auslan interpreter, pictorial information).

2.5 Assist the guest with engaging an advocate or informal support (family member, friend, community Elder) if requested.

2.6 Make sure the guest continues to feel respected, safe and supported throughout this process.

3. Point-of-Service (No Investigation) Complaint Process

3.1 Check on the guest's health and wellbeing.

3.2 Escalate the complaint to Ryan Willis the Complaints and Feedback Manager for review and further action(s) (this role will perform steps in 3.3-3.6 below).

3.3 Gather all information and data (including witness accounts etc) as required.

3.4 Establish what type of outcome the guest seeks (e.g. acknowledgment, answers, actions, apology).

3.5 Reach a decision/compromise acceptable to the guest and all other parties.

3.6 Thank the guest for the feedback and their time, take any required actions and communicate actions and outcome to all relevant stakeholders.

4. Not Resolved at Point of Service (Investigation Required) Complaint Process

4.1 Check on the guest's health and wellbeing.

4.2 Escalate the complaint to Ryan Willis the Complaints and Feedback Manager for review and further action(s) (this role will perform steps in 4.3-4.9 below).

4.3 Gather all information and data (including witness accounts etc) as required.

4.4 Ensure there is a safe and comfortable environment for investigation meeting(s) to take place and the guest feels respected and supported.

4.5 Ensure the guest's advocate is present at investigation meetings if requested/required.

4.6 Establish what type of outcome the guest seeks (e.g. acknowledgment, answers, actions, apology). This will inform the investigation process.

4.7 Keep communicating with the guest and/or family/alternate decision-maker/advocate throughout the complaint process.

4.8 If a compromise/solution/decision has been reached, communicate with the guest and other stakeholders and conduct any required actions.

4.9 If a compromise/solution/decision cannot be reached, contact external complaints mechanisms as required. Refer to Appendix 1.

5. Documenting Details, Actions and Outcomes

5.1 Input details of complaint and the relevant actions and outcomes in the relevant register (Complaints Register, Compliments Register and Continuous Improvement Register).

5.2 Document information in the Support Plan and other relevant documents as required.

5.3 Action continuous improvement items and conduct ongoing review and monitoring.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Appendix 1: Complaints Management Process



Schedule 2: Complaints and Feedback Contact Information

Regulator	Complaints and Feedback Contact Information
NDIS Commission	• Phone: 1800 035 544 (free call from landlines) or TTY 133 677 • National Relay Service and ask for 1800 035 544 • Complete an online complaint contact form
Aged Care Quality and Safety Commission	• Complete a Complaint contact form • Write a letter to: Aged Care Quality and Safety Commission GPO Box 9819, in your capital city
My Aged Care	• Phone: 1800 200 422 • Online: Contact us tool • Write a letter to: My Aged Care Complaints, PO Box 1237, Runaway Bay, QLD 4216
Australian Human Rights Commission	Complete a complaint contact form
Office of the Australian Information Commissioner	Complete an online privacy complaint form Send a fax: +61 2 6123 5145 Write a letter to: GPO Box 5288, Sydney NSW 2001

Guest Health and Wellbeing Policy

Policy area	Guest Health and Wellbeing
Document type	Policy
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct UN Convention on the Rights of Persons with Disabilities

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to guest health and wellbeing.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Mental Health	This refers to a person's emotional, psychological and social wellbeing. It affects how we think, feel and behave. It also helps determine how we handle stress, relate to others and make choices.
Physical Health	This is the normal functioning of the body and the ability to maintain a healthy quality of life without disease, sickness or injury. Mental health and physical health are related. Some of the key physical health factors that can promote mental wellbeing are: • a balanced diet; • proper sleep; • physical activity/exercise; and • reducing unhealthy habits (e.g. smoking, alcohol and drugs).

Reablement	Maintaining a person's functional ability. It refers to the process of rehabilitating a person to enable them to learn, or re-learn new skills, or to gain or regain some or all of their independence. It involves developing strategies to work towards achieving personal goals.
Wellbeing	This is a combination of physical, mental, emotional and social factors, all contributing to a person's sense of 'wellbeing'.
Wellness	A philosophy underpinned by an emphasis on preventative health measures, optimising physical and emotional function, independence and encouraging active participation and engagement.

CONTEXT

Stellar Experiences is committed to prioritising guests' health and wellbeing in a way that:

- encourages and supports them to adopt and maintain good nutrition and healthy lifestyle habits;
- best suits their individual needs, abilities, circumstances, preferences and goals;
- safeguards them against violence, abuse, neglect and exploitation;
- escalates health-related issues, concerns and risks promptly as required;
- provides choice, control and self-determination;
- is culturally safe and communicated in a language, mode and method they are most likely to understand;
- upholds their privacy and dignity;
- promotes community participation and engagement;
- enables independence and capacity-building where possible; and
- empowers them to live their best life.

POLICY STATEMENT

1. Encourage and Support Health and Wellbeing

- We will discuss with the guest and/or family/alternate decision-maker/advocate ways to improve the guest's health and nutrition — and support them to do so.
- If requested, we will support guests to obtain referrals to health practitioners and other service providers as required, for assessment and planning that supports preventative care, wellness, reablement and maintenance of function.
- We will include arrangements where required, in the guest's Support Plan, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services.

- We will support the guest to set small, achievable goals at first and then gradually move to bigger goals where possible.
- We will assist the guest to make any required changes to their living environment and/or learn new skills to support achievement of their personal goals (healthy food choices, planning, shopping and cooking healthy meals).
- We will encourage and support the guest to increase mobility, activity and exercise in a way that best suits their needs, abilities, circumstances, preferences and goals.
- We will encourage and support the guests to actively participate and engage in their community (employment, volunteering, hobbies).
- We will ensure assessment, planning, service delivery and evaluation of services and supports are based on ongoing communication and partnership with the guest and others the guest wishes to involve in their care and support, to optimise the guest's health and wellbeing.

2. Health and Wellbeing Review and Monitoring

- We will maintain processes to regularly review and monitor each guest's health and wellbeing through the Coordination of Care 6 and 12 month review process and notify the family/alternate decision-maker/advocate of any identified issues, concerns or risks.
- We will recognise and respond appropriately, and in a timely manner, to any observed deterioration or adverse change in a guest's mental health, cognitive or physical function, capacity or condition.
- Guests with changes to their mental health are identified through:
    - Incident Reports
    - Support Worker Feedback
    - Guest Feedback
- Stellar supports these guests by:
    - minimising distress, depressive symptoms, risk of self-harm, suicide or harming others;
    - referring guests to Gather Yourself, a Stellar Experiences mental health and wellbeing program; and
    - if required, facilitating access to mental health treatment
- If requested and identified through the Coordination of Care 6 or 12 month review process we will implement processes to monitor clinical conditions and routinely review and evaluate the effectiveness of each guest's Support Plan and complex care plan (if applicable) and update these:
    - if the Plan is not effective;
    - when the guest's needs or circumstances change;

- at transitions of care (to hospital, hospice);
- when there is a change in diagnosis; and/or
- if there is an observed deterioration in the guest's health and wellbeing.

3. Referrals and Assessments

- If requested we will support guests to undertake comprehensive health assessments, with their doctor, to identify health needs, enable active management of those needs and reduce health risks and poor health outcomes.
- If mental or physical health risks or concerns are identified, if requested we will support the guest to obtain appropriate referrals to attend a qualified health practitioner, with the consent of the guest or family/alternate decision-maker/advocate.
- If requested we will collaborate with other service providers, using a multi-disciplinary approach, to support the guest to develop new skills, identify a support need and/or achieve goals. This may include supporting a guest to obtain a referral to a dietitian, physiotherapist, occupational therapist, exercise physiologist, counsellor, behaviour support practitioner, medical specialist or other professional.

4. Risk Management and Reporting

- We will partner with the guest and/or their family/alternate decision-maker/advocate to identify and document risks to the guest's health, safety and wellbeing and develop strategies to manage them.
- We support our workers to recognise, identify, respond to and escalate in a timely manner guest risks, concerns and deterioration or changes in their ability to perform activities of daily living, mental health, cognitive or physical function, capacity or condition.
- We provide contact details to the guest, their family/alternate decision-maker/ advocate and others involved in the guest's care to escalate concerns about the guest's health and wellbeing.
- We ensure personal protective equipment is available to workers, guests and others who need it and provide support for it to be used correctly to minimise and prevent the spread of infection.
- We will manage incidents (including 'near misses') and conduct reportable/mandatory incident reporting in accordance with our Incident Management Policy and required regulatory reporting timeframes and formats.
- We will implement processes to avoid/minimise delays in a guest's required medical treatment(s) by:

- providing adequate worker training so workers know how to respond in the event of the guest's medical emergency and how to distinguish between an urgent and non-urgent health situation, or, if they are not able to distinguish, who to escalate to for guidance; and
- establishing clearly articulated and documented escalation processes for the guest in an urgent health situation.

5. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure information about the guest's condition(s), needs and preferences are documented and communicated within the organisation and with others where responsibility for care is shared.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure guest privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

6. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of guests' right to freedom of expression, self-determination and decision-making to achieve their own health and wellbeing goals.
- We will maintain processes to adequately monitor and supervise workers.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement are responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring worker compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct and Contract.

Guest Money and Property Policy and Procedure

Policy area	Service Delivery
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	Privacy Act 1988 Australian Privacy Principles Privacy Amendment (Notifiable Data Breaches) Act 2017 Australian state and territory privacy legislation NDIS Act 2013 NDIS Practice Standards and Quality Indicators UN Convention of the Rights of Persons with Disabilities NDIS Code of Conduct

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to the protection of guest money and property.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Financial Abuse	This includes illegal and unethical activities such as withholding money, limiting access to money, controlling the way money is used, or refusing to include someone in their own financial decision-making. It also includes using someone's money without their consent and manipulating someone's financial decisions.

CONTEXT

Stellar Experiences is committed to:

- supporting guests to exercise choice, control and self-determination, as much as possible, in relation to their own money and property;
- providing information to guests about the costs and payment process for services in a language and approach they are most likely to understand;
- encouraging and supporting guests to spend their money the way they choose, within their means;
- ensuring guest privacy and confidentiality in relation to their money and property;
- preventing and protecting against any form of financial abuse or exploitation;
- assisting guests to engage an advocate to speak on their behalf, if requested or required.
- assisting guests to seek financial information or assistance, if requested.

POLICY STATEMENT

1. Use of Guest Money and Property

- We will not provide financial advice or recommendations to a guest, or act as a witness for a guest's legal documents.
- We will only use the guest's money with their or their family/alternate decision-maker/advocate's written consent.
- We will only use the guest's property as part of a support provision function or activity and for the intended purpose.
- We will not access the guest's bank account using a Personal Identification Number (PIN) or use an automatic teller machine (ATM) with the guest's card.

2. Financial Assistance

- If requested and required we will implement fair and transparent processes to assess a guest's eligibility to receive financial assistance from service charges.

3. Conflict of Interest and Financial Abuse and Exploitation

- We will not accept money or gifts from a guest.
- We will implement processes to manage conflicts of interest, if they arise.
- We will seek input from the guest about safeguards to put in place to protect their money and property.
- We will implement processes to identify instances of actual, potential or suspected financial abuse or exploitation.

- We will implement processes to escalate and report guest money and property incidents and risks, both internally and externally, in the required timeframes and formats.

4. Payments and Pricing

- We will comply with the current NDIS Price Guide or other regulator's current pricing arrangements and guidelines.

5. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

6. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of guests' human and legal rights in relation to self-determination, privacy and prevention against financial abuse.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

1. Use of Guest Money and Property

1.1 If a guest requests the purchase of an item, or the payment of a bill on their behalf, notify the manager or finance officer via shiftcare, providing the receipt and the finance officer will complete the guest expense tracking on notion.
1.2 Ensure the Service Agreement identifies details of any money handling tasks and activities that are part of services and support required.
1.3 Never use the guest's personal identification number (PIN) or an automatic teller machine (ATM) with the guest's card — even if the guest says it is OK to.
1.4 Obtain transaction receipts for all purchases and give to the guest. Provide the guest with a detailed breakdown of money received, money spent and money returned.
1.5 Count the money that is being returned in change in front of the guest.

2. Financial Assistance

2.1 If requested we will consider a request to approve financial assistance for a guest by taking into account the relative need or urgency; guest safety and wellbeing; and the time available.

2.2 Approve financial assistance by completing and signing the Service Agreement. The guest or their family/alternate decision-maker/advocate must also sign.

3. Financial Abuse and Exploitation

3.1 Be aware of any signs of financial abuse when supporting your guest.

3.2 Encourage the guest to have networks beyond their family, if possible.

3.3 Encourage the guest to keep control of their own money and property, as much as possible.

3.4 Discuss with the guest the risks of making financial and property decisions following a major life event (e.g. loss of a partner or other family member).

3.5 Ensure the guest is aware of their right to refuse family members or other people access to their money and property.

3.6 Remind the guest of their right to an advocate to speak on their behalf.

3.7 Encourage and support the guest to make plans in relation to their money and property while they have capacity and are independent.

3.8 Encourage the guest to ask for help if they are overwhelmed or confused and assist them to access any help or information they need.

3.9 If you suspect or know that financial abuse or exploitation is occurring:

- Gather and record any evidence you have in the guest notes;
- Notify your manager, if relevant.
- Notify a trusted family or other person/advocate, if that person is not implicated in the alleged financial abuse.
- Report to relevant authorities (e.g. Police, National Disability Abuse and Neglect Hotline, Australian Human Rights Commission, Aged Care Quality and Safety Commission).
- Provide any required support to keep the guest safe while any reporting or investigating is occurring.

4. Payments and Pricing

4.1 Make sure relevant prices, notice periods and cancellation terms are in the Service Agreement and understood by the guest before delivering services.

4.2 Do not add any additional charges to the services and support costs (including credit card charges, late payment fees, or cancellation fees unless this is permitted in the regulator's pricing guide.

4.3 If there are any changes to a guest's schedule of supports, a new one will be issued based on the support received. The guest must consent to this prior to service delivery.

4.4 If the guest requests assistance to obtain quotes for other services, pass on information to the guest and seek their approval before assisting them to engage a service.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Guest Receiving Support from a Sole Worker Policy and Procedure

Policy area	Service Delivery
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	13/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	13/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy and procedure is to explain our organisation's commitment and approach to guests who live alone and receiving support from one worker on a regular basis.

SCOPE

This policy and procedure applies to workers (employees, contractors and volunteers) who provide support to a guest who lives alone and the guest does not have any other sources of care or support.

CONTEXT

Stellar Experiences recognises that guests who live alone, and in particular remotely, and who rely on the one worker for support are more vulnerable and at higher risk than other guests who have more than one formal carer and other support networks. We will implement processes to:

- identify and manage guest risks
- safeguard guests against violence, abuse, neglect and exploitation;
- best suit the guest's individual needs, abilities, circumstances, preferences and goals;
- escalate health-related issues, concerns and risks promptly as required;
- provide choice, control and self-determination;
- ensure they are culturally safe and communicated with in a language, mode and method they are most likely to understand;
- uphold their privacy and dignity;

- promote community participation and engagement;
- enable independence and capacity-building where possible; and
- empower them to live their best life.

POLICY STATEMENT

1. Support Planning

- We will collaborate with the guest, proactively seeking their input, to develop a Service Agreement and Support Plan that suits their needs, circumstances, preferences and goals.
- We will communicate to the guest that they will have a team of support workers that provide support to them to reduce the risk of abuse.
- We will gather information and design the supports in a way that:
    - maximises their independence and skills;
    - suits their age, abilities and circumstances;
    - is culturally safe and offers cultural and linguistic diversity; and
    - meets their needs in the least intrusive and restrictive manner possible.

2. Risk Management and Reporting

- We will conduct thorough risk assessments at the intake and review stages and regularly throughout the support provision process to identify, assess, analyse and manage guest risks.
- We will collaborate with the guest and other stakeholders to identify, assess, manage and monitor risks to the guest and review and revise safeguards as required or requested.
- We will manage incidents (including 'near misses') and conduct reportable/mandatory incident reporting in accordance with our Incident Management Policy and required regulatory reporting timeframes and formats.

3. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure guest privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

4. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of guests'' right to freedom of expression, self-determination and decision-making and the right to feel safe and supported in their own home.
- We will maintain processes to adequately monitor and supervise workers.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring worker compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Human Resources Management Policy and Procedure

Policy area	Human Resources
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	05/05/2027
Authority	Fair Work Australia 2009 Work Health and Safety Act 2011 NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to human resources management.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Key Personnel	This is a member of the group of persons responsible for the executive decisions of the organisation. In other words, it is a person who has authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the organisation. Key personnel can include, but is not limited to, CEO, board or committee members, senior executives, managers.

CONTEXT

Stellar Experiences recognises the importance of effective human resources management to recruit and retain caring, compassionate and competent workers who provide safe and quality care and support to guests. We are committed to ensuring the health, safety and

wellbeing of our workers and maintaining a fair, transparent and supportive working environment.

POLICY STATEMENT

1. Workforce Capability Planning and Strategy

- We will maintain adequate levels of suitably skilled and competent workers to deliver safe and quality services and supports that meet the assessed needs of guests in accordance with NDIS Workforce Capability Framework requirements.
- We will implement a workforce strategy to identify, document and monitor the number and mix of workers required and engaged to manage and deliver quality services and supports.
- We will identify the skills, qualifications and competencies required for each role and engage suitably qualified and competent workers.
- We will identify workers with relevant skills and capabilities to assist in responding to an emergency or disaster event.
- We will use direct employment to engage workers wherever possible, and minimise the use of independent contractors.
- We will maintain processes to minimise the risk and impact of worker shortages and worker absences or vacancies.
- We will implement strategies for supporting and maintaining a satisfied and psychologically safe workforce.

2. Selection and Recruitment

- Available positions are advertised on Instagram, Seek, Indeed and through internal formats. Potential candidates are shortlisted based on selection criteria for each role and then progressed towards interviews.
- We will provide all potential candidates with equal employment opportunities and will not discriminate against a person based on race, nationality or ethnic origin, religious or political beliefs, ability, gender, sexual orientation or preference, family status or circumstances, age or any other defining criteria.
- We will select and recruit workers with appropriate qualifications, registrations, licenses, insurances, skills, competencies and other employment requirements as required.
- We will select and recruit our key personnel in accordance with applicable regulatory assessment and suitability criteria.

- We will ensure recruited workers, including key personnel, have undertaken all federal and state/territory required worker screening and pre-employment training (e.g. Working with Children Check, NDIS Worker Screening, NDIS Worker Orientation Module “Quality, Safety and You”, Hand Hygiene Module, Basics of Infection Prevention and Control Module.) before they commence work.
- We will identify and document all risk-assessed roles in the Risk Assessed Role Register and identify and document details of all recruited workers in risk-assessed roles in the Risk Assessed Role – Employee Register.
- Upon employment all staff are required to provide through ShiftCare the below mandatory documentation prior to commencement of their first shifts:
    - Signed Letter of Offer
    - Signed Contract
    - Signed Role Description
    - New Employee Detail Form
    - Induction Checklist
    - Conflict of Interest Declaration Form - If required
    - Superannuation Form
    - Tax File Number Form
    - Drivers Licence
    - Passport or Birth Certificate
    - Medicare Card
    - Working With Children Check
    - NDIS Workers Screening Check
    - First Aid and CPR
    - COVID-19 Vaccination Certificate
    - Comprehensive Car Insurance
    - Code of Conduct Agreement
    - Privacy and Confidentiality Agreement
    - NDIS Worker Orientation Module “Quality, Safety and You” Certificate
    - Basics of Infection Prevention and Control Orientation Module Certificate
    - Hand Hygiene non clinical health care workers Module Certificate
    - Home Address

Key Personnel

- We will select and recruit key personnel in accordance with the NDIS Suitability Assessment Process Guide – Information for NDIS Providers and their key personnel’ (July 2018) to ensure they meet NDIS Standards.

- Key personnel will be analysed and assessed to confirm they hold the relevant experience and knowledge to undertake their role and against the suitability assessment process.
- A gap analysis will be undertaken if there are areas of knowledge and skills that require additional training and education.
- We will keep a register or key personnel qualifications, skills and training.

Emergency and Disaster Planning

- Workers with relevant skills and capabilities to assist in responding to an emergency and disaster will be identified and recorded in a register. These capabilities may include:
    - experience as a volunteer with organisations such as the State Emergency Services (SES), Rural Fire Service (RFS) or other contingency planning and crisis management-based organisations; and/or
    - First Aid qualifications and experience.
- We will train and supervise workers in infection prevention measures, including:
    - the use and disposal of personal protective equipment (PPE);
    - cleaning environments to remove infectious agents; and
    - best practice hygiene (hand-washing).

3. Performance Management

- We will set clear expectations of worker conduct and best practice (code of conduct), provide access to support and training and develop worker awareness and capabilities to deliver safe and quality services and support to guests.
- We will provide clear and accurately documented position descriptions so workers understand the scope and nature of their roles (including for key personnel such as owners and directors).
- We will create annual performance reviews and develop training plans including on infection control and reportable incidents.
- We will implement effective performance management programs to manage poor staff performance or allegations of misconduct.
- We will provide constructive feedback and create informal and formal opportunities for workers to develop their capabilities and develop professionally.
- We will maintain transparent, fair and compliant worker grievance, disciplinary and performance appraisal processes.
- We will regularly assess, monitor and review the performance of workers.

- All workers must comply with both the NDIS Code of Conduct, our own Code of Conduct Agreement and any other applicable code of conduct (e.g. Child Safe Code of Conduct).

4. Training and Supervision

- We will maintain processes to adequately train and supervise workers.
- We will maintain a skilled and trained workforce, with workers who are kind and caring, who foster professional and trusting relationships with guests, and who work in partnership with guests to deliver safe and quality services and supports.
- We will maintain systems and processes to improve worker skills and competency levels through ongoing supervision and support combined with the implementation of comprehensive training programs and annual performance reviews.
- We will implement and maintain a training system that draws on the lived experience of guests and is responsive to feedback, complaints, incidents, identified risks and outcomes of worker performance reviews.
- We will provide workers with competency-based training in core areas (i.e. delivery of person-centred, rights-based, culturally safe, trauma-aware and healing-informed care; quality and safety standards; how to respond to medical emergencies and incident management; caring for people with dementia; and code of conduct requirements).
- We will ensure all workers involved in providing supports to guests undertake infection prevention and control training, including refresher training.
- We will regularly review and improve the effectiveness of our training system.
- We will maintain processes to adequately monitor and supervise workers.

5. Work Health and Safety

- We will create and maintain a workplace culture where diversity is valued, human dignity is respected and all individuals are treated with fairness, tolerance and respect.
- We will actively support the health, safety and wellbeing of workers, including mental health (psychosocial hazards). Refer to the Work Health and Safety Policy.
- We will comply with applicable WHS legislation and regulations and adopt evidence-based best practice in accordance with industry standards and working conditions.
- We will develop a positive relationship with our workers based on:
    - mutual respect;
    - fairness and equity;

    - privacy and confidentiality;
    - transparency and accountability;
    - encouragement and support; and
    - flexibility and work-life balance.
- We will maintain processes to prevent any form of workplace aggression, violence, bullying, harassment or discrimination in the workplace. If an instance of this occurs, it will be dealt with promptly and effectively through our disciplinary process.

6. Communication and Consent

- We will communicate effectively with workers, explaining the reasons and seeking their input, when changing regular rosters or ordinary hours of work. We will invite them to share their views about how any changes in their working hours or conditions impact them and consider their voice in our planning.
- We will obtain required written consents from workers (e.g. participation in an external audit, information collection and disclosure).

7. Monitoring and Review of Processes

- We will regularly monitor and review our human resource management processes and make any required adjustments to continually improve.
- We will access expert external advice and information on human resource management when required.

8. Information and Record-keeping

- We will keep accurate and up to date human resource information and records, including worker pre-employment checks and screening, contact details, qualifications and experience, secondary employment information (if applicable), relevant emergency and disaster management experience or skills.
- We will maintain an up to date training register, detailing internal and external training provided to workers, who provides the training, and who receives the training.
- We will maintain documented evidence that we have suitably qualified and trained alternate/back-up workers we can engage in the event regular workers are unavailable and/or in an emergency or disaster situation.
- We will store and archive human resource records in accordance with legislative, regulatory, contractual and organisational requirements.
- We will store the information securely to ensure privacy and confidentiality and only accessible to people authorised to access it.

PROCEDURES

Procedure for filling a vacant position

1.1 Review the position

1. Clarify the role and the need for the position.
2. Develop or review the position description.
3. Review position against requirements for the relevant registration group.
4. Review the NDIS Commission's Recruitment and Selection Guide for Providers.
5. Develop essential and desirable selection criteria as per the position description.
6. Determine how each selection criteria are assessed (e.g. written application and interview).

1.2 Advertise the position

1. Positions are advertised internally and externally.

1.3 Interview applicants

1. The line manager conducts the interviews and uses the appropriate interview form.
2. All applicants will be asked the same questions. The questions will explore the applicant's relevant skills and experience to perform the required duties.
3. Interview questions may include:
    a. skills, experience and qualifications;
    b. behaviour management questions, if relevant to the position;
    c. time management; and
    d. how to work with guests.
4. When interviews are completed, the preferred applicant will be selected.
5. Recruitment decisions and reasons for decisions made are documented.
6. Pre-employment/reference checks take place.
7. The successful applicant will be notified and unsuccessful applicants will be provided with feedback if requested.
8. The successful applicant will be offered a buddy shift.
9. An offer of employment will be made to the successful applicant, conditional on pre-employment checks:
    a. reference checks (at least two referees and qualification checks, if the position is a risk-assessed role);
    b. mandatory worker screening (worker screening and working with children check as per state requirements);
    c. registration check (as applicable to the role);

d. insurances (as applicable to the role);
e. licences (as applicable to the role);
f. NDIS Worker Orientation Program Certificate.

10. Once appropriate checks are completed and satisfactory, an offer of employment will be sent to the applicant for signing before commencing employment. This document will include a probationary period.

Procedure for a new employee

2.1 The People and Culture Coordinator will complete an onboarding process with all new workers that includes:

a. An induction prior to their first shift;
b. NDIS Code of Conduct and the NDIS Rules and Practice Standards (NDIS principles – human rights, celebrating diversity and respecting the voice of those with lived experience);
c. Risk management strategies and procedures (in different environments, working with guests of different age and disability ranges etc);
d. Incident management procedures
e. Complaint management procedures;
f. Emergency and Disaster procedures;
g. Infection prevention and control training;
h. Workplace task procedures;
i. Documentation procedures;
j. Guest legal and human rights (including United Nations Convention Rights);
k. Reporting violence, abuse, neglect, exploitation and discrimination;
l. Professional development.

2.2 A Worker Orientation Checklist will be completed by the new employee and signed off by People and Culture.

2.3 All forms and documents signed by the employee must be filed in their personnel file with copies provided to the employee, as appropriate or as requested.

Emergency and disaster management

3.1 Review the Contingency Emergency and Disaster Plan and Guest Personal Emergency Preparation Plans.

3.2 Determine the critical supports and services required during a potential emergency and/or disaster.

3.3 Use this data to determine required worker numbers, qualifications and experience.

3.4 Identify any gaps in suitable workers to provide services.

3.5 To ensure workforce planning during an emergency and/or disaster:

- start a recruitment process to source suitable workers;
- engage with an agency to source workers; and
- engage with family members to assist with critical supports.

3.6 Update the Contingency Emergency and Disaster Plan and Personal Emergency Preparation Plans with the identified workforce arrangements.

3.7 Ensure workers are supported and assist in the onboarding and induction process to make sure they are ready quickly.

New worker supervision

4.1 New workers are inducted into their roles and supervised appropriately.

4.2 New senior executives/key personnel are monitored by the Directors.

4.3 New workers are allocated a Senior Support Worker who will support and train them in our practices.

4.4 Senior Support Workers must discuss the worker's progress, knowledge, and skills with the line manager.

Position descriptions

5.1 All employees have a position description specifying their roles and responsibilities.

5.2 Position descriptions are reviewed and updated regularly.

5.3 Before commencing employment and if there is a position description change, a copy of the position description is provided to the worker.

5.4 Position descriptions are used as part of performance management and will be reviewed and adjusted due to changes in work practices, as required.

5.5 Position descriptions for staff working directly with guests, refer to the NDIS Workforce Capability Framework and Child Safe Standards

5.6 Position descriptions are used as part of the Risk Assessed Role determination.

5.7 Workers must sign their Position Description in acceptance of their employment and this will be retained in their personnel file.

Code of Conduct and Privacy and Confidentiality Agreement

6.1 All workers must comply with the Code of Conduct, which encapsulates the respectful, safe and professional delivery of support to guests, their representatives, community and other stakeholders.

6.2 Employees must sign a Code of Conduct Agreement and a Privacy and Confidentiality Agreement on employment commencement. Disciplinary action will be taken if employees do not comply with these agreements.

Worker information

7.1 Stellar Experiences policies and procedures contain critical information that all workers must know in order to complete their roles safely and effectively.

7.2 Workers are informed on how Stellar Experiences uses their information per Information Management Policy and Procedure.

7.3 New employees are provided the time to read all policies and procedures and are reminded during staff meetings and through communication with the line manager.

7.4 A Staff Handbook is provided to all new employees as a reference guide.

Worker uniform and clothing repair

8.1 All workers representing Stellar Experiences are required to wear our uniform or other provided form of identification, so guests can easily identify them as workers from our organisation. Refer to our Dress Code Policy.

8.2 Worker uniforms must be clean and neat before commencing work. We will provide reasonable costs associated with repairing or replacing a worker's clothing if the item is soiled or damaged beyond repair whilst performing work activities, except for normal wear and tear (in accordance with the applicable employment award).

Worker records

9.1 An employee personnel file is maintained and it will include:

a. Letter of Offer
b. Contract
c. Role Description
d. Induction checklist
e. New Employee Details form
f. Conflict of interest declaration form
g. Superannuation Form
h. Tax File Number Form
i. Drivers License
j. Passport
k. Medicare card
l. WWC
m. NDIS Workers Screening Check
n. First Aid and CPR Certificate
o. Covid Vaccination Certificate
p. Home address

q. Car insurance policy
r. NDIS Orientation Module “Quality, Safety and You” module
s. Basics of Infection Control and Prevention module
t. Hand Hygiene for non clinical health care workers module

9.2 All employees are entitled to view their file at a suitable time. This can be arranged directly with People and Culture.

Ongoing worker supervision and support

10.1 Supervision and support are essential to making our workers feel supported in their work and ensuring they perform satisfactorily. The line manager will supervise work performance issues at our office/s, on the floor and in the community.

10.2 We will contact guests to determine if the worker is fulfilling their role professionally and safely.

10.3 Supervision sessions allow a follow-up on development/performance/competence issues noted in an employee’s development and performance reviews.

10.4 All workers are provided with Stellar Experiences contact details upon employment. People and Culture is available to be contacted over the phone by the employee. Alternatively, the line manager is available to meet with an employee if they require time to discuss any issues or concerns.

10.5 Employee supervision relates to monitoring employee work practices against the expectations, needs, and support services identified in the Service Agreement and our organisation’s policies and procedures. The supervision requirements are determined by the employee’s role and current work knowledge and skills. The observation timeframe can vary from fortnightly, monthly, quarterly, half-yearly, or annually per our Senior Support Worker Roster.

10.6 Data-gathering methods include, but are not limited to:
a. contacting and gaining feedback from guests;
b. asking the worker to complete a self-assessment tool;
c. speaking with our Senior Support Workers;
d. speaking with other providers who work with the guest; and
e. undertaking performance reviews.

10.7 All workers can attend meetings and care conferences to ensure they are aware of guest support changes and to take the opportunity to provide input and feedback.

10.8 Refer to the Annual Performance Review for annual competency assessment, education and training and performance appraisal and for avenues for worker support and supervision.

Performance development reviews

11.1 All workers are expected to perform their duties to their best ability and show a high personal commitment to always providing safe and quality. They must demonstrate kindness and compassion in all their guest dealings.

11.2 Performance development reviews are conducted annually in consultation with individual workers.

11.3 Performance development reviews are based on the position description and an agreed work plan.

11.4 The worker may be provided with a self-assessment tool as a point of reflection against the NDIS Workforce Capability Framework.

11.5 The aims of the review are to:

a. conduct an honest and confidential discussion regarding work performance and the workplace between the worker and the line manager;
b. discuss job performance in the context of a position description;
c. discuss work problems and develop appropriate solutions;
d. discuss and support mental health concerns such as physical and mental fatigue; and
e. discuss possible ways of improving work performance, including identifying training and development needs or changes to work practice.

Worker education and training

12.1 Stellar Experiences will set and meet high-quality service standards that promote lifelong learning and development and supports career development for workers in disability and the wider care sector.

12.2 Stellar Experiences provides appropriate training and development opportunities for all workers. This includes:

a. establishing what high-quality standards look like for the worker;
b. promoting learning opportunities relevant to the position;
c. establishing processes to measure and adjust services:
    - training workers in outcomes from continuous improvement;
    - updating worker skills in accordance with the changing nature of their work;
    - providing workers with clear practice guidelines on what is required;
    - using our performance reviews to determine additional training requirements;

d. identifying training needs through annual performance development reviews and ongoing staff and management input;
e. identifying training in skills and capabilities identified in the Workforce Capability Framework;
f. providing appropriate training to meet identified needs;
g. providing mandatory training as per state requirements (e.g. Child Protection);
h. providing training opportunities for all workers;
i. providing refresher infection prevention and control training for staff working directly with guests, at least annually or more frequently as required;
j. evaluating training to ensure it meets the needs of the workers and assists in improving our operations and services;
k. completing a training needs analysis; and
l. developing appropriate training plans to meet worker performance requirements.

Worker development opportunities

13.1 Stellar Experiences creates worker development opportunities as follows:
a. Staff attendance four (4) days per year for specific training days relevant to the training needs of the staff attending;
b. Flexible working hours, so workers can participate in accredited study courses at recognised educational institutions;
c. Provision of learning resources for worker education, (e.g. videos and research literature);
d. During annual performance reviews and supervision sessions, each worker will discuss training needs upon recruitment.

Worker performance dispute procedure

Outlined below is the procedure used to deal with a worker performance dispute not involving misconduct. Misconduct is an action by a worker that results in instant dismissal.

Verbal warning

14.1 The worker is quickly informed of any complaint concerning their work performance and is provided with an opportunity to discuss the complaint.
14.2 In consultation with the worker, the line manager will outline how the worker must improve their performance. Any assistance needed by the worker to improve their performance must be identified and provided wherever possible.
14.3 A date to review the worker's performance will be set, considering adequate time to resolve the issue and reduce risk to the organisation.

First written warning

14.4 Further discussion will occur if the worker's performance remains unsatisfactory at the second review. This review will include the worker, a representative of their choice (optional), and the line manager.

14.5 The complaint against the worker and plans for improvement will be put in writing and will clearly state that a lack of development by a given date will result in a final written warning being issued. A copy of the first written warning will be provided to the worker.

Final written warning

14.6 Further discussion will be conducted if the worker's performance has not improved at the given date. This review will include the worker, a representative of their choice and the line manager.

14.7 The complaint against the worker and plans for improvement are recorded in writing, clearly stating that a lack of growth by a given date will result in termination of employment. A copy of the final written warning will be provided to the worker.

Termination of employment

14.8 If the problem persists, the worker's employment may be terminated after the date set in the final written warning. The line manager must approve the termination.

14.9 If the termination is not approved, an alternative process for managing the performance issue will be developed. Detailed notes of performance dispute management are recorded and kept in the worker's personnel file.

Worker grievance procedure

15.1 If a worker has a grievance related to their employment or concerning another worker, the following processes apply:

Discussion

15.2 The worker may approach the line manager to discuss the issue and seek advice. The consultation will be confidential. The worker may write the matter to their supervisor and request that the issue is raised with management. A decision on the issue and a discussion with the worker will occur within seven (7) business days.

15.3 If the worker considers that the discussion has not addressed their concerns adequately, they can seek external advice (e.g., union representative or another independent body).

Misconduct

15.4 Misconduct includes severe breaches of our policies and procedures or unacceptable behaviour that warrants the immediate dismissal of a worker. Examples of misconduct include:

a. theft of property or funds from our organisation;
b. wilful damage of property belonging to our organisation;
c. intoxication through alcohol or other substances during working hours;
d. verbal or physical abuse, harassment or discrimination of any other worker or guest;
e. disclosure of confidential information regarding the organisation to any other party without prior permission;
f. disclosure of guest information, other than information that is necessary to assist guests and to ensure their safety
g. conducting a private business from our premises or using the organisation's resources for private business without permission;
h. falsification of any records belonging to the organisation; and
i. failure to comply with the organisation's Code of Conduct.

Seek advice

15.5 The line manager must be informed immediately following notification of an allegation of misconduct. The line manager will obtain external professional advice if necessary. The worker should consider seeking advice from their union or another independent body.

Suspension of duties

15.6 A worker is informed of any misconduct allegation as soon as possible. The worker may be suspended, with full pay, pending an investigation of the claim. The worker will provide a letter outlining the time, date, and alleged misconduct.

Leave

Application for leave

16.1 Support Workers taking leave must complete an Application for Leave Form through the Stellar Experiences StaffHub. If the application form is not completed, payment will not be made for leave taken. The application must be completed and approved before annual, long service, or unpaid leave. Admin staff taking leave must email all leave details to their line manager to be confirmed. If an email is not received, payment will not be made for leave taken. The email must be received and approved before annual, long service, or unpaid leave.

Sick leave

16.2 A doctor's certificate is required for more than two consecutive days of sick leave. When sick leave is required, the line manager and Rostering and Bookings

Coordinator should be informed as soon as possible and, at a minimum, at least two hours before the worker's usual start time. An Application for Leave Form must be completed immediately upon the worker returning to work after sick leave.

Personal/carer's leave and compassionate leave

16.3 Personal/carer's leave and compassionate leave are provided in accordance with the Fair Work Act 2009 (National Employment Standards) and the Social, Community, Home Care and Disability Services (SCHADS) Award.

- Full-time employees are entitled to 10 days (76 hours) of paid personal/carer's leave for each year of service, which accumulates progressively and carries over from year to year if unused.
- Part-time employees are entitled to paid personal/carer's leave on a pro rata basis according to their ordinary hours of work. Leave accrues progressively and carries over if unused.
- Casual employees are not entitled to paid personal/carer's leave.
- All employees, including casual employees, are entitled to 2 days of compassionate leave for each permissible occasion. Compassionate leave is paid for full-time and part-time employees based on their ordinary hours of work and unpaid for casual employees.

Personal/carer's leave may be taken when a worker is unfit for work due to a personal illness or injury, including a mental health condition, or to provide care or support to an immediate family or household member as permitted by legislation. Our organisation recognises the importance of mental health and supports workers to access personal/carer's leave where they are unfit for work due to a mental health condition.

16.4 An Application for Leave Form must be completed immediately after a worker returns to work. When leave is required, workers should inform the line manager and Rostering and Bookings Coordinator at least two hours before the usual start time of the worker.

Domestic violence leave

16.5 Domestic violence leave is applicable from the first day of employment and does not accrue. This unpaid leave is for five days per year.

16.6 An Application for Leave Form must be completed immediately after a worker returns to work. The relevant line manager may seek clarification if attending a court date.

Annual leave

16.6 Annual leave is provided in accordance with the Fair Work Act 2009 (National Employment Standards) and the Social, Community, Home Care and Disability Services (SCHADS) Award.

- Full-time employees are entitled to 4 weeks (152 hours) of paid annual leave for each year of service, which accrues progressively based on ordinary hours worked and accumulates from year to year if unused.
- Part-time employees are entitled to 4 weeks (152 hours) of paid annual leave on a pro rata basis, based on their ordinary hours of work. Annual leave accrues progressively and accumulates from year to year if unused.
- Casual employees are not entitled to paid annual leave, as they receive a casual loading in lieu of paid leave entitlements.

Submitting annual leave requests follow the process outlined in 16.1 Application for leave. Our accounting system software tracks annual leave taken and owing to workers.

Parental leave

16.7 Parental leave entitlements are provided in accordance with the Fair Work Act 2009 and the National Employment Standards.

- Workers who have completed at least 12 months of continuous service with Stellar Experiences immediately before the expected date of birth or placement are entitled to up to 12 months of unpaid parental leave, and their position will be held for the duration of that leave.
- Eligible workers may access the Australian Government's Parental Leave Pay scheme, administered by Services Australia.
- Government payments are separate from any accrued annual leave or long service leave, which a worker may also choose to access during their parental leave.
- A worker seeking parental leave provides written notice to their line manager at least 12 weeks before the leave is due to start, confirming the intended start and an estimated end date.
- A request for parental leave beyond 12 months is considered by the Directors on a case-by-case basis. Where such leave is approved, the decision as to whether the worker's position will be held for the additional period is at the discretion of the Directors.
- Workers on parental leave remain part of the Stellar Experiences team. Line managers maintain reasonable contact during the leave, keep the worker

informed of significant workplace changes, and discuss return-to-work arrangements, including any request for flexible working arrangements, ahead of the worker's return.

Timesheets

16. 8 Timesheets are generated from rosters created in ShiftCare. To ensure timesheets can be processed and paid, all expenses, kilometres travelled, incident reports, and progress notes must be submitted in ShiftCare. These will be reviewed and approved by the line manager before the Finance Officer processes payment.

Workers compensation

17.1 If a worker sustains an injury or develops an illness while carrying out work-related duties, and work is a substantial contributing factor to the injury or illness, our organisation will ensure that financial benefits and other assistance are provided in accordance with the relevant state workers' compensation legislation and regulations.

17.2 This process is detailed in the Return to Work Policy and Procedure, please refer to this as required.

Employee exit procedure

18.1 When an employee chooses to leave Stellar Experiences, the following procedure applies:

a. The line manager conducts the exit interview, and the employee is asked to provide feedback, if they would like to.
b. The exit interview is documented.
c. Completed documentation is viewed as relevant and used, if appropriate, to be integrated into the organisation’s continuous improvement process.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement are responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Incident Management Policy and Procedure

Policy area	Governance
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	12/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct NDIS (Incident Management and Reportable Incidents) Rules 2018 UN Convention on the Rights of Persons with Disabilities UN Convention on the Rights of the Child Privacy Act 1988

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to incident management.

Refer to the Reportable Incident Management Procedure for detail on reportable incidents.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Incident	An act, omission, event or circumstance connected with providing support or services to a guest, which has, or may have caused harm to the guest. It includes 'near misses' that are potentially harmful and it includes complications, accidents and side effects.
Incident Management System	An incident management system comprises the policies, procedures, forms, templates and processes that support the identification, management, resolution and documenting of incidents and near misses that are known, suspected or alleged to have occurred during the course of providing support or services to a guest.

Open Disclosure	The practice of acknowledging the incident, expressing regret to the person impacted that standards or expectations have not been met, finding out what happened, how and why and seeking to learn from the experience and make improvements. **Note:** Expressing regret does not mean an admission of guilt.
Reportable Incident	A 'subset' of overall incidents. These are incidents which have mandatory reporting requirements to regulatory bodies such as the NDIS Commission, Aged Care Quality and Safety Commission and the Police. Refer to the Reportable Incident Management Procedure for details.

CONTEXT

Stellar Experiences recognises that an effective incident management system is an important part of ensuring the health, safety and wellbeing of guests. We are committed to implementing and maintaining an incident management system that:

- is proportionate to the size and scale of our organisation and the scope and complexity of supports provided;
- prioritises safe and quality care and support to guests;
- identifies, assesses, analyses, manages, monitors and documents risks clearly, consistently and accurately;
- upholds guests' human rights — including their right to privacy, confidentiality, dignity and respect;
- promotes guests' right to choice, control and self-determination;
- encourages and supports guest independence and capacity-building, where possible;
- provides cultural and language-accessible modes and methods for guests to report incidents;
- fosters a collaborative and resolution-based culture of open disclosure in relation to incidents; and
- identifies incident-related trends, issues and areas for improvement.

POLICY STATEMENT

1. Fostering a Safety Culture

- We will maintain processes to provide person-centred, safe and quality care and support to guests.
- We will make sure guests are aware of their right to report an incident and support them to do this if requested or required.
- We will ensure the guest feels culturally safe and seek their input on creating safeguards that best meet their cultural and communication needs and preferences.

2. Risk Management

- We will maintain processes to ensure accountabilities, delegations of authority and incident reporting lines are clearly identified, documented and communicated across the organisation.
- We will conduct guest risk assessments at intake, during reviews and during support provision.

3. Response Actions

- We will take required action(s) to address immediate guest risks, issues or concerns.
- We will comply with both internal and external incident reporting requirements in the required timeframes and formats.
- We will contact the guest's family/support network to provide additional support to the guest, if requested.
- We will acknowledge the incident verbally and/or in writing to the guest and explain the response actions that are being/will be taken.

4. Communication and Collaboration

- We will communicate and collaborate with the guest and other relevant stakeholders throughout the incident process.
- We will conduct all discussions with the guest and/or family/alternate decision-maker/advocate with sensitivity, courtesy and respect.
- We will encourage the involvement of the guest and/or their family/alternate decision-maker/advocate in identifying ways to reduce or prevent incidents from occurring and/or recurring.

5. Continuous Improvement and Quality Management

- We will seek to learn from incidents and near misses and continually improve our service delivery processes.
- We will review and analyse incident data to identify systemic issues and take follow up action(s) as required (e.g. changes to policy and procedures, worker rostering, supervision and training, technology and communications).
- We will report outcomes of incident investigations to both the guest and other stakeholders (including relevant workers) and ensure this is documented in our quality management system as part of the continuous improvement process.

6. Reviewing and Monitoring Processes

- We will conduct audits to review and monitor our incident management process and make any required adjustments.

- We will maintain an Incident Register and a Continuous Improvement Register with details, actions and outcomes of incidents and suggested improvements.

7. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

8. Worker Training and Supervision

- We will maintain a skilled and trained workforce, which has the skills and knowledge to report and escalate incidents and near misses in required timeframes and formats.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

Following are the key steps in the incident management process.

1. Identify Incident

1.1 Identify that an incident or near miss with potential to cause harm to the guest has occurred.

1.2 Take action(s) to ensure the immediate health and safety needs of the guest. This may include contacting one or more of the following:

- Emergency services (ring Triple Zero);
- If requested, support the guest to contact their GP (in business hours and when not urgent);
- Nurse On-Call (1300 60 60 24) for non-urgent health-related incidents
- Guest's family/alternate decision-make/advocate; and/or
- Direct Manager or other internal responsible officer.

1.3 Notify manager and complete an Incident Report with details of the incident.

2. Investigation

2.1 Complete an Incident Report with information on primary and underlying causes of the incident, immediate actions required, recommended preventative actions.

2.2 Determine if the incident constitutes a reportable incident with mandatory reporting requirements. If it does, follow the Reportable Incident Management Procedure.

2.3 Review the details of the incident, including the people involved, location, circumstances and outcome (injury, sickness, death, 'near miss').

2.4 Leave any other specific investigation for the relevant authorities (Police, WHS, NDIS Commission).

3. Guest Support

3.1 Ensure the guest feels safe, supported and respected.

3.2 Ensure the guest is aware of their right to engage an advocate and support them to do this if requested.

3.3 Review the guest's health status and provide any assistance required.

3.4 Assess the environment to ensure guest safety and to prevent recurrence.

3.5 Communicate with the guest and/or family/alternate decision-maker/advocate throughout the process and keep them up to date with actions and outcomes.

4. Analyse Incident

4.1 Establish the cause(s) and effect(s) of the incident and any operational issues that may have contributed and the nature of the investigation.

4.2 Encourage feedback from the guest and/or their family/alternate decision-maker/advocate in identifying ways to reduce or prevent the incident from recurring.

5. Corrective Actions, Documentation and Continuous Improvement

5.1 Develop a corrective action plan and discuss with relevant stakeholders.

5.2 Complete corrective actions as required within identified completion dates. This may include revising policies, procedures, forms, checklists, adjusting worker rosters, developing worker training, increasing supervision etc).

5.3 Document details of the incident, action(s) and outcomes in the Incident Management – Final Report, Incident Register and the Continuous Improvement Register.

5.4 Update other documentation as required

5.5 Communicate changes and outcomes to relevant personnel.

5.6 Conduct internal audits to check integrity of process and completion of corrective actions.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure;

- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Infection Management Procedure

Policy area	Guest Health and Wellbeing
Document type	Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this procedure is to explain how Stellar Experiences manages infection risks.

SCOPE

This procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Antimicrobial Agents/ Antimicrobial Resistance	These are medications used to treat and prevent infections. They include antibiotics, antivirals, antifungals and antiparasitics. If antimicrobial agents are misused or overused, the microbes that cause infection can become resistant to them (antimicrobial resistance), causing infection to linger with negative impacts on the guest's health and wellbeing.
Infection	The invasion and growth of microorganisms such as bacteria, viruses and fungi in the body.
Infectious Agents	Organisms that produce infection or infectious disease.
Multi-resistant organisms	Bacteria, or other microbes, which have become resistant to antimicrobial agents (antibiotics) typically used for its treatment. See 'Antimicrobial Agents' defined above.
Personal Protective	Safety clothing or equipment for circumstances or areas where the nature of the work involved or the conditions of work requires wearing or using personal

Equipment (PPE)	protection to minimise risk (e.g. gloves, goggles, face shield, gown). PPE protects against infection and cross-contamination.
Transmission of Infectious Agents	Infectious agents can be transmitted in a variety of ways including: ● breathing in airborne microorganisms (including from coughs and sneezes); ● touching contaminated objects or eating contaminated food – the microorganism in a person's faeces can be spread to food or other objects if their hands are dirty; ● skin-to-skin contact – the transfer of some microorganisms can occur through touch or by sharing personal items, clothing or objects; ● contact with body fluids – microorganisms in saliva, urine, faeces or blood can be passed to another person's body via cuts or abrasions or through the mucus membranes of the mouth and eyes.

CONTEXT

Stellar Experiences is committed to maintaining best practice hygiene and infection control. We will:

- encourage and support guests to adopt and maintain good nutrition and healthy lifestyle habits;
- adopt, encourage and support guests to adopt good hand and respiratory hygiene practices;
- prevent or minimise, so far as is reasonably practicable, the outbreak of infection in a work environment (including guests' homes);
- escalate infection-related issues, concerns and risks promptly and appropriately;
- uphold guest privacy and dignity;
- enable independence and capacity-building where possible; and
- monitor and review infection control processes to identify trends, gaps and opportunities for improvement.

PROCEDURES

1. Best Practice Hygiene and Infection Control Measures

1.1 Use safe work practices such as hand hygiene and hand sanitising.

1.2 Use PPE provided and as directed (e.g. gloves);

1.3 Use respiratory hygiene/cough etiquette:

- cover nose and mouth with a tissue when coughing, sneezing, wiping or blowing the nose;

- if there is no tissue, cough or sneeze into your elbow, turning away from people, rather than into your hand;
- dispose of the tissue, if you've used one; and
- immediately wash your hands.

1.4 If you have a persistent cough or sneeze, do not come to work and go and see a doctor.

1.5 Encourage and support guests to adopt good hand and respiratory hygiene as well.

1.6 Be aware of the different ways you can be at risk of infection (see the Definitions table 'Transmission of Infectious Agents').

2. Hand Hygiene

2.1 Thoroughly wash your hands:

- when starting and finishing work;
- before and after a meal or other breaks;
- after going to the toilet;
- after using a handkerchief or tissue, coughing or sneezing;
- after handling rubbish;
- any time you see dirt on your hands;
- before and after direct contact with a guest and their environment;
- before wearing, and after removing PPE;
- after any contact with blood or bodily fluids, broken skin or abrasions, rashes;
- after handling unwashed linen or clothing; and
- before handling or preparing food or drinks for guests or workers, including assisting guests with their meals.

2.2 Always use soap and water when washing hands which have visible dirt or other substances on them.

2.3 Dry your hands well after washing, using paper towel or single-use cloth.

2.4 Follow the processes in the tables and diagrams below for hand hygiene techniques:

Product	Duration	Technique
Alcohol-based hand cleanser	10-20 seconds	Rub over all surfaces until dry without wiping.

Product	Duration	Technique
Liquid soap and water	30 seconds	Wet hands. Apply one measured dose of solution, lather overall surfaces well, rinse and pat dry with a disposable towel.

The following applies to **aseptic procedures** (i.e required infection control measures before a guest undertakes a clinical procedure):

Product	Duration	Technique
Antimicrobial liquid soap and water	30-60 seconds	Wet hands, apply one measured dose of the solution, lather well over all surfaces, rinse, and pat dry with a disposable towel.
Alcohol-based hand cleanser with known residual effect	30 seconds minimum	Rub over all surfaces until dry without wiping.

3. Use of Non-Water Cleansers (Alcohol-based Hand Rubs)

3.1 Use alcohol-based hand rubs regularly, but use soap and water, if possible, if your hands are visibly dirty or have other substances on them.

3.2 Alcohol-based hand rubs are available in our vehicles and offices.

3.3 Be aware that the alcohol-based rubs can catch fire if they reach 21 to 24 degrees Celsius. They must be stored in temperatures less than 21 degrees Celsius.

4. Personal Protective Equipment

Gloves

4.1 Use the following types of gloves:

- **Non-sterile gloves**: For procedures that involve contact with broken skin and mucous membranes and personal care activities.
- **Reusable utilised gloves**: For non-personal care activities (e.g. general cleaning, cleaning contaminated surfaces).

4.2 Use gloves when:

- dressing wounds or touching broken skin;
- assisting with toileting;
- providing mouth or eye care;
- touching equipment or surfaces that may encounter blood or bodily fluids;
- blood glucose monitoring; and
- preparing food.

4.3 Do not use gloves in lieu of hand hygiene. Always wash your hands before and after wearing gloves.

4.4 Remove gloves when a care activity is finished and use new gloves before starting a new care activity.

4.5 Dispose of used gloves immediately.

Face Masks

4.12 Use a face mask if you are at risk of droplets or airborne infectious agents (e.g. from coughing or sneezing), or splashes or sprays of blood or bodily fluids (e.g. when changing wound dressing or emptying a catheter bag).

4.13 Check the manufacturer's instructions before use.

4.14 Wash your hands before putting on your mask.

4.15 Do not touch the front of the mask with your hands once the mask is in place.

4.16 Use each mask for the care of one person only and change it if a care activity takes an extended time.

4.17 Do not leave your mask dangling around your neck.

4.18 Dispose of the used mask immediately and wash your hands.

5. Managing Blood and Bodily Fluid Spills

5.1 Use a brush and pan to remove any broken glass or sharps.

5.2 Clean up the spill with a paper towel and dispose of a bin. For hazardous waste/substances, refer to the Waste Management Procedure.

5.3 Use a mop and bucket to clean the spill, using provided cleaning equipment.

5.4 Clean the cleaning equipment.

5.5 Complete an Incident Report.

6. Notification of Infectious Diseases

6.1 Report any infectious disease to your manager/to the relevant state/federal health body. The Communicable Diseases Network Australia has compiled the following list of diseases to be notified nationally and provided to the National Notifiable Diseases Surveillance System (NNDSS):

Blood-borne diseases	Listed human diseases	Vaccine-preventable diseases
• Hepatitis (NEC) • Hepatitis B (newly acquired) • Hepatitis B (unspecified)	• Human influenza in humans with pandemic potential	• Diphtheria • Haemophilus influenza (Type B)

• Hepatitis C (newly acquired) • Hepatitis C (unspecified) • Hepatitis D • Gastrointestinal diseases • Botulism • Campylobacteriosis • Cholera • Cryptosporidiosis • Haemolytic uraemic syndrome (otherwise known as HUS) • Hepatitis A • Hepatitis E • Listeriosis • Paratyphoid fever • Salmonellosis • Shiga Toxin-producing E. Coli or Vero toxin-producing E. Coli (otherwise known, respectively, as STEC or VTEC) • Shigellosis • Typhoid fever	• The Middle East Respiratory Syndrome Coronavirus (otherwise known as MERS-CoV) • Plague • Severe acute respiratory syndrome (otherwise known as SARS) • Coronavirus (COVID-19) • Smallpox • Viral haemorrhagic fevers • Yellow Fever • Sexually transmissible infections • Chlamydia • Donovanosis • Gonococcal infection • Syphilis-congenital • Syphilis-less than two years duration • Syphilis-more than two years duration or unspecified duration	• Influenza (laboratory-confirmed) • Measles • Mumps • Pertussis • Pneumococcal disease-invasive • Poliovirus infection • Rotavirus • Rubella • Rubella-congenital • Tetanus • Varicella-zoster infection - Chickenpox • Varicella-zoster infection - Shingles • Varicella-zoster infection - Unspecified

Diseases transmitted by insect or other organism	**Diseases transmitted to humans from another animal species**
• Barmah Forest virus infection • Chikungunya virus infection • Dengue virus infection • Flavivirus infection (unspecified) • Japanese encephalitis virus infection • Kunjin virus infection • Malaria	• Anthrax • Australian bat lyssavirus infection • Brucellosis • Leptospirosis • Lyssavirus infection (NEC) • Ornithosis (otherwise known as Psittacosis) • Q fever

• Murray Valley encephalitis virus infection • Ross River virus infection	• Rabies • Tularaemia • Other bacterial diseases • Legionellosis • Leprosy • Meningococcal disease-invasive • Tuberculosis

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement are responsible for:

- maintaining this procedure and associated documents;
- ensuring the procedure is effectively implemented across the service;
- monitoring worker compliance with the requirements of this procedure; and
- ensuring training and information is provided to workers to carry out this procedure.

All workers are responsible for complying with the requirements of this procedure.

COMPLIANCE

Deliberate breaches of this procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Information Management Policy and Procedure

Policy area	Information Management
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	12/05/2027
Authority	Privacy Act 1988 Australian Privacy Principles Privacy Amendment (Notifiable Data Breaches) Act 2017 Australian state and territory privacy legislation NDIS Act 2013 NDIS Practice Standards and Quality Indicators UN Convention of the Rights of Persons with Disabilities NDIS Code of Conduct

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to information management.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Data Breach	Unauthorised access to, or disclosure of personal information. This includes a situation where personal information is lost and unauthorised access is likely to occur.
Official Records	These include: • **service delivery records** (e.g. guest files, case/progress notes, support plans, service agreements, health reports, assessments, incident reports);

	• **business activity records** (e.g. written records on business support, project management, finances, quality and compliance); • **human resource management records** (e.g. worker files, incident reports, timesheets, worker training analysis, recruitment and selection criteria, position descriptions). Official records are records which would 'stand up in court' and include email correspondence, work diaries and notebooks if they contain details of guest or business interactions and records of decisions or actions.
Notifiable Data Breaches Scheme *(see definition of 'data breach' above)*	This scheme operates under the Office of the Australian Information Commissioner (OAIC). All organisations covered by the Privacy Act 1988 (Cth) must notify affected individuals and the OAIC when a data breach is likely to result in serious harm to an individual whose personal information is involved. The notification to affected individuals must include recommended steps to take in response to the data breach. A data breach may include: • a device with individuals' person information is lost or stolen; • a database with personal information is hacked; or • personal information is mistakenly given to the wrong person. Under this Scheme, 'likely to result in previous harm' will be an assessment depending on factors such as the type and sensitivity of the information, whether the information is protected and the nature of the harm that may result from the breach. **Note: The NDS only applies to organisations with an annual turnover of $3 million or more and therefore smaller providers do not have to report to the OAIC. This definition is here to provide a guide to best practice in the event of a data breach.**
Personal Information	This is defined in the Privacy Act 1988 as follows: 'Information or an opinion about an identified individual, or an individual who is reasonably identifiable: a) whether the information or opinion is true or not; b) whether the information or opinion is recorded in a material form or not.' It includes: • **information about a person's private or family life** (e.g. name, signature, email address, phone number, date of birth, medical records, bank account details and employment details);

	• **information about a person's working habits and practices** (e.g. work address, contact details, salary, job title); • **commentary or opinion about the person** (e.g. written comments by a referee, trustee, journalist). Information that does not identify an individual or information that is not 'about' an identified individual is not included in 'personal information'.
Sensitive Information	This is a type of 'personal information' and includes information or opinion about an individual's racial or ethnic origin, political opinion, religious beliefs, sexual orientation or criminal record. Health information is also classified as 'sensitive information'.

CONTEXT

Stellar Experiences recognises the importance of maintaining an effective and compliant information management system for safe and quality guest service delivery and business activity operations. We also recognise the importance of keeping personal and sensitive information safe and secure.

POLICY STATEMENT

1. Compliance

- We will maintain an information management system and processes that support compliance with applicable federal and state/territory legislation, regulations, standards and principles in relation to the collection, use, disclosure, retention and storage of personal and sensitive information.
- We will ensure our information management system is proportionate to the size and scale of our organisation and the scope and complexity of services and supports provided.

2. Creation and Maintenance of Information and Records

- We will create and maintain accurate and complete information and records.
- We will maintain processes for document version control and ensure information from different sources is integrated, consistent and up to date.
- We will maintain all required written guest and worker consents and agreements.

3. Consent

- We will seek informed consent from the guest to collect, use, store and disclose their personal information (including assessments) to other parties.

- We will ensure the guest understands their right to change or withdraw their consent at any time and assist them to do this if requested.

4. Access, Distribution, Storage and Retention of Information and Records

- We will provide the guest with access to their personal information and assist them to correct or change their information, if requested.
- We will provide access to guest information to the guest's family/alternate decision-maker/advocate, with the guest's consent.
- We will maintain processes to ensure guest information is, with the guest's consent, communicated within the organisation to authorised workers and with others outside the organisation where responsibility for care is shared (e.g. guest transitioning to another environment such as hospital, hospice, respite or residential facility).
- We will provide worker and guest access to the right information at the right time to ensure safe and quality service provision.
- We will discuss with the guest and/or family/alternate decision-maker/advocate, in a language, mode and method they are most likely to understand, circumstances when their personal information may be accessed by authorised personnel (law enforcement, official investigation, public health order).
- We will maintain policies, procedures, forms and templates that are current, regularly reviewed, informed by contemporary evidence-based practices, and are understood and accessible by workers.
- We will store personal information securely and take reasonable steps to protect it against misuse, loss, unauthorised access or interference.
- We will retain records in accordance with legislative requirements.

5. Security of Information and Records

- We will maintain processes to back up online data and conduct testing of the backed-up data to check system integrity.
- We will not store hard copy records
- We will maintain secure log-in credential processes to ensure that only current authorised workers have access to relevant online files, folders, drives and systems.
- We will implement a business continuity plan to ensure the security of information and records during and after an emergency or disaster event.
- We will manage and report notifiable data breaches in accordance with legislative requirements and the Managing Data Breaches Procedure.

6. Complaints

- We will discuss with the guest their right to lodge a complaint, both internally in our organisation and externally to a regulator, if they have a concern about their personal and sensitive information and privacy and support them to do so if requested.

7. Reviewing and Monitoring Processes

- We will conduct regular audits to ensure the integrity of our information management and privacy protection processes.
- We will review and improve the effectiveness of our information management system.
- We will maintain a Complaints Register and a Continuous Improvement Register with details, actions and outcomes of complaints and suggested improvements in relation to information management.

8. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of the importance of accurate and complete record-keeping, security of personal and business information and data and human and legal rights in relation to privacy.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

Managing Data

1. Collecting Data

1.1 Guest data: Through the Coordination of Care process at onboarding, guests provide consent for their information to be collected and stored by Stellar Experiences. This is documented through the Guest Information Consent Form.

1.2 Guests have the opportunity to review this consent biannually, annually, or at any time they wish to change it.

1.3 Worker data: Personal, qualification and compliance information (including identification, right-to-work documentation, police checks, training records and qualifications) is collected from workers as part of recruitment and onboarding, and on an ongoing basis as new qualifications or checks are obtained.

1.4 Workers upload their own qualification and compliance documents directly into Stellar's approved workforce management system, where they are reviewed and verified by the relevant compliance role.

1.5 Worker consent to the collection, storage and use of their personal information is obtained through the employment or engagement agreement at the commencement of their role.

2. Storing Data

2.1. Guest and worker personal information is stored electronically within Stellar Experiences' approved business systems. Hard copy records are not maintained.

2.2. Access to stored information is restricted to authorised workers through individual, secure log-in credentials, with permissions set according to each worker's role and their need to access specific guest or worker information to safely deliver support or fulfil their duties.

2.3. Online data is backed up on a regular basis, and backups are tested periodically to confirm system integrity and that data can be restored if required.

2.4. A full list of systems used to store personal and sensitive information, including hosting location and data processing arrangements, is maintained in the Data Processing Agreement.

3. Disposing of data

3.1. Records are retained for the period required under applicable legislation and NDIS record-keeping requirements before being considered for disposal.

3.2. At the end of the required retention period, the Operations Manager (or delegate) reviews records to confirm they are no longer required for legislative, legal or operational purposes before disposal proceeds.

3.3. Electronic records approved for disposal are permanently and securely deleted from all systems and any backups in which they are held.

3.4. Disposal of records is documented, including what was disposed of, when, and who authorised the disposal.

Managing Data Breaches

1. Identify Data Breach

Establish if a data breach has occurred by considering the following criteria:

- Is personal information involved?
- Is the personal information sensitive in nature?
- Has there been unauthorised access to, or disclosure of personal information?
- Has personal information been lost in circumstances where unauthorised access to the information is likely?

2. Report the Data Breach

Notify the Operations Manager of the actual, potential or suspected breach. If decided it constitutes a notifiable data breach, complete a Data Breach Process Form detailing the data breach;

- summary of action(s) taken;
- summary of outcomes from action taken; and
- outline of processes taken to prevent recurrence.

Notify affected individuals in writing within 30 days of the data breach. Prepare a written statement containing:

- our contact details;
- a description of the data breach;
- the type of information concerned; and
- the recommended steps to mitigate the harm that may arise from the data breach.

3. Assess the Impact

Assess severity of impact of data breach by considering:

- the type and extent of personal information involved;
- the number of individuals affected;
- if the information is protected by security measures (e.g. password protection, encryption, multi-factor authentication);
- type of person or entity that has unauthorised access;
- whether there is, or may be a significant risk of serious harm to the affected individual(s); and
- if there will be or may be media or stakeholder attention due to the actual, potential or suspected data breach.

4. Further Actions

- Take immediate corrective actions. This may include:
  - recovering personal information to the extent possible;
  - closing off further unauthorised access; and/or
  - shutting down or isolating technology systems.
- Document all actions and evidence.
- Engage independent cyber security experts, if appropriate.
- Develop a media communication strategy, if required.
- Identify lessons learned and implement actions for continuous improvement.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Invoicing Policy

Policy area	Finance and Administration
Document type	Policy and Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	30/07/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	04/05/2027
Authority	NDIS Act 2013 NDIS Pricing Arrangements and Price Limits NDIS Practice Standards and Quality Indicators NDIS Code of Conduct A New Tax System (Goods and Services Tax) Act 1999 Corporations Act 2001 Privacy Act 1988

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to invoicing guests, nominees and plan managers accurately and transparently for NDIS-funded supports and out of pocket costs.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

It covers invoicing for weekly supports, overnight supports, out of pocket expenses, and expenses incurred by workers on behalf of a guest.

DEFINITIONS

Term	Definition
NDIS Invoice	An invoice for supports funded through a guest's NDIS plan, issued to the guest, nominee, plan manager or NDIA for payment.

Term	Definition
Out of Pocket Cost	A cost that is not funded by the NDIS and is payable by the guest personally, such as entry fees, meals, tickets and activity costs.
Plan Manager	An organisation engaged by a guest to manage the funding in their NDIS plan and to pay provider invoices on their behalf.
Nominee	A person appointed to act on behalf of, or make decisions for, a guest in relation to their NDIS plan.
Shift Approval	The review and approval of a completed shift in ShiftCare by the relevant Area Manager, which confirms the hours, support and expenses to be invoiced.
Guest Support Plan	The document that records a guest's supports, goals and administrative arrangements, including who receives their invoices and how they are paid.

CONTEXT

Stellar Experiences recognises that invoices are how guests and their families understand what they are paying for, and that errors erode trust and create financial stress. We will:

- invoice only for supports that were actually delivered and approved, or for cancellations that are chargeable under our cancellation terms;
- charge in accordance with the NDIS Pricing Arrangements and Price Limits and the guest's service agreement;
- clearly separate NDIS-funded amounts from out of pocket costs;
- issue invoices promptly and to the correct recipient as recorded in the Guest Support Plan;
- itemise invoices so the guest can see the date, description and amount of every charge;
- correct any error promptly and without the guest having to chase it; and
- protect guest financial information in accordance with the Privacy Policy.

POLICY STATEMENT

1. General Requirements

- Every invoice carries a unique identifying number, the date, a description of the support or purchase, the amount, and Stellar Experiences' bank details.
- Invoices are issued to the guest, nominee and/or plan manager as advised in the Guest Support Plan.
- Supports are only invoiced after the shift has been fulfilled and approved by the relevant parties in ShiftCare.
- NDIS-funded supports and out of pocket costs are invoiced separately so that each is clear to the guest.
- Guests are advised of any out of pocket cost before it is incurred wherever practicable.
- Payment is made by EFT and is reconciled against the corresponding invoice in the financial software.

2. Invoicing Cycles

Support type	Period covered	Issued
Weekly supports (excluding overnights)	Monday to Sunday	The following Wednesday, after payroll has been completed
Overnight supports - NDIS component	The support period	Within one week of the support taking place
Overnight supports - out of pocket component	The support period	Within one week of the support taking place
Out of pocket costs	As incurred	Within one week of the expense being incurred

PROCEDURE

1. NDIS Invoicing for Weekly Supports

- Invoices for all supports, exclusive of overnights, are generated and emailed to the guest, nominee and/or plan manager as advised in their Guest Support Plan through ShiftCare.

- The invoice generated is dependent on the details of the shift created, fulfilled and approved by the relevant parties in ShiftCare.
- Invoices are generated weekly, covering the period of Monday to Sunday, within ShiftCare and sent on the following Wednesday from when the support took place and after payroll has been completed.

2. Out of Pocket Expenses

- Out of pocket costs are invoiced to the guest and/or nominee as advised in their Guest Support Plan.
- Invoices with an identifying number, date, description, and amount of purchase, and Stellar Experiences' bank details are generated in the financial software and emailed to the guest or nominee.
- Guests pay via EFT which is then reconciled against the corresponding invoice in the financial software.
- Out of pocket costs for Social Outings are paid as a once-off payment at the time of booking through the Stellar Experiences website, processed via shopify payments. A payment confirmation is issued to the guest or nominee at the point of purchase, and payments are reconciled against bookings in the financial software.
- Out of pocket costs for Life Skills Programs are collected by direct debit through Stripe, under a payment authority established with the guest and/or nominee before the program commences. Guests may end their participation in a program by providing two weeks' notice, after which the direct debit is cancelled. Any change to the direct debit arrangement is advised to the guest or nominee at least two weeks in advance.

3. Overnight Invoices

- Invoicing for overnight supports includes both an NDIS and an out of pocket component, which are generated and sent within a week of the support taking place.
- NDIS invoices with an identifying number are created manually in the financial software and emailed to the guest, nominee and/or plan manager as advised in their Guest Support Plan, to be paid via EFT.
- Out of pocket invoices with an identifying number, date, description, and amount of purchase, and Stellar Experiences' bank details are generated in the financial software and emailed to the guest or nominee to pay via EFT.

4. Expenses Incurred by Workers on Behalf of a Guest

- Workers input an expense into ShiftCare for the relevant shift and guest, noting the amount, the card used, the reason for the purchase and the receipt of payment.
- During shift approvals the Area Manager notes these expenses and adds them into the Staff Tracking sheet in the Stellar Experiences Drive to be included in payroll.
- Where a worker's personal card is used, they are reimbursed for this expense in their pay during payroll the following week.
- The guest is invoiced for the out of pocket expense through the financial software within a week of the expense being incurred.

5. Errors, Queries and Non-Payment

- A guest, nominee or plan manager who queries an invoice contacts the Finance Officer.
- The Finance Officer checks the query against the shift record and approval in ShiftCare and the receipt on file, and responds within five business days.
- Where an error is confirmed, a credit note or an adjusted invoice is issued promptly and the guest is advised in writing.
- Where an invoice remains unpaid after 14 days, a reminder is sent to the guest, nominee or plan manager.
- Where an invoice remains unpaid after 30 days, the Finance Officer contacts the guest or nominee to discuss the reason and to agree a payment arrangement where needed.
- Supports are not withdrawn from a guest solely because of an unpaid invoice without the Directors first considering the guest's circumstances, the risk to the guest, and the terms of their service agreement.

6. Records

- All invoices, credit notes, receipts and remittances are retained in the financial software for a minimum of seven years.
- Guest financial information is stored securely and is accessible only to workers who require it for their role.
- Invoicing is reconciled monthly against the shift records in ShiftCare, and discrepancies are investigated by the Finance Officer.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

Area Managers are responsible for approving shifts and expenses accurately and on time, as invoicing depends on those approvals. The Operations Manager is responsible for the integrity of the invoicing cycle and for resolving escalated invoicing queries.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Manual Handling Policy and Procedure

Policy area	Work Health and Safety
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	12/05/2027
Authority	Work Health and Safety Act 2011 Work Health and Safety Regulations Safe SafeWork Australia's Hazardous Manual Tasks Code of Practices NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to safe manual handling practices.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Manual Handling	Any activity that involves lifting, pushing, pulling, carrying, moving, holding or restraining. It also includes sustained and awkward postures or repetitive movements.
Hazardous Manual Task	A task requiring a person to lift, lower, push, pull, carry, or otherwise move, hold or restrain any person, animal or thing involving one or more of the following: • repetitive or sustained force • a high or sudden force

	• repetitive movement • sustained or awkward posture • exposure to vibration. These hazards directly stress the body and may lead to an injury.
Musculoskeletal Disorder (MSD)	An MSD includes: • sprains and strains of muscles, ligaments, and tendons; • back injuries, including damage to the muscles, tendons, ligaments, spinal discs, nerves, joints, and bones; • joint and bone injuries or degeneration, including injuries to the shoulder, elbow, wrist, hip, knee, ankle, hands, and feet; • nerve injuries or compression (e.g., carpal tunnel syndrome); • muscular and vascular disorders as a result of hand-arm vibration; • soft tissue injuries, including hernias; and • chronic pain. An MSD can occur in two ways: • gradual wear and tear to joints, ligaments, muscles, and intervertebral discs caused by repeated or continuous use of the same body parts, including static body positions; and • sudden damage caused by strenuous activity or unexpected movements such as when loads being handled move or change position suddenly. Injuries can also occur due to a combination of the above mechanisms.

CONTEXT

Stellar Experiences is committed to ensuring safe manual handling practices to ensure guest and worker health and safety.

POLICY STATEMENT

1. Risk Management

- We will manage health and safety risks in relation to manual handling and hazardous manual tasks by following the best practice recommendations of SafeWork Australia's Hazardous Manual Tasks Code of Practices.
- We will conduct thorough risk assessments for guests requiring manual handling, to ensure safe and appropriate practices are being used.

- We will implement processes to ensure all workers are aware of their responsibility under WHS legislation to, as far as is reasonably practicable, take care of their own, and others' health and safety in relation to safe manual handling, in the workplace.
- We will minimise foreseeable risks, as far as is reasonably practicable, by implementing appropriate risk-assessed control measures.
- We will conduct ongoing review and monitoring of risks and controls and action continuous improvement in safety practices as required.

2. Incident Investigation and Reporting

- We will report any incidents (including 'near misses'), hazards and risks in accordance with our Incident Management Policy and Procedure and Work Health and Safety Policy.
- We will complete mandatory regulatory reporting in required timeframes and formats and in accordance with the Reportable Incident Management Procedure.
- We will investigate all incidents, including 'near misses', take appropriate remedial action to ensure health and safety of all people involved and conduct ongoing monitoring and review.

3. Information and Record-keeping

- We will ensure information and records are accurate and up to date in relation to guests' manual handling requirements and workers' manual handling tasks and activities.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

4. Worker Training and Supervision

- We will maintain a skilled and trained workforce in safe manual handling practices.
- We will ensure workers complete and pass induction training and annual 'refresher' training in safe manual handling practices in accordance with current WHS standards.
- We will ensure workers are provided with safe manual handling techniques.
- We will ensure that guests with a manual handling plan will be provided with specific training by the guest's prescribing health professional.

- We will maintain processes to adequately monitor and supervise workers and take appropriate action if practices are not consistent with this policy.

PROCEDURES

1. Guest Review and Assessment

1.1 Seek input from the guest, their family/alternate decision-maker/advocate on safe manual handling practices that best suits the guest's needs, circumstances, preferences and goals.

1.2 Conduct an initial assessment of manual handling risks and hazardous manual tasks and agree on appropriate control strategies with the guest/family/alternate decision-maker/advocate.

1.3 Document risks and agreed risk controls in the guest's Risk Assessment Form.

1.4 Conduct annual risk assessments (more often if required) to ensure manual handling aids, equipment and processes are appropriate, least intrusive and restrictive as possible and encourage mobility and independence where possible.

2. Risk Management

2.1 Use manual handling aids and equipment (hoist, transfer board, slide sheet) in accordance with manufacturer's operating instructions, the Manual Handling Policy and this procedure and the Work Health and Safety Policy.

2.2 We will ensure that guests with a manual handling plan will be provided with specific training by the prescribing health professional.

2.3 Familiarise yourself with SafeWork Australia Hazardous Manual Tasks Code of Practice and make sure you understand the principles of safe manual handling. If you have any questions or concerns, notify the responsible officer and/or your manager.

2.4 Keep the environment and equipment clean using good hygiene practices and infection control measures, in accordance with the Infection Management Procedure.

Table 1: Risk Management Process for Manual Tasks

<table>
<tr><td rowspan="2">IDENTIFY</td><td colspan="4">What is the manual task?
Using the body to lift, lower, push, pull, carry, or otherwise move, hold or restrain any person, animal or thing.
Is the manual task hazardous?</td><td rowspan="2">CONSULT</td></tr>
<tr><td>Application of force:
• repetitive
• sustained
• high
• sudden</td><td>Posture:
• sustained
• awkward</td><td>Movement:
• repetitive</td><td>Exposure to vibration</td></tr>
<tr><td rowspan="3">ASSESS</td><td colspan="4">What is the risk of Musculoskeletal Disorder (MSD)?
How often and how long are specific postures, movements or forces performed or held?
What is the duration of the task?
Does the task involve high or sudden force?
Does the task involve vibration?
What is the source of risk?</td><td rowspan="3">CONSULT</td></tr>
<tr><td>Work area design and layout</td><td>Systems of work</td><td>Nature, size, weight and number of persons, animals or things handled</td><td>Work environment</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
</table>

CONTROL	**Is the task necessary?** Can the source of risk (work area layout, environment) be changed? Can mechanical aids be used to perform the task? What training is needed to support the control measures?	**CONSULT**
		
REVIEW	**Conduct a review:** • when the control measure is no longer effective • before a change at the workplace that is likely to give rise to a new or different health and safety risk that the control measure may not effectively control • if the new hazard or risk is identified • if consultation results indicate that a review is necessary • if a health and safety representative at the workplace requests a review.	**CONSULT**

3. Incident Investigation and Reporting

3.1 Report any incidents and injuries (including 'near misses'), hazards and risks immediately to the responsible officer and in accordance with incident reporting requirements.

3.2 Complete mandatory regulatory reporting in the required timeframe and format.

3.3 Investigate all incidents and musculoskeletal injuries.

3.4 If required, submit Worker's Compensation Claim.

3.5 Input improvement actions into the Continuous Improvement Register and update policies and procedures as required.

3.6 Conduct ongoing monitoring and review.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents,

- ensuring the policy and procedure is effectively implemented across the service,
- monitoring worker compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Mealtime Management Policy and Procedure

Policy area	Mealtime Management
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	12/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators International Dysphagia Diet Standardisation Initiative

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to mealtime management.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers) who support guests with their food, hydration and nutrition.

DEFINITIONS

Term	Definition
Dietitian	An allied health professional who supports people to improve their nutrition and dietary habits. They also support people with health conditions such as diabetes, heart disease and eating disorders.
Dysphagia	The medical term to describe difficulty swallowing. As well as swallowing, it includes problems with eating, drinking, chewing, sucking, dribbling saliva and closing your lips.
Mealtime Management Plan	This is a document written by a health practitioner (dietitian, speech pathologist) which includes instructions and recommendations to ensure safe and nutritious meals for a guest requiring mealtime management (food and fluid modified textures, seating and positioning, feeding equipment, choking risks).

Speech Pathologist	An allied health professional who supports people with communication and/or swallowing difficulties.

CONTEXT

Stellar Experiences recognises that everyone has a right to enjoy their food and their mealtime experience. We are committed to planning, preparing and providing safe, nutritious and enjoyable meals for our guests.

POLICY STATEMENT

1. Identifying and Assessing Guests with Mealtime Management Requirements

- We will identify guests requiring mealtime management and/or experiencing difficulties swallowing in the intake process, at guest reviews and during support provision.
- We will advise the guest's family/alternate decision-maker/advocate if the guest is identified as having mealtime management needs and/or difficulties swallowing and may need to be referred to a qualified health practitioner (dietitian, speech pathologist).
- We will ensure the family/alternate decision-maker/advocate are aware that the health practitioner should:
    - undertake a comprehensive assessment of the guest's nutrition and swallowing;
    - assess the guest's seating and positioning requirements for eating and drinking; and
    - develop/review the guest's mealtime management plan detailing their mealtime management needs, risks and required response actions.

2. Mealtime Management Plans

- We will follow all instructions and recommendations in the guest's mealtime management plan developed by the qualified health practitioner, including food and fluid texture modifications and/or seating and positioning requirements if required.
- We will ensure the guest, with their consent, has an active role in assessing and developing their mealtime management plan.
- We will ensure the guest's mealtime management plan is available and accessible to the guest, to workers providing mealtime management support and to others as required during transitions of care (hospital, short-term accommodation/respite).

3. Meal and Menu Planning, Preparation and Provision

- We will partner with the guest, ensure the guest has informed choice and is actively involved in menu planning and the meals prepared and provided (including for texture-modified diets).
- We will take into consideration any allergies the guest may have and cultural and religious preferences in the meal and menu planning and preparation process.
- We will make reasonable efforts to provide (either prepared or bought) meals that are safe, nutritious, offer menu variety, are well presented and would reasonably be expected to be enjoyable.
- We will, where possible, offer guests choice at each meal for what, when, where and how they eat and drink.
- We will provide meals, drinks and snacks to guests (including those with specialised dietary needs and/or requiring support to eat) that are:
    - appetising;
    - flavourful;
    - presented in an appealing way (including using tools such as moulds to present texture-modified foods);
    - prepared and served safely and at the correct temperature;
    - in accordance with each guest's assessed needs and preferences; and
    - reflect the menu provided.
- We will provide a dining environment that supports social engagement and a sense of belonging and enjoyment.

4. Food, Hydration and Nutrition

- We will, where possible, encourage and support each guest to adopt good nutrition, hydration and lifestyle habits to maximise their health and wellbeing.
- On overnight supports we will ensure guests are offered and able to access nutritious food snacks and drinks (including water) at all times.
- We will support guests to eat and drink adequately by:
    - ensuring sufficient workers are available to provide the support;
    - prompting and encouraging guests to eat and drink adequately and regularly;
    - identifying guests who require support to safely eat or drink;
    - physically supporting guests who require physical support to safely eat and drink as much as they want, at their preferred pace (and not rushing them to eat and drink).

5. Risk Management

- We will escalate any health-related risks and concerns observed (including unexpected significant weight changes, change in mood, alertness, general 'wellness') immediately to the guests family/alternate decision-maker/advocate.
- We will manage emerging and chronic risks related to mealtime (dysphagia, anaphylaxis, food allergies, obesity, being underweight) in accordance with the mealtime management plan.
- We will ensure our workers have the knowledge and training to:
    - identify, monitor and respond to swallowing and choking risks, including when the guest is eating, drinking, taking oral medications and during oral care; and
    - apply the appropriate emergency response if a guest is choking, in accordance with their mealtime management plan and the Practice Guidelines - Choking.

6. Monitoring and Continuous Improvement of Food Services

- We will implement and maintain a system to monitor and continuously improve our food service(s) in response to:
    - guest feedback and satisfaction in relation to the food, drink and dining experience;
    - the nutritional needs of our guests (including review of identified and unplanned guest weight loss or malnutrition);
    - the impact of food and drink on guest health outcomes; and
    - contemporary, evidence-based practice regarding food and drink.

7. Food Storage

- We will store food/meals for guests with mealtime management plans safely and in accordance with health standards.
- We will label food/meals which are part of a guest's mealtime management clearly so they are easily identifiable and differentiated from other guests' food/meals.
- Further information can be found in the Food Safety Management Policy and Procedure

8. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.

- We will store the information securely to ensure guest privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

9. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of the importance of following a guest's mealtime management plans, the risks involved and how and when to escalate to a health practitioner.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

1. Planning Meals as part of a Mealtime Management Plan

1.1 Provide the guest with information and discuss the mealtime management plan with them, and the potential consequences of not following the plan.

1.2 Seek input from the guest or family/alternate decision-maker/advocate to establish what type of mealtime supervision or assistance the guest needs, based on the mealtime management plan. This may include food or fluid texture modification, cutting food into small pieces or specific seating or positioning.

1.3 Ensure staff implementing mealtime management are trained by the appropriate health professional in how to implement this.

1.4 Partner with the guest, or their family/alternate decision-maker/advocate, to actively gain their input in the menu and meal planning process.

2. Preparing and Providing Meals as part of a Mealtime Management Plan

2.1 Maintain hand hygiene at all times prior to, during and following mealtime management.

2.2 Follow the mealtime management plan and make sure the meals prepared and provided are consistent with all instructions and recommendations in the plan. If they are not, escalate to a manager or the qualified health practitioner.

2.3 Consider who the guest wants to share their mealtime experience with and organise this, if possible.

2.4 Actively seek input from the guest or their family/alternate decision-maker/advocate on ways to prepare and present meals that are culturally safe.

2.5 Support the guest to understand how to request, plan and prepare preferred meals and to learn basic food safety, if required.

2.6 Where possible, and in accordance with the guest's mealtime management plan, for each meal provide the guest with choice about what, when, where and how they eat and drink.

2.7 Partner with the guest, to obtain their input into what makes it a positive, enjoyable and safe environment for them and how it can promote a sense of belonging, engagement and reablement and implement their wishes. It may include adjusting lighting or noise levels, inviting other residents to join in the mealtime experience, placing the table near a window).

2.8 On overnight supports make sure there are nutritious snacks and drinks (including water) available to the guest at all times and provide any required support and assistance with this, in accordance with their mealtime management plan.

3. Risk Management

3.1 Follow all instructions on the mealtime management plan to manage identified risks (dysphagia, food allergies, nutrition or weight issues).

3.2 Identify and escalate any nutrition or swallowing difficulties or other health-related risks and concerns immediately to a qualified health practitioner.

3.3 Identify barriers, challenges or strategies that are not working and make sure this information is escalated and documented as required.

3.4 Apply emergency response if guest is choking in accordance with their mealtime management plan and the Practice Guidelines - Choking.

3.5 Take the guest's mealtime management plan and any applicable emergency procedures/guidelines on all guest outings and in transitions of care.

3.6 Encourage the guests family/alternate decision-maker/advocate to arrange to have the guest's mealtime management needs regularly reassessed by a qualified health practitioner (accredited practising dietitian, speech pathologist) to include assessment of nutritional needs, dining/seating/positional needs, clinical needs).

3.7 All staff members are First Aid trained in the event of a guest experiencing a choking incident.

4. Nutrition and Lifestyle Choices

4.1 Support the guest to access information and services to improve their nutrition and lifestyle choices as requested and required and if applicable (balanced diet, less alcohol, more water).

5. Food Storage

5.1 Store meals safely and in accordance with health standards and instructions in the mealtime management plan.

5.2 Label food/meals to clearly identify who they are for, in a group setting — and keep them separate from other food/meals of other guests.

5.3 Ensure cooked food is appropriately covered and placed above raw food in the fridge.

6. Information and Record-keeping

6.1 Upload the guest's mealtime management plan onto our secure client management system 'Shiftcare' with restricted access settings to maintain their privacy and dignity.

6.2 Ensure the mealtime management plan is accessible to the guest and all authorised stakeholders

6.3 Communicate with other service providers so that accurate information and records are shared, with the guest's or their family's/alternate decision-maker's consent, to ensure continuity of support in different settings.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring worker compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Medication Management Policy and Procedure

Policy area	Medication Management
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	12/052027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct Privacy Act 1988

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to medication management.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers) who support guests with medication management requirements.

DEFINITIONS

Term	Definition
Antimicrobial Agents/ Antimicrobial Resistance	These are medications used to treat and prevent infections. They include antibiotics, antivirals, antifungals and antiparasitics. If antimicrobial agents are misused or overused, the microbes that cause infection can become resistant to them (antimicrobial resistance), causing infection to linger with negative impacts on the guest's health and wellbeing.
Chemical Restraint	The use of medication for the primary purpose of controlling a guest's behaviour, which may otherwise cause harm to themselves or others. This is a regulated restrictive practice and there are strict rules on how and when this should be used. See below 'psychotropic medications'.
Cytotoxic Medications	A substance that kills cells, including cancer cells. For example, chemotherapy and radiotherapy.

Home Medicines Review	A collaborative medication review for people in the community. A referral from a GP is required and an accredited pharmacist interviews the guest or family/alternate decision-maker/advocate and workers, reviews their medications and then provides a report to the guest's GP. It is fully funded by Medicare and available every 24 months to any person at risk of or experiencing medication-related adverse effects, or there is an identified clinical need.
Medication Support	This involves: • reminding or prompting a guest to take their medication; • assisting with opening medication containers; and • providing other assistance, which does not include use of a medication aid.
Medication Assistance	This involves: • storing medicines; • opening medicine containers; • removing the prescribed dosage (from an approved container, such as a Webster Pack); and • giving the medicine to the guest in accordance with instructions on the pharmacy label.
Polypharmacy	The use of five or more medications, or two or more psychotropic medications, at the same time, to treat one condition or multiple conditions. It includes the use of all prescription, over-the-counter and complementary medications.
Pro Re Nata (PRN) Medications	Medications taken or used 'as needed' — either over a long or short-term period. It is taken or used in response to specific conditions or symptoms.
Psychotropic Medications	Medication capable of affecting the mind, emotions and behaviour. They include (antidepressants/antianxiety, anticonvulsants, stimulants and opioids.
Schedule 8 Medications	These are 'controlled drugs' under the Therapeutic Goods Administration that must meet specific conditions when being produced, supplied, distributed, owned and used. They are classified as drugs of dependence. While they offer significant therapeutic benefits, they also have a high risk of misuse, abuse and dependence.

CONTEXT

Stellar Experiences is committed to providing safe and quality care and support to our guests. We will implement and maintain a medication management approach that:

- is strictly within our scope of practice;
- follows directives and best practice recommendations from a qualified health practitioner as required;
- focuses on the safe and careful use of medications;
- does not constitute unauthorised restrictive practice (chemical restraint);
- encourages independence and capacity-building so guests can self-manage all, or some of their own medication(s) where possible;
- escalates health and medication-related risks, incidents and concerns promptly;
- upholds guest privacy and dignity; and
- facilitates information-sharing with relevant stakeholders to optimise guest outcomes.

POLICY STATEMENT

1. Compliance with Health Practitioner Directives

- We will follow the 12 Guiding Principles for Medication Management in the Community (Department of Health and Aged Care, 2022 edition).
- We will administer guest medications strictly in accordance with directions from a qualified health practitioner, where required.
- We will proactively prevent or minimise antimicrobial resistance by administering, or supporting guests to self-administer, prescribed antimicrobial agents strictly in accordance with the health practitioner's instructions, and not for longer than is required/prescribed.

2. Consent

- We will encourage and support guests to be involved in their own medication management decision-making, where possible.
- We will obtain written consent from the guest or family/alternate decision-maker/advocate before we administer guest medication and before sharing medication information with other stakeholders.
- We will ensure the guest is aware that they can change or withdraw their consent at any time and support them to do so if requested.

3. Safe and Quality use of Medicines

- We will maintain processes to support the guest's safe and quality use of medicines, including to:
    - if staff support is required, maintain a current and accurate record of all medicines;
    - ensure workers and others providing care to the guest have access to the guest's up to date medicine list for that support;
    - ensure medicine-related information is available to the guest and relevant workers;
    - ensure safe medicine administration, including providing alternative safe formulations (e.g. crushing medication) when required and as directed by a qualified health practitioner;
    - minimise interruptions and assisting with timely access to medicines (guest is prescribed a new medicine, change to medicine directed by a qualified health practitioner);
    - where required, assist with remote access for prescribed medicine; and
    - identify, monitor and mitigate risks to guests taking high-risk medicines, including reducing the inappropriate use of psychotropic medicines.

4. Medication Errors, Omissions and Incidents

- We will maintain processes to minimise the risk of medication errors, omissions and incidents.
- We will take appropriate action(s) as required to ensure the health, safety and wellbeing of the guest in the event there is a medication error, omission and incident.
- We will conduct internal and external reporting of medication errors, omissions and incidents in accordance with required timeframes and formats.
- We will document medication errors, omissions and incidents in the guest file and other guest documents (e.g. Support Plan) as required.
- We will document medication errors, omissions and incidents in the Incident Register to identify trends, gaps and areas for improvement and take remedial action(s) as required (changes to worker rostering, improved communication, training and supervision, revision of policies and procedures).
- We will contact the guest's health practitioner and/or family/alternate decision-maker/advocate if the guest chooses not to take their medication, or if they miss a dose and/or if they no longer have capacity to self-manage their medication. Note: We will obtain the guest's written consent to do this.

5. Medication Storage and Disposal

- We will store medications safely and securely and in accordance with the manufacturer's instructions and best practice guidelines (in the fridge, at room temperature).
- We will store medications in a way that safeguards guests and also others who may have access to them during supports or programs.
- We will ensure medications are stored separately to antiseptics, disinfectants and other chemicals.
- In a supported accommodation (STR) setting, we will:
    - store Schedule 8 drugs in a lockable room and/or in lockable storage;
    - ensure medications can only be accessed by people authorised to access them;
    - uphold the guest's privacy and dignity in terms of discretion and confidentiality; and
    - clearly label guests' medications so they can be distinguished from other guests' medications.
- We will return to the pharmacy medications in their original packaging, in a sealed bag or in a dose administration aid (Webster pack) that are expired, or no longer being administered to, or taken by the guest.

6. Transition of Care Between Different Environments

- We will communicate and share information as required with other service providers, (with the guests or family/alternate decision-maker/advocate's consent) to ensure the guest continues to receive their prescribed medications if they are transitioning in or out of our services, where applicable.

7. Assessments, Monitoring and Review

- We will conduct guest risk assessments at intake, during reviews and service provision and escalate any health and medication-related issues, risks or concerns.
- If requested we will communicate and collaborate with qualified health practitioners as required.
- If requested we will maintain a process to ensure medication reviews by a qualified health practitioner are communicated appropriately and efficiently across all relevant guest files and documents.
- We will regularly review and improve the effectiveness of our system and processes for the safe and quality use of medicines.

8. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will document existing or known allergies or side effects to medicines, vaccines or other substances at intake/commencement of services and monitor and update documentation when new allergies or side effects occur.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

9. Worker Training and Supervision

- We will maintain a skilled and trained workforce, which has required medication management training in the purpose of medication, medication effects and side-effects and how to respond to and escalate medication incidents.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

1. Providing Medication Support

1.1 Complete the '7 Rights' medication administration check **each time** before administering medication to a guest:

1. Right Guest
2. Right Medication
3. Right Dosage
4. Right Route
5. Right Time
6. Right Documentation
7. Right to Refuse.

1.2 Identify the guest (as per point 1.1 above).

1.3 Check that the label on the medication correctly identifies the guest.

1.4 Check the date on the label of the medication to make sure it is current (i.e. not expired).

1.5 Administer the medication either from a:

- dose administration aid (e.g. Webster pack);
- 'box' medication device filled by a pharmacist, doctor, dentist or other authorised person; or
- pharmacy container labelled with the guest's name.

1.6 Guests are able to request panadol while with Stellar. Staff must check that the guest has consented to being provided with panadol and they must go through the Panadol PRN Protocol prior to providing the medication.

Administering High-risk Medications

1.7 Before administering the medication, confirm the identity of the guest again (by asking them their name and date of birth), check correct dosage, time, route and administer according to instructions on the label.

1.8 If a support worker is assisting with the high-risk medication they must be trained in medication assistance.

Note: Support workers must understand the effects and side effects of the medications and the steps to take in the event of a medication incident.

1.9 Complete and sign the Guest Medication Tracking Form. If there is a witness, they must sign too.

1.10 Check state or territory regulatory requirements in relation to documenting Schedule 8 drugs in a Schedule 8 Drugs Register.

2. Response Actions

2.1 If the guest chooses not to take their prescribed medication(s), notify your manager and guest's family/advocate and take further advice from them.

2.2 Monitor the guest for any adverse side effects of the medication. Take required action(s) if you have any concerns. This may include:

- ringing Triple Zero (000) if you think it is a life-threatening situation;
- notifying your manager and/or the guest's family/alternate decision-maker/advocate;
- ringing 24-7 MedCare on 13 92 47 or state/territory equivalent for telehealth advice; and/or
- accessing the NPS MedicineWise app (managed by the Australian Commission on Safety and Quality in Health Care).

2.3 Document symptoms and actions taken in the guest's health record. Update any other documents as required (support plan, behaviour support plan).

2.4 Record this as an incident on the Medication Incident Form.

2.5 Conduct internal and external incident reporting in the required timeframes and formats.

3. Medication Errors

3.1 Check on the guest's health and wellbeing and take any immediate action(s) required. Call 'nurses on call' 1300 60 60 24 after any medication error and follow their advice.

3.2 Identify the nature of the error.
3.3 Notify manager and/or family/alternate decision-maker/advocate and follow any advice.
3.4 Complete an Incident Report Form.
3.5 Conduct internal and external reporting in the required timeframes and formats.
3.6 Continue to check on the guest's wellbeing.

4. Medication Storage and Disposal

4.1 Check the medications are stored safely and securely to safeguard the guest and others visiting the site of the support. If required, assist the guest or family/alternate decision-maker/advocate to obtain and use a locked box, or other suitable container or cupboard to safely store the medications.
4.2 Store Schedule 8 medications in a lockable room and/or in a lockable storage facility firmly fixed to a floor or wall. Notify your manager if this is not in place.
4.3 Take back any expired, unwanted or untaken medications to the pharmacist in their original packaging or in the dose administration aid.

5. Documentation and Record-keeping

5.1 Record the date and time of medication administration on the Medication Chart or a pharmacy-generated Medication Chart.
5.2 Document any changes to the guest's health status and/or medication incidents in the guest's health record and update other documents as required (e.g. support plan, behaviour support plan, complex health plan).
5.3 Document any observed new allergies or side effects to medicines, vaccines or other substances, make sure the Support Plan is updated and escalate accordingly.

6. Worker Training and Supervision

6.1 Complete all required medication management training. For support workers, this includes First Aid and Cardiopulmonary Resuscitation (CPR) training. You must have completed and passed this training before providing support to guests.
6.2 If you support guests taking high-risk medications (e.g. Schedule 8 Controlled Drugs, psychotropic and cytotoxic medications), Stellar Experiences will not administer or support a guest who is taking high-risk medications. Stellar Experiences can not administer PRN medications and will only be able to support a guest if they are able to self administer their PRN medication.
6.3 Undertake required supervisions with your manager and discuss any concerns you have.

RESPONSIBILITIES

Luke Muttdon, Director, Bronte Hendricks, Director, Ryan Willis, Operations Manager, Isabella Cole, Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

On Call Policy

Policy area	Service Delivery and Operations
Document type	Policy and Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	30/07/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	04/05/2027
Authority	Fair Work Act 2009 Social, Community, Home Care and Disability Services Industry Award 2010 Work Health and Safety Act 2011 NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to the on call arrangement, so that workers, guests and families can reach a manager outside of business hours and receive a timely, competent response.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

It applies to all periods outside of standard business hours, including evenings, weekends, public holidays and overnight supports.

DEFINITIONS

Term	Definition
On Call	A rostered arrangement under which a nominated manager is contactable and available to respond to calls outside of standard business hours.
On Call Manager	The manager rostered to hold the on call phone for a given period.
Standard Business Hours	Monday to Friday, 8:30am to 4:30pm, excluding public holidays.
Recall to Work	Being required, while on call, to attend a site or perform work beyond responding by phone.
Escalation	Referring a matter to the Operations Manager or a Director because it is beyond the authority or capacity of the On Call Manager.

CONTEXT

Stellar Experiences delivers supports in the evenings, on weekends and overnight, when the office is closed. A worker who cannot reach anyone will make a decision alone, and a guest may be left without support. We will:

- maintain an on call roster covering every hour outside standard business hours;
- make sure every worker knows the on call number and when to use it;
- ensure the On Call Manager has the information and authority they need to act;
- record every on call contact so that it is followed up in business hours;
- compensate on call in accordance with the applicable award; and
- monitor the volume and nature of on call contacts and address the causes.

POLICY STATEMENT

1. The On Call Roster

- An on call roster is published at least four weeks in advance and covers all hours outside standard business hours.
- Only admin staff who have agreed to be on call are rostered on call.
- The On Call Manager holds the on call phone, keeps it charged and switched on, and remains contactable and fit to respond for the whole period.

- The On Call Manager must not be affected by alcohol or other drugs, and must be able to attend a site or drive if required.
- Where the On Call Manager becomes unable to continue, they arrange a handover with another rostered manager and advise the Operations Manager.
- On call is compensated in accordance with the applicable award, including any recall to work.

2. When to Call

Emergency services are always called first. For any urgent health situation, fire, serious injury, violence, or a guest who cannot be located and is at risk, the worker calls 000 before calling on call. Once emergency services have been contacted and the immediate situation is safe, the worker notifies the On Call Manager.

Workers contact the On Call Manager for matters including:

- any incident involving a guest, including injury, illness, a fall, a behaviour of concern, an allegation of abuse or neglect, or a medication error;
- a guest who cannot be located, or who is not at the agreed pickup point;
- a worker who has not arrived for a shift, or a shift that cannot proceed;
- a vehicle breakdown, accident or a worker stranded away from home;
- a worker who feels unsafe, or who is being subjected to aggression or harassment;
- a significant change to an overnight support or an experience;
- a family or guest who is distressed or is raising a serious complaint out of hours; and
- anything the worker is unsure about that cannot safely wait until the next business day.

Matters that can wait until the next business day, such as roster preferences, pay queries, leave requests and routine questions, are raised through the usual channels rather than through on call.

3. Authority of the On Call Manager

The On Call Manager may authorise immediate action to keep a guest or worker safe, including ending a shift early, arranging alternative transport, approving an emergency expense, standing a worker down from the remainder of a shift, and contacting a guest's family or emergency services. Decisions with financial, employment or regulatory

consequences beyond the immediate response are escalated to the Operations Manager or a Director.

PROCEDURE

1. Responding to an On Call Contact

1. The On Call Manager answers the call, or returns a missed call, within 15 minutes.
2. The On Call Manager establishes whether anyone is in immediate danger and, if so, directs the worker to call 000 first.
3. The On Call Manager gathers the facts: who is involved, where they are, what has happened, what has already been done, and what the worker needs.
4. The On Call Manager checks the guest's Guest Support Plan, Individual Risk Plan and Emergency Preparedness Plan where relevant.
5. The On Call Manager gives clear directions to the worker, confirms the worker understands them, and agrees when the worker will call back.
6. The On Call Manager notifies the guest's family or day-to-day contact where the matter affects the guest, unless doing so would be unsafe or inappropriate.
7. The On Call Manager escalates to the Operations Manager immediately for any serious incident, any allegation of abuse, neglect or serious misconduct, any death or serious injury, or any matter likely to require a notification to a Commission.
8. The On Call Manager records the contact in the on call log, including the time, caller, guest, issue, action taken and any follow-up required.

2. Handover

1. At the end of each on call period, the On Call Manager provides a handover to the next On Call Manager for any matter that is still open.
2. On the next business day, the on call log is sent to the Operations Manager and the relevant Area Managers.
3. Area Managers action the follow-up items, including incident reports, roster changes, guest contact and worker debriefs.
4. Incident reports arising from an on call contact are completed within 24 hours of the event.

3. Support and Review

1. The On Call Manager may contact the Directors at any hour for advice, and is never expected to manage a serious matter alone.

2. A manager who has dealt with a distressing on call matter is offered a debrief and access to the Employee Assistance Program.
3. The Operations Manager reviews the on call log monthly for volume, themes and recurring causes, and takes action to reduce avoidable out of hours contacts.
4. On call arrangements are reviewed annually, including the roster load, the response times and the adequacy of the compensation arrangements.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

The Operations Manager is responsible for publishing the on call roster, inducting managers into the on call role, reviewing the on call log and acting on themes.

The On Call Manager is responsible for being contactable and fit to respond for the whole of their rostered period, for responding within the required timeframe, for escalating appropriately, and for recording and handing over every contact.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Oral Health Procedure

Policy area	Guest Health and Wellbeing
Document type	Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this procedure is to explain how Stellar Experiences supports guests to maintain good oral health and hygiene.

SCOPE

This procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Oral Health	This includes the teeth, mouth, gums, lips and cheeks. Problems with oral health include gum disease, mouth ulcers, mouth infections, tooth decay, loss of teeth and this can cause diseases in other parts of the body.

CONTEXT

Stellar Experiences recognises that good oral health and hygiene are important for overall health, wellbeing and quality of life. We will:

- encourage and support guests to adopt and maintain good nutrition and healthy lifestyle habits;
- escalate oral health-related issues, concerns and risks promptly as required;
- provide support in a way that is culturally safe and communicated in a language, mode and method that the guest is most likely to understand;

- uphold guest privacy and dignity; and
- encourage independence and capacity-building where possible.

PROCEDURES

1. Providing Support

1.1 Encourage and support the guest to be independent and self-manage, as far as possible, their own good nutrition and good oral health and hygiene practices.

1.2 Discuss with the guest, in a way that is culturally safe and in a language, mode and method they are most likely to understand, the importance of:

- regular dental checkups;
- regular teeth brushing;
- flossing teeth after meals;
- good nutrition;
- drinking lots of water and staying hydrated; and
- reducing intake of sugar and alcohol.

1.3 At onboarding and review, guest dental hygiene is discussed in the guest's support plan. If this is an area of concern, Stellar encourages and supports guests to access oral health services (e.g. dentist) and/or information.

1.4 Assist the guest with daily oral hygiene tasks (brushing teeth).

1.5 Provide access to, and assist with use of required products, aids and equipment, if required.

1.6 Encourage the guest to visit the dentist for check-ups at least annually and support them, if required to do this.

1.7 Support the guest to undertake any follow up actions as directed or recommended by the health practitioner (e.g. changes in teeth-brushing technique, taking medications, referral to specialist or other allied health provider).

1.8 Be aware of the right of the guest not to wear their dentures if they choose not to.

1.9 Monitor and respond to observed deterioration in the guest's oral health by notifying your manager and, with the guest or their family/alternate decision-maker/advocate's consent, provide timely referral to specialist oral and/or medical practitioner. Referrals may include doctor, dentist, oral surgeon and/or:

- **Speech Pathologist**: If the guest has swallowing difficulties (e.g. gagging when brushing teeth or unable to clear food after eating and chewing, or coughing and drooling);
- **Occupational Therapist**: If the guest needs assistance with handling a toothpaste, flossing, using dental cleaning aids.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement are responsible for:

- maintaining this procedure and associated documents;
- ensuring the procedure is effectively implemented across the service;
- monitoring worker compliance with the requirements of this procedure; and
- ensuring training and information is provided to workers to carry out this procedure.

All workers are responsible for complying with the requirements of this procedure.

COMPLIANCE

Deliberate breaches of this procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Overnights Policy

Policy area	Service Delivery and Operations
Document type	Policy and Procedure
Applicable to	Stellar Experiences Pty Ltd
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Date approved	30/07/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	04/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct NDIS Pricing Arrangements and Price Limits Social, Community, Home Care and Disability Services Industry Award 2010 Work Health and Safety Act 2011

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to planning, staffing and delivering overnight supports and multi-day experiences, so that guests have a safe and enjoyable time away and workers are properly supported while they are on shift overnight.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

It applies to any support that includes a night away from the guest's usual home, including short getaways, camps, multi-day experiences and interstate or overseas travel.

DEFINITIONS

Term	Definition
Overnight Support	A support that includes at least one night away from the guest's usual home, delivered by one or more workers.
STA	Short Term Accomodation
Sleepover	An overnight period during which the worker is required to be available on the premises to respond if needed, but is otherwise able to sleep.
Trip Plan	The document prepared before an overnight support that records the itinerary, accommodation, transport, staffing, guest needs, risks and emergency arrangements.
Escalation Contact	The manager on call who workers contact out of hours during an overnight support.

CONTEXT

Overnight experiences are among the most valued supports we provide and among the most complex to run. Workers are away from their usual supports, guests are away from their usual routine, and small problems become larger at night. We will:

- plan every overnight in advance and put the plan in writing;
- obtain informed consent from the guest, and from their nominee or family where relevant, before the trip;
- match workers to guests carefully, recognising the intensity of an overnight support;
- make sure workers know exactly who to call and when;
- roster overnight work in accordance with the award, including sleepover, active overnight and break entitlements;
- be clear with guests in advance about what an overnight will cost them; and
- debrief after every overnight and use what we learn.

POLICY STATEMENT

1. Planning

- No overnight support proceeds without an approved Trip Plan.

- A risk assessment is completed for the trip, covering the accommodation, the transport and the activities.
- Each guest's Guest Support Plan, Individual Risk Assessment, Emergency, Preparedness Plan, medication requirements and any other support documents are reviewed and carried with the group.
- Costs are confirmed with the guest or nominee in advance, including the NDIS-funded component and the out of pocket component.
- *LyfShort* is the application used to house all overnight trip information inclusive of but not limited to:
    - All required trip information
    - Tickets for experiences
    - Guest Support Plans inclusive of supporting documents i.e Anaphylaxis Plans, Epilepsy Management Plans, Behaviour Support Plans and Medication Information.

2. Staffing

- Staffing ratios are based on the requirements of the overnight, including the risk assessment, the guest's support needs and staff familiarity with guests.
- Workers on overnight supports must hold current Assist with Medication Training and any guest-specific competencies.
- Workers agree to the hours of support required when agreeing to be rostered onto the overnight. Workers understand that this may mean their working hours for the week may go over 38 hours.

3. Accommodation and Sleeping Arrangements

- Accommodation is selected for accessibility, safety and suitability, and is checked against the guest's mobility and access needs before booking.
- All guests are provided their own individual bed on an overnight support.
- A worker does not share a bed with a guest under any circumstances.

4. Conduct on Overnight Supports

- Workers are on duty for the whole period of the support.
- Workers do not consume alcohol or other drugs at any time during an overnight support, including after guests have gone to bed.
- Professional boundaries apply in full, including around personal space, privacy, personal care and social media.

- Guest privacy and dignity are maintained in shared accommodation, including during dressing, bathing and personal care.
- Workers do not leave a guest unattended other than in accordance with the Trip Plan.

5. Cost and Invoicing

Invoicing for overnight supports includes both an NDIS component and an out of pocket component, which are generated and sent within a week of the support taking place, in accordance with the Invoicing Policy.

PROCEDURE

1. Before the Overnight

1. The Overnight Coordinator confirms the itinerary, accommodation, transport and activities, and books them in.
2. The Overnight Coordinator completes the Trip Plan and uploads all required trip information, tickets, Guest Support Plans, Guest supporting documents and Medication Information to *LyfShort*.
3. Service Quality and Improvement completes the risk assessment for the trip and uploads this to the Stellar Experiences StaffHub.
4. The Overnight Coordinator and Directors roster the required workers in ShiftCare, confirm the shift type and hours with each worker, and confirm the arrangements with the guest and their day-to-day contact.
5. The Overnight Coordinator puts the full trip itinerary into the lifeshort app, and provides staff access for their specific overnight.
6. The guest and/or advocate provides confirmation of funds when completing the booking form.
7. A pre-trip briefing is held with all rostered workers, covering the itinerary, each guest's needs, the emergency arrangements and the escalation contact.
8. Workers confirm they have the trip plan, the guest documents, the corporate card where issued, first aid supplies and emergency contact details before departure.

2. During the Overnight

1. Any medical situation is managed in accordance with the Responding to Medical Situations Policy, including calling 000 for an urgent health situation.

2. Any incident, injury, behaviour of concern, missing person or significant change of plan is reported to the line manager or on-call immediately.
3. Expenses are recorded in ShiftCare against the relevant guest and shift as they are incurred, with receipts photographed at the time.
4. Where the itinerary needs to change for safety reasons, the worker informs the line manager/on-call and the guest, and records the reason.

3. After the Overnight

1. Workers complete their 'Guest Capacity Building Forms' and finalise expenses in ShiftCare within 24 hours of the shift ending.
2. The Overnights Coordinator debriefs with the workers, covering what went well, what did not, and any concerns about a guest or a worker.
3. The Overnights Coordinator contacts the guest and their family for feedback.
4. Any incident is reported and, where required, notified to the relevant Commission.
5. Invoices are generated and sent within one week of the support taking place.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

The Overnights Coordinator is responsible for the Trip Plan, the pre-trip briefing and the debrief. The Directors approves each overnight support before it proceeds. Service Quality and Improvement is responsible for the risk assessment.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Pain Management Procedure

Policy area	Guest Health and Wellbeing
Document type	Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this procedure is to explain how Stellar Experiences supports guests who are experiencing pain (either physical, emotional or psychological).

SCOPE

This procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Pain	The brain receives messages from 'danger detectors' (called 'nociceptors') when they detect something potentially harmful. This message is sent to the brain as a signal that there may be danger. The brain then evaluates this message and decides whether the body needs protection by producing pain. Pain protects us from any further harm by stopping us doing what we were doing to cause the pain, or to make us act in some other way to fix the source of the pain.

CONTEXT

Stellar Experiences recognises that everyone has the right to enjoy a good quality of life and to have pain identified, managed and monitored effectively. We will:

- encourage and support guest to adopt and maintain good nutrition and healthy lifestyle habits;

- escalate health-related issues, concerns and risks promptly as required;
- provide support in a way that is culturally safe and communicated in a language, mode and method that the guest is most likely to understand;
- uphold guest privacy and dignity; and
- encourage independence and capacity-building where possible.

PROCEDURES

1. Providing Support

1.1 Encourage and support the guest to be independent and self-manage, as far as possible, their own good nutrition and hygiene practices.

1.2 Observe the guest, and seek their input, if there are adverse changes in mood, behaviour or general 'wellness' that may indicate they are experiencing pain.

1.3 Discuss with the guest and/or family/alternate decision-maker/advocate for further information and guidance and obtain consent for referral to a qualified health practitioner if requested or required.

1.4 Support the guest to take any required follow up actions as directed or recommended by the health practitioner (e.g. obtaining and taking new medication, organising another referral, changing current habits or routines).

1.5 Encourage and support the guest to access information and/or other services as requested or required.

1.6 If requested we can support the guest to organise and attend to have a comprehensive health assessment completed with a health practitioner annually, or more often if required.

2. Pain Management

2.1 Take any required actions in accordance with the guest's pain management plan, if the guest has one.

2.2 If you observe the pain is not being managed by following the pain management plan, obtain the guest or family/alternate decision-maker/advocate's consent to refer to a qualified health practitioner for further assessment.

2.3 Communicate with the guest, using a language, mode and method they are most likely to understand, to assess or establish the level of the guest's pain.

2.4 Plan for, monitor and respond to the guest's need for pain relief and assist the guest with access to pain management care and support when required.

2.5 If a guest requests Paracetamol, staff should follow the PRN Protocol to assist the guest.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement are responsible for:

- maintaining this procedure and associated documents;
- ensuring the procedure is effectively implemented across the service;
- monitoring worker compliance with the requirements of this procedure; and
- ensuring training and information is provided to workers to carry out this procedure.

All workers are responsible for complying with the requirements of this procedure.

COMPLIANCE

Deliberate breaches of this procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Polypharmacy Procedure

Policy area	Medication Management
Document type	Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	12/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct Privacy Act 1988

PURPOSE

The purpose of this procedure is to explain how Stellar Experiences supports guests requiring multiple medications (polypharmacy).

SCOPE

This procedure applies to all our workers (employees, contractors and volunteers) who support guests with medication management requirements.

DEFINITIONS

Term	Definition
Chemical Restraint	The use of medication for the primary purpose of controlling a guest's behaviour, which may otherwise cause harm to themselves or others. This is a regulated restrictive practice and there are strict rules on how and when this should be used. See below 'psychotropic medications'.
Cytotoxic Medications	A substance that kills cells, including cancer cells. For example, chemotherapy and radiotherapy.
Home Medicines Review	A collaborative medication review for people in the community. A referral from a GP is required and an accredited pharmacist interviews the guest or family/alternate decision-maker/advocate and workers, reviews their

	medications and then provides a report to the guest's GP. It is fully funded by Medicare and available every 24 months to any person at risk or experiencing medication-related adverse effects, or there is an identified clinical need.
Medication Support	This involves: • reminding or prompting a guest to take their medication; • assisting with opening medication containers; and • providing other assistance, which does not include use of a medication aid.
Medication Assistance	This involves: • storing medicines; • opening medicine containers; • removing the prescribed dosage (from an approved container, such as a Webster Pack); and • giving the medicine to the guest in accordance with instructions on the pharmacy label.
Polypharmacy	The use of five or more medications, or two or more psychotropic medications, at the same time, to treat one condition or multiple conditions. It includes the use of all prescription, over-the-counter and complementary medications.
Psychotropic Medications	Medication capable of affecting the mind, emotions and behaviour. The three main types are antidepressants, antianxiety agents (mostly benzodiazepines to manage anxiety and insomnia) and antipsychotics. Other types are anti- anticonvulsants, stimulants, anti-dementia medicines and opioids.
Psychotropic Polypharmacy	The concurrent use of two or more medications that can affect the brain's function. Psychotropic polypharmacy is common in people with autism or an intellectual or developmental disability. Although people with these disabilities are more likely to receive medications because of co-existing mental health problems, medications are often prescribed without a diagnosis of a psychiatric disorder. Antipsychotics are also frequently prescribed to manage behaviours of concern, such as self-injury or aggression.
Schedule 8 Medications	These are 'controlled drugs' under the Therapeutic Goods Administration that must meet specific conditions when being produced, supplied,

[redacted]	distributed, owned and used. They are classified as drugs of dependence. While they offer significant therapeutic benefits, they also have a high risk of misuse, abuse and dependence.

CONTEXT

Stellar Experiences is committed to providing safe and quality care and support to our guests. We will implement and maintain a medication management approach that:

- is strictly within our scope of practice;
- follows directives and best practice recommendations from a qualified health practitioner as required;
- focuses on the safe and effective use of medications;
- does not constitute unauthorised restrictive practice (chemical restraint);
- encourages independence and capacity-building so guests can self-manage all, or some of their own medication(s) where possible;
- escalates health and medication-related risks, incidents and concerns promptly;
- upholds guest privacy and dignity; and
- facilitates information-sharing with relevant stakeholders to optimise guest outcomes.

PROCEDURES

1. Identify and Assess Risks

1.1 Conduct risk assessments at intake, during guest reviews and service provision and escalate if you identify any risks or concerns.

1.2 Follow instructions provided by a qualified health practitioner in relation to any prescribed changes to type or dose of medication.

1.3 Be aware that the use of multiple antipsychotic medication can increase the risk of:

- movement disorders;
- hormone disorders;
- sexual dysfunction;
- obesity;
- diabetes;
- stroke and heart attack;
- memory issues;
- falls; and
- sedation.

2. Medication Reviews

2.1 All guests are encouraged during their 6 month and 12 month review to have their medications reviewed to ensure their safety.

2.2 We will provide any support or assistance the guest needs to attend and participate in the Medication Reviews, including engaging an advocate to speak on their behalf, if requested or required.

2.3 If attending, make sure the Medication Review takes place in a manner that is culturally safe for the guest and in a language, mode and method that they are most likely to understand.

2.4 Keep a record of each time the guest has their medications reviewed.

2.5 Document actions and outcomes in the guest file and in other relevant documents (support plan, behaviour support plan, complex health plan).

3. Response Actions

3.1 Take appropriate action(s) if you have any concerns about the guest's health and wellbeing. This may include:

- ringing Triple Zero (000) if you think it is a life-threatening situation;
- notifying your manager and/or the guest's doctor or family/alternate decision-maker/advocate;
- ringing 24-7 MedCare on 13 92 47 or state/territory equivalent for telehealth advice; and/or
- accessing the NPS MedicineWise app (managed by the Australian Commission on Safety and Quality in Health Care).

3.2 Conduct internal and external incident reporting in required timeframes and formats.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this procedure and associated documents;
- ensuring the procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this procedure; and
- ensuring training and information is provided to workers to carry out this procedure.

All workers are responsible for complying with the requirements of this procedure.

COMPLIANCE

Deliberate breaches of this procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Stellar Experiences Pty Ltd

Practice Guidelines — Choking

Definition

Choking occurs when something gets stuck in the back of the throat and blocks the airway. When the airway has been partially blocked, the person can usually cough and still make noises. When it is blocked, the person cannot make any sound.

Causes

Dysphagia is a comorbidity to many disabilities. There is a loss of muscle strength in the mouth and throat - this slows the swallowing process and makes it difficult for some people to swallow hard or dry solid foods. The surfaces in the mouth and throat are also less moist.

The following factors may increase the risk of choking:

- eating or drinking too quickly
- swallowing food before it is properly chewed
- swallowing small bones or small objects
- inhaling small objects.

Common food choking hazards

Foods that present a choking hazard include:

- lollies/sweets
- raw peas
- meat, including chicken and fish (especially with bones)
- nuts
- raw carrot
- raw apple
- fruit pips and stones

- water and thin fluids — thickening agents can be added to make water more viscous.
- bread
- dairy foods.

Prevention strategies

- Follow any dietary plan as outlined in the mealtime management plan.
- Do not rush the person to eat their meal.
- Keep noise and activities in the environment to a minimum.
- Do not encourage the person to drink fluids while eating.
- Do not encourage talking while the person is eating, as the epiglottis (the hinge-like flap at the base of the tongue that keeps food from entering your windpipe) does not know whether to open or close as it cannot register whether food or air is entering.
- Do not let the person eat lying down.

If a person is choking

- Firstly, check if they can cough. Encourage the person to cough as this may clear the blockage.
- If the person cannot cough, bend them forward, supporting their chest with one hand, and use the flat of your other hand to give a firm back blow between the shoulder blades.
- Check to see if the blockage has cleared before giving another blow.

Observe, record, and report

- Be alert to any changes in the person's condition and signs of issues or risks in swallowing.
- Call **Triple Zero (000)** if it appears to be a life-threatening situation.
- Act quickly in passing on this information to the relevant Area Manager, and record in progress notes.
- Complete internal and external reporting in accordance with required timeframes and formats and in accordance with the Incident Management Procedure and the Reportable Incident Management Procedure.

Prevention of Respiratory Infections Procedure

Policy area	Guest Health and Wellbeing
Document type	Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this procedure is to explain how Stellar Experiences supports guests with respiratory infection management requirements.

SCOPE

This procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Aspiration Pneumonia	The medical term for when food or drink goes down a person's airways and into their lungs and causes pneumonia. It can be fatal.
Infection	The invasion and growth of microorganisms such as bacteria, viruses and fungi in the body.
Infectious Agents	Organisms that produce infection or infectious disease.
Influenza (the flu)	A common seasonal respiratory virus with transmission typically peaking during mid to late winter each year. It spreads through human-to-human contact or droplets (sneezing, coughing or talking). Symptoms include fever, cough, sore throat, runny nose and aching muscles and joints.

Respiratory Infection	This is usually short term (acute) and caused by infectious agents such as bacteria or viruses. Common types include: • common 'cold'; • influenza; • Covid-19; • bronchitis; • sinusitis; • bronchopneumonia; and • pneumonia.
Respiratory Disease	This is usually long term (chronic), non-infectious. Common types include: • asthma; • chronic obstructive pulmonary disease; • bronchiectasis; and • lung cancer.

CONTEXT

Stellar Experiences recognises the importance of good respiratory health to prevent respiratory infection and disease. We will:

- encourage and support guests to adopt and maintain good nutrition and healthy lifestyle habits;
- adopt, and encourage and support guests to adopt, good hand and respiratory hygiene practices;
- escalate respiratory infection-related issues, concerns and risks promptly as required;
- provide support in a way that is culturally safe and communicated in a language, mode and method that the guest is most likely to understand;
- uphold guest privacy and dignity; and
- enable independence and capacity-building where possible.

PROCEDURES

1. Identifying Risk Factors

1.1 Be aware that guests with other health conditions are at higher risk of respiratory problems. Escalate internally through the incident reporting process if you have any concerns. Other conditions may include:

- dysphagia (difficulty swallowing);
- dental problems;

- gastro-oesophageal reflux disease;
- epilepsy;
- obstructive sleep apnoea;
- asthma; and
- chronic obstructive pulmonary disease.

1.2 Be aware that psychotropic medication and polypharmacy can increase the risk of swallowing difficulties which can contribute to respiratory difficulties.

1.3 Recognise signs and symptoms of respiratory infection. This may include:

- difficulty breathing, noisy breathing or 'wheezing';
- persistent cough;
- coughing while eating or drinking;
- coughing up mucus or blood;
- persistent runny nose;
- abnormal temperature;
- unexplained weight loss; and
- difficulty sleeping.

1.4 Be aware that changes in behaviour may indicate respiratory infection. This may include:

- Change in mood or behaviour (being quieter and more withdrawn; or being more active and aggressive);
- in children – not gaining weight and/or developmental milestones not being reached, or relapsing;
- in adults – unexplained weight loss;
- loss of appetite or sore throat; and
- sleeping difficulties (breathing sounding 'gurgly' when lying on back, or suddenly waking up in the middle of the night).

2. Providing Support

2.1 Encourage and support the guest to be independent and self-manage, as far as possible, their own good nutrition and hygiene practices.

2.2 Observe the guest, and seek their input, if there are adverse changes in mood, behaviour or general 'wellness' that may indicate they have a respiratory infection or disease.

2.3 If requested, discuss with the guest and/or family/alternate decision-maker/advocate for further information and guidance to support the guest to obtain a referral to a qualified health practitioner if requested or required.

2.4 If requested, support the guest to take any required follow up actions as directed or recommended by the health practitioner and ensure this is communicated to the guests

informal support at the end of the appointment (e.g. obtaining and taking new medication, organising another referral, changing current habits or routines).

2.5 Encourage and support the guest to access information and/or other services as requested or required.

2.6 If requested, support the guest to have a comprehensive health assessment completed with a health practitioner annually, or more often if required.

3. Preventing Respiratory Infections

3.1 Support the guest to take required actions in accordance with the respiratory management plan (e.g. Asthma Action Plan), if the guest has one.

3.2 If you observe breathing is not being managed by following the respiratory management plan, obtain the guest or family/alternate decision-maker/advocate's consent to refer to a qualified health practitioner for further assessment.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this procedure and associated documents;
- ensuring the procedure is effectively implemented across the service;
- monitoring worker compliance with the requirements of this procedure; and
- ensuring training and information is provided to workers to carry out this procedure.

All workers are responsible for complying with the requirements of this procedure.

COMPLIANCE

Deliberate breaches of this procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Privacy and Dignity Policy

Policy area	Privacy and Dignity
Document type	Policy
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	12/05/2027
Authority	Privacy Act 1988 Australian Privacy Principles NDIS Act 2013 NDIS Practice Standards and Quality Indicators UN Convention on the Rights of Persons with Disabilities UN Convention on the Rights of the Child NDIS Code of Conduct

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to upholding each person's human and legal right to privacy and dignity.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Duty of Care	The legal and ethical responsibility to take reasonable care not to cause foreseeable harm to another person or their property.
Dignity of Risk	The right of a person to make their own informed choices, and live the way they want to live, even if there are risks involved.
Personal Information	This is defined in the Privacy Act 1988 as follows: 'Information or an opinion about an identified individual, or an individual who is reasonably identifiable: a) whether the information or opinion is true or not;

	b) whether the information or opinion is recorded in a material form or not.' It includes: • **information about a person's private or family life** (e.g. name, signature, email address, phone number, date of birth, medical records, bank account details and employment details); • **information about a person's working habits and practices** (e.g. work address, contact details, salary, job title); • **commentary or opinion about the person** (e.g. written comments by a referee, trustee, journalist). Information that does not identify an individual or information that is not 'about' an identified individual is not included in 'personal information'.
Sensitive Information	This is a type of 'personal information' and includes information or opinion about an individual's racial or ethnic origin, political opinion, religious beliefs, sexual orientation or criminal record. Health information is also classified as 'sensitive information'.

CONTEXT

Stellar Experiences recognises that each individual has a legal and human right to privacy and dignity. We will:

- exercise our duty of care to uphold our guests' privacy and dignity in all aspects of service delivery;
- implement secure, compliant and transparent processes for collecting, using, disclosing and storing personal and sensitive information;
- maintain an effective information system to protect information and ensure individuals' privacy and confidentiality;
- recognise a person's right to exercise 'dignity of risk'

POLICY STATEMENT

1. Compliance

- We will comply with all applicable federal and state/territory legislation, regulations, standards and principles in relation to the collection, use, disclosure, retention and storage of personal and sensitive information.
- We will conduct regular audits to ensure the integrity of our information management and privacy protection processes.

2. Communication and Consent

- We will discuss with the guest or family/alternate decision-maker/advocate their rights in relation to privacy and confidentiality in a language, mode and method they are most likely to understand.
- We will explain to the guest and/or family/alternate decision-maker/advocate, in a language, mode and method they are most likely to understand, the types of information we collect from them, why we collect it and how we use and store their information.
- We will obtain written consent from the guest and/or family/alternate decision-maker/advocate before disclosing and sharing personal information with third parties.
- We will ensure the guest is aware of their right to change or withdraw their consent in relation to their personal information at any time and support them to do so, if requested.

3. Access

- We will provide the guest and/or family/alternate decision-maker/advocate with access to the guest's personal information and assist them to make changes to their personal information, if requested.
- We will discuss with the guest and/or family/alternate decision-maker/advocate, in a language, mode and method they are most likely to understand, circumstances when their personal information may be accessed by authorised personnel (e.g. law enforcement, official investigation, public health order).
- We will take reasonable measures to ensure personal information is stored safely and securely and protected against misuse, loss, unauthorised access or interference.

4. Duty of Care and Dignity of Risk

- We will uphold our duty of care to each guest, and balance this with their right to take informed risks (dignity of risk) if they so choose.

5. Complaints

- We will discuss with the guest their right to lodge a complaint, both internally and externally, if they have a concern about their personal and sensitive information and privacy and support them to do so if requested.

- We will discuss with the guest their right to engage an advocate to speak on their behalf and raise any privacy or confidentiality concerns they have.

6. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

7. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of guests' human and legal rights and in particular, the right to privacy and dignity.
- We will maintain processes to adequately monitor and supervise workers.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Reportable Incident Management Procedure

Policy area	Governance
Document type	Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	12/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct NDIS (Incident Management and Reportable Incidents) Rules 2018 UN Convention on the Rights of Persons with Disabilities UN Convention on the Rights of the Child Privacy Act 1988

PURPOSE

The purpose of this procedure is to explain how Stellar Experiences manages reportable incidents.

SCOPE

This procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Incident	An act, omission, event or circumstance connected with providing support or services to a guest, which has, or may have, caused harm to the guest. It includes 'near misses' that are potentially harmful, and it includes complications, accidents and side effects.
Incident Management System	An incident management system includes the policies, procedures and processes that support the identification, management, resolution and documenting of incidents and near misses that occurred, or are suspected/alleged to have occurred, or could potentially occur during the course of delivering care and services to guests.

Mandatory Reporting (state and territory-based child abuse and neglect laws)	Mandatory reporting of child abuse and neglect laws require specified individuals (those who deal with children in the course of their work) to report known or suspected cases of specified child abuse and neglect to government authorities. Each Australian state and territory has its own mandatory reporting law and there are differences in who has to report, what types of abuse and neglect have to be reported, and who to report to. **Refer to Schedule 2 at the end of this document**.
NDIS Reportable Incident	An act or event that has happened or alleged to have happened in connection with delivering NDIS supports or services.
Reportable Incident Reporting (NDIS Commission)	**Immediate Notification** (within 24 hours of a registered NDIS provider becoming aware of incident) includes: • death of a person with disability; • serious injury of a person with disability; • abuse or neglect of a person with disability; • unlawful sexual or physical contact with, or assault of; a person with disability; and • sexual misconduct against, or in the presence of, a person with disability, including grooming of the person for sexual activity. **5-Day Notification** (within five business days of a registered NDIS provider becoming aware of incident) includes: • use of a restrictive practice that is unauthorised by your state or territory, or does not follow a behaviour support plan for the person with disability; • **NOTE**: If the restrictive practice incident has resulted in harm to the person with disability, it must be reported within 24 hours (i.e. Immediate Notification); • follow up information and actions since Immediate Notification.
Provider Digital Access (PRODA)	Online digital access platform provided by Services Australia for submission of reports to regulators such as the NDIS Quality and Safeguards Commission.

CONTEXT

Stellar Experiences will comply with all reportable incident requirements to ensure the health, safety and wellbeing of guests.

PROCEDURES

1. Identification and Response

1.1 Identify that an incident or near miss with potential to cause harm to the guest has occurred in connection with the provision of NDIS services or supports we have delivered to the guest.

1.2 Take action(s) to ensure the immediate health and safety needs of the guest. This may include contacting one or more of the following:

- emergency services (ring **Triple Zero 000**);
- If requested support the guest to contact their GP (in business hours and when not urgent);
- over-the-phone pharmacy/medical advice (out of business hours). For example, 13 HEALTH (13 43 25 84) or 1300 MH CALL (1300 64 22 55);
- guest's family/alternate decision-make/advocate; and/or
- line manager or other internal responsible officer.

1.3 Establish (or escalate to a manager to establish) that the incident constitutes a 'reportable incident' with mandatory reporting requirements.

1.4 Complete and submit mandatory reporting as required. See section 2.

1.5 Ensure the incident is accurately recorded in our organisation's incident management system (in addition to regulatory reporting requirements).

2. Mandatory Reporting

NDIS Reportable Incidents — Reporting to the NDIS Quality and Safeguards Commission	
2.1	Make sure the following roles are in place: • Approved Reportable Incident Notifier to create the form ready for approval; • Approved Reportable Incident Approver to approve the form and submit it to the NDIS Commission via PRODA.
2.2	Complete an **Immediate Notification Form** (see Definitions table for what constitutes 'immediate notification') and submit it via PRODA **within 24 hours** of becoming aware of the incident.
2.3	Make sure all information is included: • your organisation's name and contact details and those of the person making the notification; • a description of the reportable incident; • description of the impact on, or harm caused to the guest;

- immediate actions taken in response to the reportable incident, including actions taken to ensure the health, safety and wellbeing of the guest, and whether the incident has been reported to police or any other body;
- guest's NDIS participant number and their name, age, date of birth and address;
- time, date and place at which the incident occurred, if known;
- names and contact details of other people involved in the reportable incident;
- location of the guests and alleged perpetrator, if known;
- explanation of when and how harm, risk of harm, abuse or neglect was discovered and by whom;
- any other information required by the Commissioner.

Note: A registered NDIS provider is not required to obtain or notify the Commissioner of certain information if obtaining the information would, or could reasonably be expected to, prejudice the conduct of a criminal investigation, or expose a guest to a risk of harm (see s 22 NDIS (Incident Management and Reportable Incidents) Rules 2018 for details).

2.4 If, within 24 hours after you became aware the incident occurred, you do not have the information required in the last four bullet points in 2.3 above, you can provide this information within 5 business days (s 20(2) and (3) NDIS (Incident Management and Reportable Incidents) Rules 2018).

2.5 Complete the **5-Day Notification Form** via PRODA **within five days** of becoming aware of the incident. This provides additional information, such as names of witnesses, actions taken since the Immediate Notification and proposed further actions to be taken in response to the reportable incident.

Note: For an unauthorised restrictive practice, you only need to complete the **5-day Notification form**, not the **Immediate Notification Form**. Except if the incident has resulted in harm to the person with disability, in which case it must be reported within 24 hours with the **Immediate Notification Form**.

Note: If there is no authorisation process of an applicable state or territory in relation to the use of restrictive practice, its use is not a reportable incident if the use is in accordance with a behaviour support plan.

2.6 Complete the **Final Report** (if requested by the NDIS Commission) by the date advised by the Commission in the email request they send.

Department of Communities and Justice (DCJ) — Mandatory Reporting

Stellar staff are Mandatory Reporters with respect to child protection matters. Staff must make a child protection report as soon as practicable if there are concerns about the safety, welfare, and wellbeing of a child.

1. Staff must report any suspected or actual concerns to their manager within 24 hours of becoming aware and submit an incident report. These concerns can be surrounding anyone that has had contact with the child.

   Categories of DCJ Reportable Incidents

   - the basic physical or psychological needs of the child or young person are not being met (neglect)
   - the parents or caregivers have not arranged necessary medical care for the child or young person (unwilling or unable to do so)
   - the parents or caregivers have not arranged for the child or young person to receive an education in accordance with the Education Act 1990 (unwilling or unable to do so)
   - risk of physical or sexual abuse or ill-treatment
   - parent or caregiver's behaviour towards the child causes or risks serious psychological harm (emotional abuse)
   - incidents of domestic violence and as a consequence a child or young person is at risk of serious physical or psychological harm (domestic or family violence)

2. The Stellar Management Team will go through the Mandatory Reporting Guide on the DCJ website with the employee making the allegation to identify whether a child is suspected to be at Risk of Significant Harm and if the situation warrants a report to the Child Protection Helpline (132 111).
   - If the allegation is a criminal offence, Police must be informed as soon as practicable.
   - If the child is at immediate risk of harm, the manager must take immediate steps to ensure the child's safety until further advice is received
   - This advice must be obtained from the DCJ or Police. Stellar is not to take any steps to prevent contact between the child and family without external intervention or direction.
   - If the child is not at immediate risk of harm, the manager must assess the risks and seek advice from DCJ or the Police.
3. The responsible manager must inform the Director of the incident within 24 hours.

4. If the incident warrants a report to the Child Protection Helpline, the following information must be readily available:
    - The Child's:
        - Name
        - Date of birth or age
        - Address
        - Phone numbers
        - Cultural identity or aboriginality
        - Language barriers
        - Disabilities
        - School details
        - Care arrangements, legal status
    - The Parent/Carer's
        - Name
        - Date of birth or age
        - Address
        - Phone numbers
        - Cultural identity or aboriginality
        - Language barriers
        - Disabilities
    - Your
        - Name, agency address, phone and email details
        - Position
        - Reason for reporting
        - Nature of contact with child or family
        - Nature of ongoing role with child or family, include frequency, duration and type
        - If report is being made by someone else in the agency, name of the agency worker who sourced the report
    - Other Information
        - domestic violence, alcohol or other drug use, unmanaged mental illness, intellectual or other disability
        - Protective factors and family strengths
        - Non-offending carers' capacity to protect child
        - Any previous suspicious death of a child or young person in the household?

- Is the parent or carer pregnant?
- Is the parent or carer the subject of an apprehended violence order?
- Description of family structure, for example, biological parents, single parent, blended family
- Name, age, gender of siblings. Do siblings live with the child or young person? Services involved with child and family if known
- Principal language of family and whether an interpreter for a spoken or signed language is required
- If parent knows of report and their response
- If child or young person knows about the report and their views
- Information related to worker safety issues
- Outcome of mandatory reporter guide.

- Harm Category
  - Physical Abuse
  - At-Risk Behaviour
  - Sexual Abuse
  - Neglect
  - Psychological Harm

Office of the Children's Guardian (OCG) - Reportable Conduct Scheme

The Reportable Conduct Scheme enforces strict reporting requirements on organisations whose staff have engaged in reportable conduct.

1. Staff must report any suspected or actual Reportable Conduct regarding children (see Definitions) to their manager within 24 hours of becoming aware and submit an incident report.
   a. Categories of Reportable Conduct
      - Sexual misconduct
      - Ill-treatment of a child
      - Neglect of a child
      - An assault against a child
      - Failure to protect a child
      - Failure to report reportable conduct
      - Behaviour that causes significant emotional or psychological harm to a child.
2. The Stellar Management Team will ask the employee clarifying questions to identify whether the incident falls into the reportable conduct categories.

a. If the child is at immediate risk of harm from an employee, the manager must take immediate steps to cease and prevent further contact between the two and inform Police immediately so forensic evidence can be collected, if required.
b. If the child is not at immediate risk of harm from an employee, the manager must take a measured approach and discontinue shifts/contact between the child and employee pending the findings of the investigation. If the allegation is a criminal offence, Police are to be contacted immediately.

3. The responsible manager must inform the Director of the incident within 24 hours to ensure that a report to the OCG occurs within the 7-day timeframe.
4. The Director will complete the 7-day notification alongside the employee making the allegation to ensure all details are captured. The following details must be included:
    - Type of Reportable Conduct
    - Name of Employee
    - Name and Contact Details of the Entity and Head of Entity (or approved delegate)
    - If the reportable allegation has been reported to Police and Child Protection Helpline
    - Nature of initial risk assessment
    - Risk management action
2. The 7-day notification is available on the OCG website as an online form.
3. Following the 7-day notification is the 30-day report. Stellar is responsible for investigating reportable allegations as soon as practicable in alignment with procedural fairness, allowing the employee who is the subject of the allegation to give their statement.
    a. If Police are involved, they are to be consulted prior to any internal investigation to ensure that Police investigations are not tampered with.
        i. Seek advice from the Police on how to proceed with working arrangements
        ii. Seek advice from OCG on how to proceed with reporting requirements.
    b. If the Police are not involved or have advised that they will not be conducting an inquiry or investigation, Stellar must begin the investigation.

5. In the 30 days, obtain information about the allegation, speaking to relevant witnesses and then putting the allegations to the employee who is the subject of the allegations.
6. Once this is done, submit the findings through the 30-day report on the OCG website

Ongoing Danger — Reporting to the Police

2.7 Where there are reasonable grounds to report an incident to the Police (**where there is ongoing danger**), contact Police and other relevant emergency services within 24 hours of becoming aware of the incident (or within 24 hours of becoming aware that there are reasonable grounds to report the incident).

2.8 If the Police are present at an incident where a death is involved, they will usually contact the Coroner.

Reporting to the Coroner

2.9 Report to a coroner (if the Police haven't already):

- if a person dies unexpectedly;
- if a person dies from an accident or injury;
- if the death is unnatural or violent;
- if a doctor has not been able to sign a death certificate because the cause of death is unknown.

2.10 Each state and territory have specific requirements in relation to the obligations to notify a death to the coroner.

Reporting to Other Regulators (where applicable)

2.11 Report to the Work Health Safety (WHS) Regulator (e.g. Safe Work Australia, or the applicable state or territory 'WorkSafe' regulators) if an incident has occurred as a result of a workplace incident. **Refer to Schedule 1 at the end of this document**.

2.12 Report to the relevant state or territory regulator for mandatory reporting requirements in relation to children and young people under the age of 18 years old. **Refer to Schedule 2 at the end of this document**.

2.13 Report to Australian Health Practitioner Regulation Agency (AHPRA) if the incident has been caused by the conduct of a registered health practitioner providing health care.

2.14 Report to the applicable state or territory government health department if an incident triggers a requirement to report a notifiable disease or condition.

3. Communication

3.1 Continue to communicate with the guest and/or family/alternate decision-maker/advocate to provide updates and check on guest health and wellbeing until resolution.

3.2 Communicate with other service providers (including health and allied health practitioners) as required.

4. Documentation and Record-keeping

4.1 Complete all relevant reportable incident forms as in section 2 above, in required timeframes and formats.

4.2 Complete all relevant internal incident forms (Accident Investigation Form, Incident Investigation Form, Incident Investigation Final Report, Incident Register).

4.2 Document clear and accurate details of the incident, action and outcomes in the guest file and update the guest's Support Plan and any other plans (e.g. complex health plan, behaviour support plan) as required.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this procedure and associated documents;
- ensuring the procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this procedure; and
- ensuring training and information is provided to workers to carry out this procedure.

All workers are responsible for complying with the requirements of this procedure.

COMPLIANCE

Deliberate breaches of this procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Schedule 1: WHS Regulators and Authorising Legislation

Jurisdiction	WHS Regulator	Legislation
Australian Government	Comcare	Model Work Health and Safety Act (as at November 2023). Originally the *Work Health and Safety Act 2011* (Cth)
NSW	SafeWork NSW	*Work Health and Safety Act 2011* (NSW)
QLD	WHS Queensland	*Work Health and Safety Act 2011* (Qld)
ACT	WorkSafe ACT	*Work Health and Safety Act 2011* (Tas)

See the next page for information and links applicable to child protection and mandatory reporting.

Schedule 2: State and territory Child Protection Mandatory Reporting Requirements

Jurisdiction	Regulator	Applicable Legislation
Federal level	Australian Government Australian Institute of Family Studies	*Family Law Act 1975* (Cth)
NSW	Communities and Justice	*Children and Young Persons (Care and Protection) Act 1998* (NSW)
QLD	Department of Child Safety, Seniors and Disability Services **Note**: In Qld, ALL adults must report sexual offending against children to the Police.	*Child Protection Act 1999* (Qld)
ACT	ACT Government	*Children and Young People Act 2008* (ACT)

Respiratory Depression Medication Procedure

Policy area	Medication Management
Document type	Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	12/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct Privacy Act 1988

PURPOSE

The purpose of this procedure is to explain how Stellar Experiences supports guests taking medications that put them at risk of respiratory depression.

SCOPE

This procedure applies to all our workers (employees, contractors and volunteers) who support guests at risk of respiratory depression through the use of medication(s).

DEFINITIONS

Term	Definition
Chemical Restraint	The use of medication for the primary purpose of controlling a guest's behaviour, which may otherwise cause harm to themselves or others. This is a regulated restrictive practice and there are strict rules on how and when this should be used. See below 'psychotropic medications'.
Cytotoxic Medications	A substance that kills cells, including cancer cells. For example, chemotherapy and radiotherapy.
Home Medicines Review	A collaborative medication review for people in the community. A referral from a GP is required and an accredited pharmacist interviews the guest or family/alternate decision-maker/advocate and workers, reviews their

	medications and then provides a report to the guest's GP. It is fully funded by Medicare and available every 24 months to any person at risk or experiencing medication-related adverse effects, or there is an identified clinical need.
Medication Support	This involves: • reminding or prompting a guest to take their medication; • assisting with opening medication containers; and • providing other assistance, which does not include use of a medication aid.
Medication Assistance	This involves: • storing medicines; • opening medicine containers; • removing the prescribed dosage (from an approved container, such as a Webster Pack); and • giving the medicine to the guest in accordance with instructions on the pharmacy label.
Respiratory Depression	Slow and ineffective breathing which occurs when a person is not getting enough oxygen. This can increase carbon dioxide levels and is potentially a medical emergency.
Polypharmacy	The use of five or more medications, or two or more psychotropic medications, at the same time, to treat one condition or multiple conditions. It includes the use of all prescription, over-the-counter and complementary medications.
Psychotropic Medications	Medication capable of affecting the mind, emotions and behaviour. The three main types are antidepressants, antianxiety agents (mostly benzodiazepines to manage anxiety and insomnia) and antipsychotics. Other types are anti- anticonvulsants, stimulants, anti-dementia medicines and opioids.
Psychotropic Polypharmacy	The concurrent use of two or more medications that can affect the brain's function. Psychotropic polypharmacy is common in people with autism or an intellectual or developmental disability. Although people with these disabilities are more likely to receive medications because of co-existing mental health problems, medications are often prescribed without a diagnosis of a psychiatric disorder. Antipsychotics are also frequently

Schedule 8 Medications	prescribed to manage behaviours of concern, such as self-injury or aggression.
	These are 'controlled drugs' under the Therapeutic Goods Administration that must meet specific conditions when being produced, supplied, distributed, owned and used. They are classified as drugs of dependence. While they offer significant therapeutic benefits, they also have a high risk of misuse, abuse and dependence.

CONTEXT

Stellar Experiences is committed to providing safe and quality care and support to our guests. We will implement and maintain a medication management approach that:

- is strictly within our scope of practice;
- follows directives and best practice recommendations from a qualified health practitioner as required;
- focuses on the safe and effective use of medications;
- does not constitute unauthorised restrictive practice (chemical restraint);
- encourages independence and capacity-building so guests can self-manage all, or some of their own medication(s) where possible;
- escalates health and medication-related risks, incidents and concerns promptly;
- upholds guest privacy and dignity; and
- facilitates information-sharing with relevant stakeholders to optimise guest outcomes.

PROCEDURES

1. Identify and Assess Risks

1.1 Conduct risk assessments at intake, during guest reviews and service provision and escalate if you identify any risks or concerns.

1.2 Follow instructions provided by a qualified health practitioner in relation to any prescribed changes to type or dose of medication.

1.3 Be aware that the following medications increase the risk of respiratory depression, including medications that affect the central nervous system:

Medications associated with respiratory depression	
Generic Name	**Brand Name(s)**
Benzodiazepines	Diazepam; Oxazepam
Antipsychotics	Quetiapine
Anticonvulsants	Gabapentin; Pregabalin

Opioids	Oxycodone; Codeine

1.4 Be aware that the following are high-risk groups for respiratory depression:

- aged over 55 years;
- experience obstructive sleep apnoea;
- have multiple comorbid health conditions;
- have been prescribed more than one opioid, benzodiazepines, antipsychotics, antidepressants and other psychotropic medications;
- experience daytime drowsiness;
- have impaired kidney or liver function;
- smoke; and/or
- have a history of opioid dependence and/or drink alcohol while taking prescribed opioids.

2. Medication Reviews

2.1 Provide any support or assistance the guest needs to attend and participate in a Medication Review, including engaging an advocate to speak on their behalf, if requested or required.

2.2 If involved, make sure the Medication Review takes place in a manner that is culturally safe for the guest and in a language, mode and method that they are most likely to understand.

2.3 Keep a record of each time the guest has their medications reviewed.

2.4 Document actions and outcomes in the guest file and in other relevant documents (support plan, behaviour support plan, complex health plan).

3. Response Actions

3.1 Take appropriate action(s) if you have any concerns about the guest's health and wellbeing. This may include:

- ringing Triple Zero (000) if you think it is a life-threatening situation;
- notifying your manager and/or the guest's doctor or family/alternate decision-maker/advocate; or
- ringing 24-7 MedCare on 13 92 47 or state/territory equivalent for telehealth advice; or
- accessing the NPS MedicineWise app (managed by the Australian Commission on Safety and Quality in Health Care).

3.2 Conduct internal and external incident reporting in required timeframes and formats.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this procedure and associated documents;
- ensuring the procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this procedure; and
- ensuring training and information is provided to workers to carry out this procedure.

All workers are responsible for complying with the requirements of this procedure.

COMPLIANCE

Deliberate breaches of this procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Responding to Medical Situations Policy

Policy area	Guest Health, Safety and Wellbeing
Document type	Policy and Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	30/07/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	04/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct NDIS (Incident Management and Reportable Incidents) Rules 2018 Work Health and Safety Act 2011 Work Health and Safety Regulation 2017

PURPOSE

The purpose of this policy and procedure is to set out how Stellar Experiences establishes a comprehensive framework for managing health-related situations and emergencies for guests under our care.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers) and meets relevant legislation, regulations and standards.

DEFINITIONS

Term	Definition
Personal Emergency Preparation Plan	A comprehensive document outlining strategies to respond to and manage emergency situations for each guest.
Urgent Health Situation	A medical condition requiring immediate attention and often necessitating emergency services.

Term	Definition
Non-Urgent Health Situation	A medical condition that can be addressed through regular medical appointments or urgent care clinics without immediate emergency intervention.
Health Management Plan	A guest-specific plan describing a diagnosed health condition, the supports required, early warning signs, and the escalation steps workers must follow.

CONTEXT

Stellar Experiences is committed to ensuring the safety, well-being, and quality of care for all guests under our support. We recognise the critical importance of being prepared for medical emergencies and managing health situations effectively. This policy establishes our approach to emergency preparedness and health management, ensuring that we provide timely, appropriate, and person-centred responses to both urgent and non-urgent health situations.

POLICY STATEMENT

Stellar Experiences is dedicated to:

- developing and maintaining personal emergency preparation plans for each guest that address their specific needs and potential health risks;
- ensuring all support workers can recognise and respond to various health situations, including the ability to distinguish between urgent and non-urgent cases;
- implementing clear procedures for responding to urgent health situations, including immediate contact with emergency services and proper notification of management and stakeholders;
- establishing protocols for managing non-urgent health situations that ensure appropriate care and communication with relevant parties;
- ensuring that all workers are familiar with and adhere to guest-specific health management plans;
- maintaining accurate documentation of all health-related incidents and regularly reviewing our procedures to continually improve our emergency preparedness and health management practices; and
- fostering a culture of vigilance, responsiveness, and person-centred care in all aspects of health management for our guests.

PROCEDURE

1. Personal Emergency Preparation Plan

Each guest has an individualised Personal Emergency Preparation Plan. This addresses external situations that may impact the guest's health and adaptation strategies for these scenarios. It is to be read by all workers supporting the guest and is written in accordance with Emergency and Disaster Management Procedure.

2. Urgent Health Situations

Workers must be able to identify urgent health situations requiring immediate medical attention, including:

- difficulty breathing or shortness of breath;
- chest pain or severe abdominal pain;
- severe burns;
- large lacerations with uncontrolled bleeding;
- loss of consciousness;
- seizures lasting more than 2 minutes (for those without a history of seizures);
- severe head injuries with symptoms like confusion, vomiting, or decreased alertness;
- poisonings; and
- severe allergic reactions.

In urgent situations, workers are advised to take the following steps:

- Check that the person, workers, or anyone around is not in harm's way. You may need to remove the person and yourself to safer surroundings.
- Check that the person is conscious and responsive. Try to communicate with them. Touch their hands or their shoulder, or call their name loudly, to see if they respond.
- Call emergency services (000) immediately.
- Follow instructions from the emergency services first responder until the ambulance arrives.
- Apply emergency first aid (CPR) as needed.
- Inform the relevant Service Manager.
- Complete an incident report form within 24 hours.

The manager must contact the guest's informal supports and stakeholders to advise of the incident.

3. Non-Urgent Health Situations

Workers must be able to identify non-urgent health situations, including:

- minor burns;
- earaches or ear infections;
- pink eye;
- potential urinary tract infections;
- sore throats;
- minor skin infections or rashes;
- mild gastrointestinal illnesses with mild dehydration;
- simple wounds;
- colds and coughs; and
- allergies.

In non-urgent situations, workers are advised to take the following steps:

- Notify the responsible Area Manager or on call.
- Report the symptoms via an incident report.

The manager will advise on next steps and relay relevant information to the guest's informal supports and stakeholders.

4. Health Management Plans

Support workers must be trained on relevant health management plans for each guest they care for. Within these plans are additional risks and health situations that may require urgent escalation as specified in individual health management plans.

Workers are required to follow the specific protocols outlined in each guest's health management plan.

5. Documentation and Review

- All health-related incidents, urgent and non-urgent, are recorded in an incident report within 24 hours of the event.
- Where an incident meets the definition of a reportable incident, the Service Manager escalates it immediately to the Operations Manager and Directors so the

notification to the NDIS Quality and Safeguards Commission or the Aged Care Quality and Safety Commission can be lodged within the required timeframe.

- Service Quality and Improvement reviews health-related incidents at least monthly to identify trends, review the adequacy of guest plans, and initiate corrective action where required.
- Where an incident indicates that a guest's Health Management Plan or Personal Emergency Preparation Plan is no longer accurate, the plan is reviewed and updated in consultation with the guest, their informal supports and their treating practitioners.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

Service Managers are responsible for ensuring workers rostered to a guest have read and understood that guest's Health Management Plan and Personal Emergency Preparation Plan, for responding to escalations, and for notifying informal supports and stakeholders.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Risk Management Policy and Procedure

Policy area	Risk Management
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	12/05/2027
Authority	ISO 31000:2019 – International Standard for Risk Management NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to risk management.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Hazard	Anything with the potential to cause harm or injury (including illness and disease). **Note:** This differs from the definition of 'risk' which is the likelihood of a hazard causing harm or injury.

Hierarchy of Controls	The generally recognised order of steps from most effective to least effective risk management techniques: 1. **Elimination** (remove the risk) 2. **Substitution** (replace the hazard) 3. **Engineering controls** (isolate people from the hazard) 4. **Administrative controls** (change the way people work) 5. **Personal Protective Equipment** (PPE) (Protect workers).
Risk	The international standard for risk (ISO 31000:2018) defines risk as 'the effect of uncertainty on objectives'.

CONTEXT

Stellar Experiences is committed to implementing and maintaining a robust and effective risk management framework that:

- is proportionate to the size and scale of our organisation and the scope and complexity of supports provided;
- ensures the health, safety and wellbeing of guests, workers and visitors;
- supports effective decision-making that is guided by our mission and vision; and
- embeds a 'risk aware' culture, where planning, quality and risk are integrated in all business operations and functions.

POLICY STATEMENT

1. Identify, Assess, Manage, Monitor, Review and Communicate Risk

- We will maintain processes to identify, assess, manage, monitor and regularly review risks to guests, workers and the organisation.
- We will put strategies in place and undertake actions to prevent, control, minimise or eliminate identified risks.
- We will conduct risk assessments using the risk rating table (refer to Appendix 1).
- We will maintain a risk register to detail identified risks, apply risk ratings and identify corrective actions and review dates.
- We will manage risks in accordance with the Hierarchy of Controls (see Definitions).
- We will maintain processes to manage high-impact and high-frequency risks associated with service delivery.
- We will communicate and consult with all relevant stakeholders about risks.
- We will complete 'Safety Audit Building Checklists' on all Stellar Experiences HQ's every quarter to assess any risks to staff, guests and services.

- We will complete with all guests receiving 1:1 support a ‘Safe Environment Checklist’ to identify any hazard to staff, guests and services when working within a guests home. This will be completed annually.

2. Compliance

- We will comply with all applicable federal and state/territory legislation, regulations, standards, principles, funding agreements and organisational policies and procedures.

3. Governance

- We will maintain an effective governance structure, with clearly defined delegations of authority, position descriptions and role accountabilities.
- We will maintain formalised management plans (risk management plan, strategic plan, business continuity plan, emergency and disaster management plan, COVID-19 safe plan).
- We will maintain compliant and up to date policies, procedures and work instructions.
- We will conduct internal audits and board/management meetings as required.

4. Human Resource Management

- We will maintain effective human resource management processes (including worker screening, training and development, performance management, worker supervision and worker grievances, disciplinary actions and terminations).
- We will keep an up to date register of worker qualifications and competencies.

5. Information and Financial Management

- We will maintain effective financial management processes (pricing and payments, cash flow analysis).
- We will maintain effective information management processes (records management, document control, technology and communication).
- We will maintain current insurances and registrations and keep details in a register.

6. Complaints and Incident Management

- We will encourage and document guest feedback and complaints and document details, actions and review timelines in a complaints register.
- We will maintain an incident management system, including for reportable incidents, and document details, actions and review timelines in an incident register.

- We will complete all required internal and external incident reporting in accordance with required timelines and formats.

7. Continuous Improvement and Quality Management

- We will actively engage with guests and other stakeholders, and use their input and feedback in relation to risk assessment and management for continuous improvement and quality management.
- We will maintain a continuous improvement/quality management/assurance register to identify improvement items, actions and review timelines.
- We will regularly review and improve the effectiveness of our risk management system.

PROCEDURE

Service Quality and Improvement is responsible for creating all Risk Assessments for the Business, Social Outings, Programs and Overnight trips.

Business:

- Service Quality and Improvement maintains the 'Risk Management Plan Register' which is reviewed annually.

Social Outings:

- Risk Assessments are created every Thursday for the upcoming weekend Social Outings.
- Risk Assessments are created based on the experience, transport, guest support needs and environment.
- Service Quality and Improvement uses the table in Appendix 1: Risk Rating Table to determine the severity of the potential risks and creates appropriate plans to support staff to mitigate these risks.
- All Risk Assessments are stored on the Stellar Experiences StaffHub for staff to access prior to their experience.

Programs:

- Risk Assessments are created during the program break for the upcoming 10 week program block.
- Risk Assessments are created based on the program, transport, guest support needs and environment.

- Service Quality and Improvement uses the table in Appendix 1: Risk Rating Table to determine the severity of the potential risks and creates appropriate plans to support staff to mitigate these risks.
- All Risk Assessments are stored on the Stellar Experiences StaffHub for staff to access prior to their program.

Overnight trips:

- Risk Assessments are created the Monday prior to the upcoming Overnight trip.
- Risk Assessments are created based on the experiences, transport, guest support needs and environment.
- Service Quality and Improvement uses the table in Appendix 1: Risk Rating Table to determine the severity of the potential risks and creates appropriate plans to support staff to mitigate these risks.
- All Risk Assessments are stored on the Stellar Experiences StaffHub for staff to access prior to their Overnight trip.

1:1 Support:

- When commencing permanent 1:1 support shifts the Support Worker and guest are asked to complete a 'Safe Environment Checklist'. This will identify any hazards in the environment where the majority of the 1:1 support will be spent.
- The 'Safe Environment Checklist' will be provided to the NDIS Compliance Officer once completed by the Support Worker and guest.
- The NDIS Compliance Officer will store the 'Safe Environment Checklist in the guests Guest Profile in ShiftCare.
- These are reviewed annually.

Individual Risk Assessments:

- Upon onboarding through the Coordination of Care process the guest being onboarded will complete an 'Individual Risk Plan' with the NDIS Compliance Officer, relevant Area Manager/Service Coordinator.
- The 'Individual Risk Plan' identifies any risk that may require extra support to mitigate.
- The 'Individual Risk Plan' is reviewed every 6 months and 12 months through the Coordination of Care 6 and 12 month reviews by the NDIS Compliance Officer.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Appendix 1: Risk Rating Table

	Consequences				
Likelihood	Insignificant 1	Minor 2	Moderate 3	Major 4	Extreme 5
Rare (1)	L	L	L	L	L
Unlikely (2)	L	L	L	M	M
Possible (3)	L	L	M	M	M
Likely (4)	L	M	M	H	H
Almost certain (5)	L	M	M	H	E

L = 'Low'
M = 'Moderate' or 'Medium'
H = 'High'
E = 'Extreme'

Rostering and Bookings Policy

Policy area	Service Delivery and Operations
Document type	Policy and Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	30/07/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	04/05/2027
Authority	Fair Work Act 2009 Social, Community, Home Care and Disability Services Industry Award 2010 NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct Work Health and Safety Act 2011

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to rostering workers and booking experiences, so that guests receive the supports they have agreed to, delivered by workers who are the right match, and so that no shift is left uncovered without the guest being told.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

It covers rostering for 1:1 supports, programs, experiences and overnight supports, the management of scheduled and unscheduled leave, and the booking of experience venues and meals.

DEFINITIONS

Term	Definition
ShiftCare	The rostering and shift management system in which shifts are created, assigned, fulfilled, cancelled, amended, approved and invoiced for all support workers.
StellarHub	The system in which workers submit leave and availability, and in which sub shifts for experiences are created.
Notion	The system used to house all administration processes and communicate tasks within the administration team.
Shifts to Fill	The Notion record of shifts that require cover, including the guest name, date, time, hours, leave type and the worker on leave.
Job Board	The ShiftCare function that offers an unassigned shift to eligible workers to claim.
Day-to-Day Contact	The person nominated by the guest as the primary contact for arrangements about their supports, which may be the guest themselves, a family member or a nominee.
Sub Shift	A shift created in StellarHub for an experience, to which workers are assigned based on the availability they have submitted.

CONTEXT

Stellar Experiences recognises that a roster is a promise to a guest, and that a change to a roster affects the guest's day, their family's plans and their trust in us. We will:

- match workers to guests based on the guest's goals, preferences and personality, dependent on availability;
- give guests as much notice as possible of any change to their rostered worker;
- confirm every change directly with both the worker and the guest or their day-to-day contact;
- tell the guest or family promptly where we are unable to fill a shift, rather than leaving them to find out;
- roster in accordance with the applicable award, including breaks between shifts and minimum engagement;

- not roster a worker without the current screening checks, licences and training their role requires
- track every rostering action so that nothing is missed.

POLICY STATEMENT

1. Principles

- Guest choice and control over who supports them is respected wherever it can be accommodated.
- Continuity of workers is prioritised, particularly for 1:1 supports and for guests who find change difficult.
- Shifts are only assigned to workers who hold the current competencies.
- All shift changes are actioned in ShiftCare so that the record, the pay and the invoice remain accurate.
- Workers are not rostered in a way that breaches award requirements for breaks, maximum hours or minimum engagement.
- The Rostering and Bookings Officer and relevant Area Managers/Service Coordinators oversee and maintain the roster for each area.
- The allocated on-call staff members maintain the roster during the on-call period.

2. Availability and Leave

- Workers submit leave requests through StellarHub.
- Workers submit their availability for experiences two weeks before the start of the new month.
- Workers are responsible for keeping their availability current and for responding to cover requests.

3. Communication with Guests

- Where a rostered worker changes, the guest or their day-to-day contact is advised of these changes.
- Where a shift cannot be filled, the guest or family is contacted as soon as this is known.
- Confirmations are sent by text or call, in accordance with the guest's recorded communication preference.

PROCEDURE

1. Scheduled Leave

1. Workers submit leave into StellarHub.
2. The worker is made unavailable in ShiftCare for the dates of leave and moves the affected shifts into vacant.
3. Available shifts are identified and available staff are contacted to fill the shift.
4. The shift is assigned to the new worker in ShiftCare and it is confirmed with the covering worker by text message or phone call.
5. The guest or their day-to-day contact is updated with the date, time, pickup location and the name of the person who will be covering.
6. Where workers do not submit their availability, The Rostering and Bookings Officer or relevant Area Manager/Service Coordinator uses the ShiftCare job board and posts a message in the group WhatsApp.
7. Where a cover cannot be fulfilled, the Rostering and Bookings Officer or relevant Area Manager/Service Coordinator messages the guest or family to let them know.

2. Sick Leave

1. Where a worker calls in sick, the Rostering and Bookings Officer or relevant Area Manager/Service Coordinator changes the shift to the vacant in ShiftCare.
2. The Rostering and Bookings Officer or relevant Area Manager/Service Coordinator contacts the family to let them know, and then contacts workers asking whether they are able to cover the shift.
3. The sick leave is logged on Notion and in shiftcare.
4. Where relevant, the absence is added to staff incidents and concerns, and feedback is passed to the line manager where a pattern is repeated.
5. Where the shift cannot be covered, the guest or family is contacted as soon as this is known.

3. Rostering Supports

3.1 1:1 Supports

- When a new 1:1 is requested, the Rostering and Bookings Officer or relevant Area Manager/Service Coordinator contacts the requestor of the 1:1, being the guest and family.

- The Rostering and Bookings Officer or relevant Area Manager/Service Coordinator asks about their goals and attempts to understand what they would like to get out of their support.
- The Rostering and Bookings Officer or relevant Area Manager/Service Coordinator looks for an available and appropriate worker based on the information shared, their support matching assessment and the availability of staff.
- Once support is confirmed, the shift is added into Shiftcare and the guest/family is notified of the support.

3.2 Programs

- When a worker is required for a program the Rostering and Bookings Officer or relevant Area Manager/Service Coordinator looks for an available and appropriate worker.
- Once an appropriate worker is identified this shift will be added to the workers ShiftCare. If the shift is ongoing the shift will be added to ShiftCare as a recurring shift.

3.3 Social Outings

- Staffs availability is communicated to the Rostering and Bookings Officer or relevant Area Manager/Service Coordinator within the month prior to the Social Outings. The Social Outings roster is created prior to the up coming month.
- When a worker is required for a Social Outing the Rostering and Bookings Officer or relevant Area Manager/Service Coordinator looks for an available and appropriate worker.
- Once an appropriate worker is identified this shift will be added to the workers ShiftCare.

4. Bookings

- The Rostering and Bookings Officer or relevant Area Manager/Service Coordinator reviews the experiences that need to be booked by urgency and prioritises booking what is urgent.
- Bookings are made online, or by calling or emailing the venue. Refer to the Corporate Card Management Policy for the appropriate use of corporate cards.
- Both the experience location and the meal location are considered and booked.
- When booked, the information is logged into Social Outings in Notion and the Experience Team is informed.

5. Records

- ShiftCare reflects the actual shifts delivered, and is the basis for pay and for invoicing under the Invoicing Policy.
- Notion is used to track shifts to fill, leave, cover actions and social outings bookings.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

The Rostering Coordinator is responsible for maintaining the roster in ShiftCare, managing leave and cover, communicating changes to guests and workers, booking experiences, and tracking all rostering actions in Notion.

The Experience Team is responsible for reviewing experience rosters and advising on worker and guest matching.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Routine and Disinfectant Cleaning Procedure

Policy area	Guest Health and Wellbeing
Document type	Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	05/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	05/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this procedure is to explain how Stellar Experiences manages routine and disinfectant cleaning.

SCOPE

This procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Routine Cleaning	Cleaning surfaces and objects with detergent and water to remove germs, or reduce their spread.
Disinfectant Cleaning	Use of strong chemicals (alcohol, phenols, iodine) to kill germs on surfaces and objects, rather than just remove them.

CONTEXT

Stellar Experiences recognises that a safe and clean living environment is important for guest health, safety and wellbeing and infection control. We are committed to providing cleaning services as part of our service delivery that:

- provide guest choice, control and self-determination;
- support independence and capacity-building where possible;

- are culturally safe and communicated in a language, mode and method that the guest is most likely to understand; and
- demonstrate best practice risk management and infection control measures.

PROCEDURES

1. Risk Management

1.1 Conduct a risk assessment of the home environment before starting cleaning services.

1.2 Identify risks, preferred/required activities and guest preferences in terms of cleaning products and develop a cleaning strategy for the guest to review, agree to and sign.

1.4 Do not use any cleaning products or equipment that appear unsafe or you are not sure about. Information about cleaning products can be found in the Material Safety Data Sheets (MSDS) stored at each site.

1.5 Report any dangerous products or equipment to your manager/WHS team. Also report any adjustments or additional aids required.

1.6 Use products and equipment correctly, for the purpose they are meant for.

1.7 In the event of an injury or illness, if you are concerned it is life-threatening, call Triple Zero (000) immediately. If it is a non-urgent matter and requires medical assessment, escalate to the manager to contact the guest's family/alternate decision-maker/advocate for referral to a qualified health practitioner.

1.8 Refer to the Emergency and Disaster Management Policy and Incident Management Policy as required.

2. Routine Cleaning

2.1 As part of routine cleaning, ensure the following:

- floors are fully dry after being cleaned;
- spills and contaminants are cleaned appropriately (refer to the Waste Management Procedure);
- there is no build-up of cleaning product residue;
- cleaning equipment and cords are not left in walkways and are stored safely;
- manufacturer's instructions are followed for using cleaning products and equipment;
- minimise risk of cross-contamination by washing before reuse, or disposing of single-use-only cleaning aids (e.g. 'chux' wipes); and
- slip-resistant items (e.g. slip resistant mats) are encouraged and used (with consent of guest and/or family/alternate decision-maker/advocate).

2.2 Single-use paper towels are utilised to clean areas to prevent cross-contamination.

2.3 A general guide to routine cleaning:

Area	Technique
Internal Areas	• Prepare all equipment and take it to the area to be cleaned. • Empty all bins, replace bin liners, and place rubbish in the garbage bin. • Pick up any large litter from the floor and return it to the correct place. • Straighten all furniture to prevent trips and falls. • Remove cobwebs. • Damp dust • The last surface to be attended to should be the floor.
Bed Cleaning	• Gather cleaning products. • Collect clean linen. • Remove soiled linen. • Clean all surfaces using warm detergent water and disposable cloth. • Ensure all bed surfaces and the underneath frame have been washed and wiped over thoroughly. • Dry all surfaces thoroughly.
Dust Control	• Vacuum cleaners must be fitted with dust bags and the exhaust filter. o Bags must be changed when full or after use. o Filters changed according to the manufacturer's instructions. • Damp dusting is permitted only. o Use a damp cloth, rinsing frequently. o Dust all pipes and other fixtures o Wipe over window sills, ledges, tops of doors, bedside tables and wardrobes, picture frames, cabinets, cupboards, chairs etc. o Wipe over fans and curtain rails o Check work to ensure all areas have been covered. o Remove, clean and store equipment. • Avoid dry sweeping.
Wet Mopping	• Mops and mop-heads must be stored dry. • Wash mop at the end of cleaning work • All equipment used for wet mopping should be cleaned with warm detergent water daily and stored dry. • Guest's bedrooms and other areas must be wet mopped using warm water and detergent (if vinyl or wood flooring) • Make sure floors are dry before leaving or used by guests. • Never leave mops standing in buckets of solution

	• Mop the 'cleaner' areas first or use separate mops for 'dirty areas (bathrooms, toilets etc.) • Change the water frequently.
Bathrooms and Toilets	• Wear gloves and boots Check: • Toilets are working. • Taps are working. • Drains are clean and free of collected lint and debris. • Empty and clean waste bins and dispose of rubbish in the garbage bin. • Mop floors, toilet floors. • Clean mirrors. • Spot clean walls. • Clean doors. • Clean shower recess, wipe over pipes, and clean plugs and drains; shower wall and floor tiles are scrubbed.
Hand Basins	• Clean out and disinfect. • Ensure that underneath the basin, all plumbing connections are washed.
Baths	• Ensure that the outside walls of the bath and tiled areas are clean (if not, clean them). • Wipe the bath and surrounding area. • Inspect grout edges and clean any mould. • Clean soap container. • Clean the handheld tap connection.
Shower Recesses	• Clean soap container. • Clean the handheld tap connection. • Inspect grout edges and clean any mould. • Inspect rubber mats for wear — ensure they are clean.
Equipment Stored in the Bathroom	• Clean with neutral detergent. • Clean shower chair (if applicable) and store in the shower recess away from doorway. • Make sure walkway into the bathroom is clear to prevent trips and falls.
Toilets	• Make sure there is no smell coming from the toilet. Clean and deodorise if there is.

	• Brush the surface of the toilet bowel using the toilet brush. Do not use the toilet brush to clean the seat. • Clean the seat and seat cover with neutral detergent using disposable cleaning cloths and dispose of these after use. Use stain remover if required. • Wipe the seat and cover dry with a cloth.
Bathroom Floors	• Clean grout with a hand brush, if required. • Check the drains to ensure there is no build up of lint or other debris. • Rinse and dry the floor. • Mop the floor with neutral detergent. • Allow the floor to dry. • Clean all equipment used and put products away safely.
Dining Areas	• Sweep and mop. • Wipe over chairs daily. • Store chairs under the table or closely in towards the table.
Light Fittings	• Clean every six months, or as required, with water and detergent. • Before cleaning, make sure you: o turn off power; o use cleaning equipment with an extendable handle; o use a ladder if high up; o remove loose dirt with a clean cloth; o if you need to remove light shade or glass sections, carefully loosen screws while supporting the underside of the bowl/light fitting with one hand; o wipe the bowl/light fitting inside and outside; o dry and polish with a clean cloth; o remove the dust from the light bulb with a dry cloth. Make sure the lightbulb is cool before handling; and o replace the bulb, bowl and glass sections (if applicable) and ensure they are securely in place.
Fans and Other Permanent Fixtures and Fittings	• Clean every six months, or as required, with water and detergent. • Turn off the power. • Remove any loose dirt with a damp cloth. • Wipe blades or fixtures with a clean cloth dampened with detergent.

	• Dry and polish with a damp cloth.
Telephones (landline)	• Clean with a damp cloth soaked in detergent and warm water. • Clean mouth and earpiece with a damp cloth. Make sure the cloth is only damp to prevent water from damaging the phone.
Outside Areas	• Empty outside bins at least weekly (check the day of bin collection). • Place the bin at the front of the house (not relevant if it is unit) the day or evening before the scheduled rubbish collection. • Take empty bins to the front of the house after rubbish collection. • Clean the inside of the bins with water and detergent. • Hose bins out, removing all dirt and other debris. • Turn bins upside down and let them dry. • Return bins to their allocated areas.
Paved Areas (courtyard)	• Use a straw broom to sweep weekly, or more often if required. • Hose paved area as required.
Grassed Areas (yard)	• Collect litter with a plastic bag or bin as required.
Cobweb Cleaning	• Remove using a broom or duster from windows, doors, walkways and light fittings as required.
Windows	• Clean windows using a window cleaner chemical and cloth. • Dry with a drying cloth.

3. Disinfectant Cleaning

3.1 Conduct disinfectant cleaning after a hazardous waste spill or a disease breakout (e.g. Covid-19) in accordance with government health and WHS team directives.

3.2 Perform a routine clean before starting a disinfectant cleaning.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this procedure and associated documents;
- ensuring the procedure is effectively implemented across the service;
- monitoring worker compliance with the requirements of this procedure; and
- ensuring training and information is provided to workers to carry out this procedure.

All workers are responsible for complying with the requirements of this procedure.

COMPLIANCE

Deliberate breaches of this procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Safeguarding Against Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure

Policy area	Governance and Risk Management
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	12/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct UN Convention on the Rights of Persons with Disabilities UN Convention on the Rights of the Child Australian Human Rights Commission: National Principles for Child Safe Organisations State or territory-based Child Safe Standards (see Appendix) Aged Care Act 1997 Aged Care Quality and Safety Standards Aged Care Code of Conduct

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to safeguarding guests against all forms of violence, abuse, neglect, exploitation and discrimination.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Abuse	Behaviour which involves significant risk of harm to a person by controlling, bullying, threatening and/or violent behaviour. Abuse can be: • physical;

	• sexual; • emotional; • psychological; and/or • financial. It includes both acts and omissions (i.e. failure to act) and threats as well as actual abusive behaviour. *See the table below 'Types of Abuse' for definitions of the different types of abuse.
Child Abuse	Behaviour which involves a significant risk of harm to a person under the age of 18 by controlling, bullying, threatening and/or violent behaviour. It includes the types listed above and neglect and abandonment. 'Abandonment' is when someone responsible for providing the necessary care to an older person, fails to do so.
Coercive Control	This is a form of abuse and violence that involves a person exerting power over another person through fear and control. The perpetrator takes control over aspects of the victim's everyday life such as: • where they can go; • who they can see or communicate with; • what they can wear; or • when they can sleep or eat. It also includes denying access to services and supports that the person needs and humiliating and/or degrading the person.
Discrimination	The unfair or prejudicial treatment of a person, or group of people, based on personal characteristics such as race, culture, gender, age, ability, family circumstances or any other defining characteristic.
Elder Abuse	Behaviour which involves a significant risk of harm to an older person (60 years or older) by controlling, bullying, threatening and/or violent behaviour. It includes the types listed above and neglect and abandonment.
Exploitation	Behaviour which involves taking advantage of someone and treating them unfairly to profit from them or otherwise benefit from them. It includes a person withdrawing money out of another person's bank account without their consent, forging cheques, stealing from another person, or wasting their money or property.

Grooming	When someone builds a relationship, trust or emotional connection with a vulnerable person (child/young person, person with disability or an aged person) so they can manipulate, exploit and/or abuse them.
Harm	Anything that is a source of injury, illness or disease. It can be physical, psychological or emotional violence, abuse, neglect or exploitation caused by act or omission and either intentional or unintentional.
Neglect/ Abandonment	Behaviour which involves a significant risk of harm to a person by failing to provide them with the basic life necessities. It may be intentional or unintentional and includes acts and omissions (failure to act). Children, young people, people with disability and the aged are particularly vulnerable to neglect and abandonment.
Psychosocial Hazard	Anything that may cause psychological harm (harm to someone's mental health). It involves the regular and deliberate use of words and other non-physical actions to manipulate, hurt, weaken or frighten a person mentally and emotionally.
Violence/ Domestic and Family Violence	This includes abusive behaviour that may be physical, sexual, psychological or emotional. Domestic and Family Violence is violence that occurs within the family home or in the domestic 'network'. It includes coercive control, technology-based abuse as well as all the forms listed above.

Type of Abuse	Definition
Financial Abuse	When someone: • takes away another person's money; • manipulates another person's financial decisions; • uses another person's money without consent; and/or • uses money, or things relating to money to hurt, scare or control another person. The elderly are particularly vulnerable to financial abuse.
Physical Abuse	An intentional act causing harm or injury to a person's body, or taking away another person's control of their body. It includes: • hitting, slapping or kicking; • tying up, locking up or restraining a person in any other way; • denying a person access to medicine, food or equipment to make them unwell;

	• administering medication or drugs to stop a person thinking clearly; • forcing a person to drink alcohol or take drugs without their consent; and/or • leaving a person naked, exposed and vulnerable without due care.
Psychological Abuse	The regular and deliberate use of words or other non-physical actions to manipulate, hurt, weaken or frighten a person mentally and/or emotionally. It includes: • humiliating a person in public or in front of family, friends or colleagues; • continually criticising or 'belittling' a person; • calling a person offensive names; • making cruel jokes at a person's expense; and/or • threatening harm to a person or their family.
Sexual Abuse	Sexual behaviour or a sexual act, or an attempt to obtain a sexual act, forced on a woman, man or child without their consent. It includes: • sexual touching of any part of the body (clothed or unclothed); • grooming (preparing or encouraging) a child to engage in sexual activity; • sex of any kind with a child; • persuading or forcing a child to engage in sexual activity; and/or • sexual acts done by an adult of any gender, to a child of any gender.

CONTEXT

Stellar Experiences has zero tolerance for any form of violence, abuse, neglect, exploitation or discrimination. We recognise that people with disability, the aged, children and young people are at higher risk than others in the community and we are committed to maintaining processes to:

- prevent and protect against instances of violence, abuse, neglect, exploitation and discrimination;
- foster a 'safety culture' that supports individuals to be aware and report any actual or suspected risks of harm;
- provide environments which make guests feel safe and supported; and
- encourage and support guests with choice, control, self-determination and capacity-building where possible.

POLICY STATEMENT

1. Fostering a Safety Culture

- We will treat all individuals with courtesy, respect and compassion.
- We will act in accordance with our Code of Conduct and the Codes of Conduct of relevant regulatory bodies.
- We will ensure the guest feels culturally safe and seek their input on creating safeguards that best meet their cultural needs and preferences.
- We will ensure the guest is aware of their human and legal right to be free from any form of violence, abuse, neglect or exploitation.
- We will seek input from the guest in the planning and provision of safeguards and discuss with them in a language, mode and method they are most likely to understand.
- We will develop a trust relationship and 'know our guest' and be able to recognise when there are risks, issues or concerns and we will escalate accordingly.
- We will listen to the guest, and act on any fears or concerns they raise.
- We will encourage and support the guest to develop their own informal support networks as part of their safeguarding strategy.
- We will encourage and support the guest to engage an advocate, if requested.
- If the guest does not have intellectual or cognitive capacity, we will engage an appropriate advocate to speak on their behalf.
- We will respect a guest's right to informed decision-making and risk-taking (dignity of risk), irrespective of our own opinion or perception of the risk(s) involved.
- We will not discriminate against a person because of their culture, ethnicity, age, gender, ability, sexual orientation, identity or preference — or based on any other defining criteria.
- We will recognise when there is an actual, potential or perceived conflict of interest and manage this in accordance with the Conflict of Interest Policy.
- We will ensure workers undertake required pre-employment and ongoing screening (Police check, Working with Children check, NDIS worker screening).

2. Compliance with Legislation, Regulations, Standards and Guidelines

- We will comply with all applicable safeguarding legislation, regulations, guidelines and standards, including state or territory child protection legislation for children and young people under the age of 18 years old. See the Appendix at the end of this document for more information on child safety standards.

- We will comply with our organisational policies, procedures and work instructions in relation to guest safety and wellbeing.

3. Risk Assessments and Reporting

- At a minimum, we will conduct annual guest risk assessments
- We will report safeguarding incidents in accordance with our Incident Management Policy and Procedure.
- We will conduct mandatory reporting of reportable incidents to the applicable regulator in accordance with required reporting timeframes and formats.

4. Ongoing Review and Monitoring

- We will seek input from the guest and/or family/alternate decision-maker/advocate in the review and monitoring of the guest's safeguarding mechanisms.
- We will respond to any issues, concerns or challenges to ensure guest safety and wellbeing and implement any required changes to safeguarding mechanisms.
- We will discuss with the guest and/or guest/alternate decision-maker/advocate (if appropriate), using a language, mode or method that they are most likely to understand, any changes that may be required to ensure the guest's health, safety and wellbeing.

5. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

6. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of human and legal rights and in particular individuals' right to be free from any form of violence, abuse, neglect, exploitation or discrimination.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

1. Identifying and Assessing Risks

1.1 Complete a risk assessment at intake and during guest reviews and service delivery, with input from the guest and/or family/alternate decision-maker/advocate (if appropriate) to assist with planning safeguarding strategies.

1.2 Develop a safety plan for guests who require additional supports.

1.3 Discuss safeguarding strategies and plans with the guest in a language, mode and method they are most likely to understand.

2. Incident Reporting

2.1 Notify your manager, complete an incident report and write detailed file notes if any of the following apply:

- unexplained change in guest behaviour, mood or 'wellness';
- you observe someone behaving inappropriately towards the guest, or in a way that concerns you;
- guest tells you someone is abusing them;
- guest tells you they are abusing another guest;
- guest tells you they believe they are being exploited or discriminated against;
- guest presents as 'unkempt', unclean or overly hungry or thirsty;
- if the guest is a child or young person, the parents or guardians have not arranged necessary medical care or education for the child;
- evidence of bruising, scratches or other marks indicating physical harm;
- evidence of domestic violence (including coercive control, psychological harm); and/or
- any other action or inaction you observe in relation to the guest that may be considered harmful.

2.2 Make sure the guest is safe and comfortable and keep checking on their wellbeing.

2.3 Investigate the situation by:

- gathering information from people involved;
- analysing the situation to determine what has happened, how it happened and the parties involved;
    - If the guest is under 18, complete the NSW Mandatory Reporting Guide Decision Tree.
- assessing the effect on the guest(s);
- consult with relevant stakeholders. Leave specific questioning to appropriate authorities (e.g. police, ambulance, GP);

- undertake any further actions required to prevent the incident from recurring (if possible) and to keep the guest safe.
    - If the incident involves a staff member, their shifts may be suspended until the investigation is completed.

3. Documentation

3.1 Record all allegations and incidents in the Incident Register.

3.2 Complete the Incident Report and Incident Investigation Form.

3.3 Include all reports in the guest file and update the guest's Support Plan.

3.4 Complete any required external reporting forms (NDIS Immediate Notification Form, 5-Day Form, DCJ Mandatory Reporting eReport) as required.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendrick - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement are responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Appendix: Key Commonwealth, State and Territory Child Protection Legislation and Child Safety Regulations and Standards

Note: The table below outlines key legislation, regulations and standards - it is not an exhaustive list. We encourage you to regularly visit the regulator's website in your jurisdiction to keep up to date with developments.

Jurisdiction	Applicable Legislation	Website link to WWCC	Child Safety Standards	Reporting Child Safety Concerns
Cth	*Family Law Act 1975* *Family Law Regulations 1984* *Australian Human Rights Commission Act 1986*		National Principles for Child Safe Organisations Safe and Supported - The National Framework for Protecting Australia's Children 2021-2031	Make a Report to the National Office for Child Safety
NSW	*Child Protection (Working with Children) Act 2012* *Children and Young Persons (Care and Protection) Act 1998* *Children and Young Persons (Care and Protection) Regulation 2012*	Working with Children Check	Guide to the Child Safe Standards	Reporting Harm and Keeping Children Safet - NSW Government
Vic	*Worker Screening Act 2020 (replaces repealed Working with Children Act 2005)* *Children, Youth and Families Act 2005*	*Working with Children Check*	The 11 Child Safe Standards	Making a Report to Child Protection - Department of Families, Fairness and Housing The Orange Door - Victorian Government

	Children, Youth and Families Regulations 2017 *Charter of Human Rights and Responsibilities Act 2006*			
Qld	*Working with Children (Risk Management and Screening) Act 2000* *Child Protection Act 1999* *Child Protection Regulation 2011* *Human Rights Act 2019*	*Blue Card Services*	Child and Youth Risk Management Strategies	Report Child Abuse - Queensland Government
ACT	*Working with Vulnerable People (Background Checking) Act 2011* *Children and Young People Act 2008* *Children and Young People Regulation 2009* Human Rights Act 2004	*Working with Children Check*	No territory-specific standards. Guided by the Australian Government's National Principles for Child Safe Organisations	Reporting Child Abuse - ACT Government
SA	*Children and Young People (Safety) Act 2017* *Children and Young People (Safety) Regulations 2017*	*Working with Children Checks*	Child Safe Environments Program	Reporting Suspected Harm of Children and Young People - SA Government
WA	*Working with Children (Screening) Act 2004* *Children and Community Services Act 2004* *Children and Community Services regulations 2006*	*Working with Children Check*	No state-specific standards. Guided by the Australian Government's National Principles for Child Safe Organisations	Report Child Abuse - WA Government
Tas	*Children, Young Persons and Their Families Act 1997*	*Registration to Work with Vulnerable People*	Child and Youth Safe Organisations Framework	Strong Families Safe Kids - Tasmanian Government

NT	*Care and Protection of Children Act 2007* *Care and Protection of Children (Placement Arrangement) Regulations 2010*	*Working with Children Clearance/Ochre Card*	No territory-specific standards. Guided by the Australian Government's National Principles for Child Safe Organisations	Report Child Abuse - NT Government

Service Delivery Policy and Procedure

Policy area	Service Delivery
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	12/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct UN Convention on the Rights of Persons with Disabilities UN Convention on the Rights of the Child

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to guest service delivery/support provision.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Dignity of Risk	A person's right to make an informed choice - even if the choice involves some risk.
Reablement	Maintaining a person's functional ability. It refers to the process of rehabilitating a person to enable them to learn, or re-learn new skills to gain or regain some or all of their independence. It involves developing strategies to work towards achieving personal goals.
Wellness	A philosophy underpinned by an emphasis on preventative health measures, optimising physical and emotional function, independence and encouraging active participation and engagement.

CONTEXT

Stellar Experiences is committed to providing services and supports that:

- are fair and inclusive;
- are responsive, flexible and person-centred;
- prioritise guest health, safety and wellbeing;
- are ethical and compliant;
- offer cultural and linguistic diversity;
- uphold guest confidentiality, privacy and dignity;
- provide the guest with choice and control and actively seek their input;
- promote social and economic participation where possible;
- foster independence, resilience and capacity-building; and
- empower them to live their best life.

POLICY STATEMENT

1. Service Agreements, Fees and Charges

- Before entering into a Service Agreement or services commencing, we will provide the guest with adequate information, in a language, mode and method they are most likely to understand, so they can make informed decisions about their services and supports.
- We will ensure the guest has adequate time to consider and review their options, to read and understand their Service Agreement, and any other written information, to ask questions about any aspect of the Agreement they are entering into, including their rights and responsibilities and fees and charges to be paid.
- We will discuss with the guest to ensure they are aware of their right to seek external advice before entering into an agreement about their care and services.
- We will obtain guest consent, following adequate consultation and reasonable notice, before changing any terms (including increasing fees and charges) in the Service Agreement.
- We will provide each guest with a copy of the Service Agreement signed by them and by us as their provider. Where this is not practicable, or the guest chooses not to have a copy of the agreement, we will make a record of this and the circumstances under which they did not receive their copy.
- We will maintain a system to ensure prices, fees and payments are accurate and transparent.

- We will issue invoices that are timely, accurate, clear and presented in a way that guests are most likely to understand.
- We will address any overcharges and provide refunds to guests promptly.

2. Fair, Transparent and Compliant Service Provision

- We will provide services to eligible guests fairly and equitably.
- We will not discriminate based on gender, sexual orientation, identity or preference, background, culture, ethnicity, age, ability, circumstances, or any other defining criteria.
- We will maintain transparent and consistent service access and delivery processes.
- We will provide services which comply with all applicable legislation, regulations, standards, funding and organisational requirements.
- We will provide services in accordance with the guest's Service Agreement and Support Plan.

3. Safe, Responsive and Person-centred Service Delivery

- We will collaborate with the guest and their family/alternate decision-maker/advocate to provide services that are responsive, person-centred and which best suit the guest's needs, abilities, circumstances, preferences and goals.
- We will involve the guest in selecting their support worker(s), including the preferred gender, language spoken and/or cultural background.
- We will deliver services and supports in a way that optimises the guest's quality of life, wellness and maintenance of function, consistent with their needs, preferences and goals.
- We will ensure the guest has access to aids or equipment required and support the guest to use aids, equipment, devices and products safely and effectively.
- Where aids or equipment is provided, it is safe, suitable, clean and well maintained.
- We will provide information in a language, mode and method the guest is most likely to understand to support their active involvement in the support planning and service delivery evaluation and review processes.
- We will provide services in a safe and welcoming environment that is physically accessible, culturally safe, trauma-aware and healing-informed.
- We will ensure appropriate safeguards are in place and encourage the guest to report suspected or actual violence, abuse, neglect or exploitation.
- We will implement strategies to support our workers to recognise, identify, respond to and escalate in a timely manner guest risks, concerns and deterioration or

changes in their ability to perform activities of daily living, mental health, cognitive or physical function, capacity or condition.

- We will not implement the use of restrictive practices and, if restrictive practices are used, they will:
    - be reported through the organisations incident reporting process and be escalated to the NDIS Quality Safeguards and Commissions as a reportable incident.
- We will uphold our duty of care to each guest, and balance this with their right to take informed risks (dignity of risk).
- We will focus on guest independence, resilience and capacity-building in support planning and service delivery.
- We recognise the rights and respect the guest's autonomy, including their right to intimacy and sexual and gender expression.
- We will support the guest's right to make connections with others and maintain relationships of choice, including intimate relationships.
- We will deliver services according to contemporary, evidence-based best practice which supports improving quality of life.

4. Service Environments

- We will provide comfortable, welcoming, well maintained and fit-for-purpose services environments which:
    - are accessible (including for older people with a disability);
    - are designed to promote free movement (both indoors and outdoors), engagement and inclusion;
    - reduce safety risks in the least obtrusive and restrictive way;
    - optimise useful and positive stimulation (to promote interest, joy and comfort); and
    - are easy to navigate.

5. Privacy, Advocacy and Complaints

- We will explain to the guest, in a language, mode and method they are most likely to understand, how we manage their personal and sensitive information and their right to privacy and confidentiality.
- We will ensure the guest is aware of their right to withdraw or change their consent at any time.
- We will ensure the guest is aware of their right to an advocate of their choice and support them to engage one, if requested.

- We will ensure the guest is aware of their right to provide feedback and lodge a complaint, both internally and externally, and assist them to find more information and submit a complaint if requested.

6. Assessment and Review

- We will conduct guest risk assessments through the organisations Coordination of Care at intake and during annual reviews and more often if required (change in circumstances, new health risk identified).
- We will conduct annual risk assessments of the guest's home environment to make sure it is safe for both the guest and workers when working 1:1 with a guest.
- We will conduct quarterly risk assessments to ensure our service environments are safe, well-maintained and fit-for-purpose and that equipment and aids we provide that are used by guests are safe, suitable, clean, well-maintained and meet the needs of the guest.

7. Continuity of Support

- We will maintain processes to ensure continuity of support, where possible, in accordance with the terms and conditions of the guest's Service Agreement.
- In an emergency or disaster event, where scheduled services must stop, we will continue to provide essential services/critical supports for guests assessed with complex needs (medication, clinical, meals).
- We will facilitate planned and coordinated transitions to or from our services, including where multiple service and health providers, family/informal carers and workers are involved in service delivery.
- We will ensure critical information is communicated effectively and in a timely way, to the guest, their family/alternate decision-maker/advocate, workers and other service providers and health practitioners involved in the guest's care, including when:
    - the guest commences receiving care and supports;
    - the guest's needs, preferences, circumstances or goals change;
    - risks emerge, there is a change, deterioration or incident that impacts the guest; and
    - there is a transition of care between workers and others involved in the guest's care.

8. Collaboration with and Referral to Other Providers

- We will communicate and collaborate, with the guest's and/or their family/alternate decision-maker/advocate's consent, to facilitate referrals to other service providers to ensure guests have access to all the services and supports they are eligible for, need and want.

9. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure guest privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

10. Worker Training and Development

- We will maintain a skilled and trained workforce which is kind and caring and committed to providing safe and quality care to guests.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

1. Safe, Responsive and Person-centred Service Delivery

1.1 Ask the guest what they need, what their goals are, what makes them happy and brings them joy. Listen to what their answers are and what they tell you about their lived experiences.

1.2 From your findings in point 1.1 above, identify any services and supports the guest currently has and ones they would like to have to achieve their goals.

1.3 Provide opportunities for the guest to make informed decisions and engage services and support that builds capacity and independence.

1.4 Assume each guest has capacity to make their own decisions, unless otherwise identified.

1.5 For guests wishing to undertake risk-taking behaviour, ensure dignity of risk is supported and upheld. A Risk Assessment will be completed to ensure risks are identified and the guest has choice and control and can make an informed choice.

1.6 Support the guest to identify opportunities to develop and maintain social connections, including intimate relationships, and to express their sexuality, if they want this.

1.7 Be alert to the guest's general state of health and wellbeing (mood, behaviour, changes in sleeping or eating habits, unexpected weight loss or gain) so you can identify and report possible adverse health or wellbeing changes.

1.8 Assist the guest with understanding written information (e.g. their rights and responsibilities in the Service Agreement, fees and charges they must pay, communication they receive from other service providers) and provide the information in a way the guest is most likely to understand. Discuss with them their right to seek external advice before entering into an agreement about their care and services and support them to do this if requested.

1.9 Provide the guest with Easy Read documents, arrange an interpreter, and/or any other communication aid or equipment to assist the guest, if requested or required.

1.10 Support the guest to use any aid, equipment, device or product safely and effectively and make sure the device is functional, well maintained and clean. Arrange for periodic maintenance in accordance with manufacturer's instructions.

1.11 Find ways to enable the guest to contribute to the coaching, monitoring and supervision of their own services and support.

1.12 Discuss and seek input from the guest and/or their family/alternate decision-maker/advocate about specific health or allied health support that they need for their health and wellbeing.

1.13 Consider the guest's functional skills, abilities, circumstances and networks to identify options and when designing supports.

1.14 Check that you have all required written consents from the guest and remind them that they can withdraw, change or amend their consent at any time.

1.15 Remind the guest that they can provide feedback and/or lodge a complaint, either internally or externally, at any time and assist them to do this if requested.

2. Coordination of Care and Review

2.1 When a guest applies to join Stellar Experiences a guest will be offered the opportunity to begin the guest onboarding process 'Coordination of Care'.

The 'Coordination of Care' process is as follows:

- Guest enquires to join Stellar Experiences.
- The relevant Area Manager will contact the guest directly to organise their 'Coordination of Care meeting' and provide them with a link to complete their onboarding documents.

- The guest will complete their onboarding documents and attend their ‘Coordination of Care onboarding meeting’ face to face or via zoom. The initial ‘Coordination of Care onboarding meeting’ has no initial charge for all new guests as of June 2025. However any current guests completing their ‘Coordination of Care re-onboarding meeting’ will incur a charge reflective of 4 hours at the 1:1 rate as indicated in the price guide for the year in which the meeting takes place, which includes a face to face and non face to face establishment fee. This will be charged to the guests' NDIS Plan the week following the ‘Coordination of Care re-onboarding meeting’. It is mandatory for all of Stellar Experiences new and current guests to participate within the ‘Coordination of Care’ process.
- Throughout the ‘Coordination of Care meeting’ the relevant Area Manager with the guest and/or their family/alternate decision-maker/advocate will finalise their onboarding documents and complete their ‘Individual Risk Plan’.
- The NDIS Compliance Team will finalise their guest profile and documentation. The ‘Service Agreement’ will be sent to the guest and/or their family/alternate decision-maker/advocate to sign via Docusign. Services will not be able to commence until the ‘Service Agreement’ has been signed and returned to Stellar Experiences.
- The ‘Service Agreement’ dates will align with the guests current NDIS Plan dates.
- The Guest will also be provided with a ‘Schedule of Supports’ as a quote to ensure that the guest has the opportunity to attend any of Stellar Experiences services they may be interested in. The quote does not lock the guest into any of Stellar Experiences services however within the quote the services that the guest does currently receive on a consistent basis will be highlighted through the table “Schedule of Supports”. This schedule is subject to change and guests may be provided with separate schedules of support based on the experiences they are interested in.
- A new ‘Service Agreement’ will be created when the guests' NDIS Plan date changes or as requested by the guest and/or their family/alternate decision-maker/advocate.
- As the ‘Price Guide’ prices change accordingly every new financial year, the updated ‘Price Guide’ will be sent as a PDF via email from ‘info@stellarexperiences.com.au’. All services will be charged at the rate outlined within the ‘Price Guide’ for that financial year.

- The NDIS Compliance team and relevant Area Manager will provide all new guests with a ‘Guest Welcome Pack’ once their ‘Coordination of Care onboarding meeting’ and documents have been completed and emailed back to the guest and/or their family/alternate decision-maker/advocate.
- A six month review of the ‘Individual Risk Plan’ will be completed by the NDIS Compliance Team identifying any changes to their original ‘Individual Risk Plan’.
- If there are no changes to the ‘Individual Risk Plan’ the NDIS Compliance Team will email the guest and/or their family/alternate decision-maker/ advocate making them aware that there are no changes to the current ‘Individual Risk Plan’. The guest will incur a charge of $35 which is a non face to face fee. This will be charged to the guests' NDIS Plan the week following the completion of the ‘Coordination of Care six month review’.
- The guest and/or their family/alternate decision-maker/advocate will have the opportunity to complete a survey providing their feedback and expressing their interest in any new services. The NDIS Compliance team will act on the responses of the survey accordingly.
- Guests and/or their family/alternate decision-maker/advocate will have the opportunity to book in for a ‘Coordination of Care six month review meeting’ if the guest and/or their family/alternate decision-maker/advocate has identified that there are changes to the guests identified risks, support needs, medication, dietary requirements, or living arrangements.
- If a member of the NDIS Compliance Team identifies there are changes to the guests ‘Individual Risk Plan’ they will contact the guest and/or their family/alternate decision-maker/advocate to book in for a ‘Coordination of Care six month review meeting’. This will be completed via phone call or zoom. The guest will incur a charge reflective of 1 hour at the 1:1 rate as indicated in the price guide for the year in which the meeting takes place, which includes a face to face and non face to face establishment fee. This will be charged to the guests' NDIS Plan the week following the completion of the ‘Coordination of Care six month review’.
- The NDIS Compliance Team will amend the guests documentation accordingly to align with the changes identified.
- It is mandatory that all guests and/or their family/alternate decision-maker/advocate attend a ‘Coordination of Care Annual Review’. The NDIS Compliance Team will contact the guests and/or their

family/alternate decision-maker/advocate one month prior to the expiry of their current guest documentation.

- During the ‘Coordination of Care Annual Review’ the guests and/or their family/alternate decision-maker/advocate will have the opportunity to review all their current documentation ensuring that all of the guests support needs are current and the guest has the opportunity to identify meaningful outcome measures to assess and monitor progress towards goals. The guest will incur a charge reflective of 2 hours at the 1:1 rate as indicated in the price guide for the year in which the meeting takes place, which includes a face to face and non face to face establishment fee. This will be charged to the guests' NDIS Plan the week following the completion of the ‘Coordination of Care Annual Review’.
- It is mandatory that guests and/or their family/alternate decision-maker/advocate complete the ‘Coordination of Care Annual Review’ prior to the expiry of their current documentation.
- The NDIS Compliance Team will amend the guests documentation accordingly to align with the changes identified throughout the guests ‘Coordination of Care Annual Review’.
- The updated guests documents will be sent to the guest and/or their family/alternate decision-maker/advocate to sign via Docusign. If the updated documents are not signed prior to the expiry of the original documents, services will not be able to continue until the updated documents have been signed and returned to Stellar Experiences.
- Guests and/or their family/alternate decision-maker/advocate will have the opportunity to review and amend their documentation at any time.
- The ‘Coordination of Care’ process will be continuous throughout the guests involvement with Stellar Experiences and it is expected that the guests and/or their family/alternate decision-maker/advocate make every effort to attend all required ‘Coordination of Care’ meetings inclusive of the onboarding/re-onboarding, six month (as required) and twelve month (annual) review meetings.
- The guests activity with Stellar Experiences will be determined by the NDIS Compliance Team and relevant Area Managers/Service Coordinator through Stellar Experiences ‘Guest Internal Audit’. A guest will be deemed ‘inactive’ if they have not attended any of Stellar Experiences services within the past six months consecutively.

- The NDIS Compliance Team will make the guest and/or their family/alternate decision-maker/advocate aware via email that they have been made an 'inactive guest' and will be given the opportunity to identify if they would like to stay inactive or become an 'active guest' and provide feedback through a survey. If a response from the guest and/or their family/alternate decision-maker/advocate has not been received in regards to the guests activity within 10 business days of the initial email the NDIS Compliance Team will assume that the guest wishes to remain an 'inactive guest'. The guest's profile will be archived within ShiftCare and their status will be made inactive in all Stellar Experiences guest files.
- If an email is received in response to the initial email from the guest and/or their family/alternate decision-maker/advocate the NDIS Compliance Team will act accordingly.
- All costs associated with the 'Coordination of Care' process are outlined within the 'Price Guide'.

2.2 Seek input from the guest as to whether the current performance of workers is meeting their requirements and expectations.

2.3 Evaluate the services currently being provided against the guest's abilities, skills, needs, preferences and goals and discuss with them to check they are in alignment.

2.4 Discuss with the guest opportunities for changes in services and supports to increase independence and foster capacity-building. This may result in a reduction in required services.

2.5 Offer the guest the opportunity to have input in policy and procedure development.

2.6 Support the guest to review their crisis management and safeguarding arrangements, action any required changes and document them in the Support Plan and other relevant documentation.

2.7 Review the home environment to identify any new or changed risks. Undertake actions to eliminate or reduce identified hazards or risks.

2.8 Document any changes in the Support Plan and make sure all guest documentation is current and up to date.

3. Continuity of Support

3.1 Contact the guest and let them know if there is going to be a change to a rostered shift. Demonstrate empathy, apologise for the inconvenience and explain what actions will be taken as an alternative. Support the guest to provide feedback or make a complaint if requested.

3.2 Identify suitable alternate/replacement workers to cover a shift if the regular worker is absent/leaves employment. This may involve recruiting new workers or labour hire.

3.3 Ensure alternate workers, including labour hire workers, have any required skills and training to support a specific guest.

3.4 Match workers in accordance with the guest's preferences of worker attributes (e.g. gender, culture, age group) and if possible, match them with guests who live close by in the area.

3.5 Collaborate with the guest to develop a Personal Emergency Preparation Plan to plan supports before, during and after an emergency or disaster.

3.6 Contact the guest when planned or unplanned disruptions to normal services occur and give as much notice as possible about planned disruptions.

3.7 In an emergency or disaster event, where normal services stop, continue to provide essential services/critical supports for guests assessed with complex needs (e.g. medication, clinical, meals).

3.8 Document all guest preferences and needs in the Support Plan, including information about other relevant documents (e.g. complex health plan, hospital discharge summaries, medication summaries, comprehensive health assessments) so all workers have access to update and complete information.

3.9 Ensure critical information is communicated effectively and in a timely way to all relevant workers and others involved in the guest's care (including when guest needs, preferences, circumstances or goals change; if there is a risk, incident or observed deterioration of guest health or wellbeing; and/or if the guest is transitioning into a different environment).

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring worker compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Support Planning Policy and Procedure

Policy area	Support Planning
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	12/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct UN Convention on the Rights of Persons with Disabilities UN Convention on the Rights of the Child

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to planning guest services and supports through the 'Coordination of Care' process.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Dignity of Risk	A person's right to make an informed choice - even if the choice involves some risk.
Reablement	Maintaining a person's functional ability. It refers to the process of rehabilitating a person to enable them to learn or re-learn new skills to gain or regain some or all of their independence. It involves developing strategies to work towards achieving personal goals.

Wellness	A philosophy underpinned by an emphasis on preventative health measures, optimising physical and emotional function, independence and encouraging active participation and engagement.

CONTEXT

Stellar Experiences is committed to collaborating with the guest, their family/alternate decision-maker/advocate and other stakeholders to plan guest services and supports that achieve the best outcomes for the guest. This is implemented through our Guest Onboarding and Coordination of Care processes which will be conducted in a way that:

- encourages and supports them to adopt and maintain good nutrition and healthy lifestyle habits;
- best suits their individual needs, abilities, circumstances, preferences and goals;
- safeguards them against violence, abuse, neglect and exploitation;
- escalates health-related issues, concerns and risks promptly and appropriately;
- provides choice, control and self-determination;
- is culturally safe;
- upholds their privacy and dignity;
- promotes community participation and engagement;
- enables independence and capacity-building where possible; and
- empowers them to live their best life.

The 'Coordination of Care' process is outlined within the 'Service Delivery Policy and Procedure'.

POLICY STATEMENT

1. Collaborative Approach to Support Planning

- We collaboratively plan and work in partnership with the guest and stakeholders to develop a Support Plan that:
    - identifies and documents the guest's needs, preferences and strategies to achieve their personal goals;
    - identifies others involved in the guest's care and ensure coordination;
    - is current and complete;
    - reflects outcomes of all applicable assessments;
    - includes information about risks associated with care and services and how to manage these risks;

    - is accessible to the guest and others involved in their care with their consent;
    - is used and understood by workers to guide the delivery of care and services.
- We will involve other service providers and health practitioners in the assessment and planning process, with the guest's consent, as required.
- We will involve the guest in matching them to support worker(s), including their preferred gender, language spoken and/or cultural background, and maximise continuity of support.
- We will support the guest to exercise choice and control, including to make decisions about when family, friends, carers or any other person of their choice should be involved in their care.
- We will foster an ongoing partnership with other people that the guest chooses to have involved in their care.
- We will gather information and partner with the guest and other stakeholders to design the supports in a way that:
    - maximises their independence and skills;
    - promotes wellness and maintenance of function;
    - suits their age, abilities and circumstances;
    - includes preventative health care measures (recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services) where required;
    - maintains their human rights and safeguards them against violence, abuse, neglect, exploitation and discrimination;
    - is culturally safe and communicated in a language, mode and method that they are most likely to understand;
    - recognises and supports the right of self-determination and informed decision-making;
    - fosters social connections and relationships of choice (including intimate relationships);
    - meets their needs in the least intrusive and restrictive manner possible;
    - is ethical and legal; and
    - optimises quality of life.

2. Supporting Guest Decision-making

- At onboarding and review, we identify guests who require support with decision-making and through service provision, we support them alongside their advocate to make, communicate and participate in decisions that affect their lives;
    - Substitute decision-makers are only utilised after all options are exhausted to support the guest to make decisions themselves.

3. Building a Trust Relationship

- We seek to 'know our guests' and build a relationship based on trust, to enable us to work with them to assist in developing strategies to support achievement of personal goals.

4. Dignity of Risk and Achieving Personal Goals

- We will support the guest's right to take informed risks and build resilience and independence (dignity of risk).
- We will encourage and support the guest to be creative and 'think outside the box' to identify and develop strategies to achieve personal goals.
- We will seek and provide information to assist with planning and discuss opportunities for the guest to explore and expand their vision for the future.
- We will review guest progress towards achievement of goals and revise the Support Plan accordingly.

5. Risk Management and Continuity of Support

- We will seek input from the guest and/or their family/alternate decision-maker/advocate to identify risks to the guest's health, safety and wellbeing, and strategies for managing these risks.
- We will collaborate with the guest to develop strategies and plans that facilitate continuity of support in the event of:
    - an emergency or disaster; and
    - a transition to a different environment (hospital, hospital, respite, residential facility).
- We will conduct ongoing risk assessments, including environmental risks in the guest's home, to make sure the guest's risks continue to be identified and managed and revise the Support Plan accordingly.
- As part of the guest risk assessment process, we will consider the degree to which the guest relies on our services to meet their daily living needs and the extent to

which the health and safety of the guest would be affected if our services were disrupted.

- We will implement strategies to support our workers to recognise, identify, respond to and escalate in a timely manner guest risks, concerns and deterioration or changes in their ability to perform activities of daily living, mental health, cognitive or physical function, capacity or condition.

6. Reviewing Support Plans

- We will review each guest's Support Plan (and other care plans if applicable) at least annually and also if:
    - there is a change in the guest's needs, preferences and goals;
    - if new risks are identified;
    - if there has been an incident or change that adversely impacts the guest;
    - there is a change in availability of others involved in the guest's care.

7. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

8. Worker Training and Supervision

- We will maintain a skilled and trained workforce that are aware of guests' right to freedom of expression, self-determination and decision-making and to be involved in their own support planning.
- Our People and Culture Team monitor staff training records and supervise workers.

PROCEDURES

1. Collaborative Approach to Support Planning

1.1 Partner with the guest, and/or the family/alternate decision-maker/advocate as appropriate, to establish the agreed method for designing the Support Plan to ensure the guest's requirements and preferences are incorporated.

1.2 Seek input from the guest to understand their capabilities and functional skills and assist them to design supports which build on these and create independence and resilience to achieve goals.

1.3 Discuss with the guest other services and supports they may want and when/how they would like other people in their support network (family, friends, carers) to be involved in their care.

1.4 Discuss with the guest their physical, emotional, spiritual, cultural, community, social and financial needs and preferences and what strategies, services and supports will best meet these needs.

1.5 Discuss with the guest ways they can/would like to develop and maintain social connections and relationships (including intimate relationships).

1.6 Seek and provide information for the guest to consider in line with their preferences and goals.

1.7 Discuss with the guest ways to include safeguards in their Support Plan and strategies to respond to emergencies, disasters and foreseeable life events.

1.8 Discuss with the guest about information-sharing to optimise support planning and obtain their written consent to share information with other providers.

1.9 With consent, contact other service providers working with the guest to share information, with the guest's consent, and discuss options to maximise the guest's health and wellbeing.

1.10 With consent, collaborate with relevant stakeholders to ensure guests with complex care needs are provided with access to a full range of required supports (allied health, health and social support services). If required, organise a meeting with all stakeholders.

1.11 Make sure you, or other workers who will be providing care for the guest, have had the required training before taking on your first rostered shift as detailed in the guest's Support Plan. This includes:

- an agreed number of 'buddy shifts';
- access to the Support Plan to review and understand the guest's requirements before providing support.

2. Risk Management

2.1 Identify and discuss with the guest any environmental risks in the guest's home and strategies to mitigate these risks.

2.2 Ensure any equipment we provide that is used in the delivery of care or services is safe and meets the assessed needs of the guest.

2.3 Complete the Individual Risk Profile Form with the guest and other stakeholders as required. For all risks identified, ensure the Risk Management Plan is completed to identify triggers for the identified risks and mitigation strategies to manage the identified risks.

2.4 Once the planned supports are agreed to and the guest's risk profile is completed, determine the degree to which the guest will rely on services to meet their daily living needs and document this on the Individual Risk Profile and the Support Plan.

2.5 Review the Individual Risk Profile at least annually to determine the effectiveness of the Risk Management Plan. Some guests will require more frequent reviews than others, as determined by their identified risks and strategies.

2.6 The Individual Risk Profile must be reviewed (as a minimum) every twelve months and whenever there is a change in circumstances.

2.7 Ensure the Individual Risk Profile, Safe Environment Checklist, Personal Emergency Preparation Plan and Support Plan are completed, reviewed annually and recorded in the guest's file (more often if guest circumstances change).

3. Service Agreement and Support Plan

3.1 Develop a Service Agreement that establishes the responsibilities and expectations of both parties and the terms and conditions associated with the delivery of services.

3.2 Ensure the guest has adequate time to read and understand the Service Agreement and consider their options. Determine if the guest needs additional support to understand their Service Agreement and organise this if required. Ask the guest if they have any questions or concerns (including in relation to fees and charges) or if they would like anything clarified. Discuss with them their right to seek external advice and their right to an advocate to speak on their behalf before they sign the Agreement.

3.3 Ensure information in the Service Agreement and Support Plan (including emergency contact details) are clearly documented, accurate and up to date and accessible to all relevant stakeholders.

3.4 A new 'Service Agreement' will be created when the guests' NDIS Plan date changes or as requested by the guest and/or their family/alternate decision-maker/advocate.

3.5 Guests will not be required to receive a new 'Service Agreement' each time they access new services within the dates of their current 'Service Agreement'. Guests will be provided with a 'Schedule of Supports' that stipulates an approximate quote for services for the year. This schedule is subject to change and will be confirmed with the Guest prior to service provision.

3.6 As the 'Price Guide' prices change every new financial year, the updated 'Price Guide' will be sent as a PDF via email from 'info@stellarexperiences.com.au'. All services will be charged at the rate outlined within the 'Price Guide' for that financial year.

3.7 Provide the guest with a signed copy of their Service Agreement.

3.8 Review (and organise required revisions to) the Support Plan annually as a minimum, and also if there is a:

- change in the guest's needs, preferences or goals;
- change in the availability, capacity or responsibilities of others involved in the guest's care (e.g. family or friend);
- new risk is identified; or
- there is a change or incident that impacts the guest.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Transition of Care Between Different Environments Policy and Procedure

Policy area	Service Access and Exit
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	13/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Next review date	13/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to providing continuity of support for guests transitioning between environments for their ongoing care needs.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Transition of Care	The movement of people between places or services providing care, such as people moving between home and hospital or hospital back to home.

CONTEXT

Stellar Experiences is committed to providing continuity of support to ensure the health, safety and wellbeing of guests who are transitioning between different environments as part of their ongoing care and support. This includes guests transitioning from:

- home (including supported accommodation) to hospital, respite (short term accommodation) or residential care; or

- hospital, respite (short term accommodation) or residential care to home (including supported accommodation).

POLICY STATEMENT

1. Person-Centred Transition Process

- Guests are provided with choice and control to engage in and exit from any services they wish to. Due to the nature of support provided by Stellar, transition plans are developed at the guests request.
- We will provide support and assistance, as requested and as required, to guests preparing to transition to a different environment for their ongoing care and support needs.
- We will inform personnel at different environments of any guest-specific physical, communication, cultural or religious preferences or requirements.
- We will support the guest to understand and communicate information about their own health and assist them with engaging an advocate, if requested.
- We will communicate and collaborate with the guest and/or their family/alternate decision-maker/advocate to plan transition out of an environment to ensure that any changes in care and supports are considered.
- We will ensure critical information is communicated effectively and in a timely way, to the guest, their family/alternate decision-maker/advocate, workers and other service providers and health practitioners involved in the guest's care.
- We will provide the guest with information in a language, mode and method they are most likely to understand, about any follow-up care required.

2. Facilitating Ongoing Support Requirements

- We will conduct a guest risk assessment when the guest has transitioned back to home and revise the Support Plan accordingly.
- We will communicate and collaborate with other service providers (e.g. hospital staff) and the guest/family/alternate decision-maker to make sure the guest receives any ongoing health-related care and support they require.
- We will maintain processes for ongoing monitoring and review to ensure the guest's health and wellbeing and refer to a qualified health practitioner, with the guest's consent, if there are identified issues, concerns or risks.

3. Information and Record-keeping

- We will ensure information and records are accurate and up to date.

- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure guest privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

4. Worker Training and Supervision

- We will maintain a skilled and trained workforce which is aware of their duty of care when a guest is transitioning between different environments for their ongoing support needs.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURES

1. Intake and Transition Process

1.1 If requested by the guest or their family/advocate, we will support the guest by keeping their health-related information and documentation accurate and up to date. This includes the guest's Support Plan, Behaviour Support Plan and Complex or Comprehensive Health Plan (if applicable) and also medication information.

1.2 If requested by the guest or their family/advocate, we will support the guest by coordinating a pre-transition meeting with other service providers.

1.3 If requested by the guest or their family/advocate, we will support the guest to alert other staff to any guest-specific physical, communication, cultural or religious preferences or requirements (e.g. mobility aids, interpreter, braille, sign language etc).

1.4 If requested, plan transition out of hospital as early as possible based on professional medical advice to ensure that any changes in care are considered.

1.5 Work with hospital staff and the guest/family/alternate decision-maker to provide any additional health-related support the guest may require after leaving the hospital.

1.6 Where possible, support the guest to understand and communicate information about their own health and assist them with engaging an advocate if requested.

1.7 If requested, for an emergency visit to the hospital, arrange for a worker familiar to the guest to stay with them during the hospital admission process.

2. Information and Consent

2.1 Make sure you have written consent from the guest/family/alternate decision-maker/advocate to share the following information with the transitionary care provider:

- My Health Record (if used by the guest);
- Hospital Support Plan (if applicable);
- List of current medications;
- Webster packs and other required medications;
- Health Care Card;
- Medicare Card (and private health card if applicable);
- Behaviour Support Plan (if applicable); and
- Communication plan/profiles and any related communication aids/tools.

3. Plan for Discharge

3.1 If requested by the guest or their family/advocate support the guest plan for the guest's hospital discharge in consultation with the health practitioner as early as possible, including:

- estimated date of transfer;
- destination of transfer;
- transportation;
- referral services (e.g. allied health providers);
- home assessments by an occupational therapist for equipment, aids, or modifications; and
- reassessing support risks (e.g., wound management, tube feeding).

4. Facilitating Ongoing Support Requirements

4.2 If requested by the guest or their family/advocate, we will support the guest to consult with other service providers to understand the guest's ongoing health needs.

4.3 If our organisation cannot provide these new care requirements, communicate this to hospital staff as soon as possible.

4.4 Conduct a risk assessment by completing/updating the Individual Risk Assessment Profile.

4.5 Adjust the guest's Support Plan, as required.

4.6 Train workers on any new care and support tasks and activities, as required.

4.7 Provide the guest with information, in a language, mode and method they are most likely to understand, about their follow-up care when they leave the hospital.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Waste Management Policy and Procedure

Policy area	Work Health and Safety
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	13/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	13/05/2027
Authority	Work Health and Safety Act 2011 (and subsequent amendments) Work Health and Safety Regulation 2011 (and subsequent amendments) NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy and procedure is to explain Stellar Experiences commitment and approach to waste management.

SCOPE

This policy and procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Adverse Effects	This includes adverse effects from exposure to hazardous waste or accidental release into the environment, including: • infections; • antimicrobial resistance (building up resistance to antibiotics); • injuries from sharps (needles, syringes, lancets, pen needles); • air pollution; • thermal injuries (skin injuries caused by excessive heat); • radiation burns; and • environmental contamination or damage.

Cytotoxic Waste	Any material contaminated with residues or preparations that are toxic to cells. For example cancer treatments such as chemotherapy and radiation. This waste has special handling, packaging and disposal requirements.
Hazardous Waste	Infectious waste including: • waste contaminated by body fluids (saliva, urine, faeces, vomit); • waste from guests who have infections (bandages, swabs); • pathological waste (human tissue, organs or body parts); • sharps (needles, syringes, disposable scalpels and blades); • chemical waste (disinfectants, batteries, heavy metals in medical devices); • pharmaceutical waste (expired, unused or contaminated medicines and vaccines); • cytotoxic waste (cancer medications such as chemotherapy and radiotherapy – these kill all cells, not just cancer cells); and • radioactive waste.
Personal Protective Equipment (PPE)	Safety clothing or equipment for circumstances or areas where the nature of the work involved or the conditions of work requires wearing or using personal protection to minimise risk (e.g. gloves, goggles, face shield).

CONTEXT

Stellar Experiences is committed to providing a safe environment for guests, workers and others where services are being delivered. We will implement and maintain a waste management approach that:

- complies with waste management and WHS legislation and regulations;
- makes the environment as safe as possible;
- reduces or prevents adverse effects of exposure to hazardous waste;
- minimises harm to the environment;
- reduces, as far as possible, the volume or extent of the waste;
- collects, stores and disposes of waste safely and appropriately and in accordance with applicable legislation, regulations, standards and guidelines;
- upholds guest privacy and dignity; and
- monitors and reviews processes with a view to continuous improvement.

Stellar Experiences confirms that clinical, cytotoxic, radioactive, and hazardous waste are not generated or stored at any of our operational sites under normal circumstances.

In the event that any such waste is present on our premises, the following procedures govern its disposal to ensure full compliance with applicable regulatory requirements and to safeguard the health, safety, and wellbeing of all staff, contractors, and visitors.

POLICY STATEMENT

1. Compliance with Legislation, Regulations, Standards and Guidelines

- We will comply with national, state/territory and local government hazardous waste management legislation, regulations, standards and guidelines.
- We will comply with the applicable national and state/territory WHS legislation and regulations in relation to hazardous waste and keeping the workplace healthy and safe for guests, workers, visitors and others in the workplace.

2. Waste and Environmental Management

- We will identify and implement processes to minimise harm to the environment, (reducing the volume of waste generated and unnecessary energy consumption).
- We will review our purchasing behaviour and strive to reduce waste and use less harmful chemicals where possible.
- We will seek to conserve energy where possible.

3. Risk Management

- We will conduct guest risk assessments at intake and during guest reviews and service provision to identify and assess hazardous waste risks and required actions.
- We will escalate risks, issues and concerns as required (WHS regulator, health practitioner, guest's family/alternate decision-maker/advocate).
- We will maintain processes in accordance with WHS regulations to protect guests, workers and others in a service delivery environment from exposure to hazardous substances generated during the delivery of supports.

4. Collection, Storage and Disposal of Waste

- We will use best practice hygiene and infection control measures to collect, store and dispose of general waste.
- In the unlikely event where hazardous waste is stored on our premises, we will collect, store and dispose of hazardous waste in accordance with Safe Work

Australia guidelines and the relevant state/territory WorkSafe code of practice/guidelines to protect people and the environment from adverse effects from exposure.

- In the unlikely event where hazardous waste is stored on our premises, we will ensure workers wear appropriate personal protective equipment (PPE) in accordance with Safe Work Australia guidelines and the relevant state/territory WorkSafe code of practice/guidelines. Refer to the Work Health and Safety Policy.
- In the unlikely event where hazardous waste is stored on our premises, we will segregate hazardous waste so that it is easily identifiable. Refer to the Waste Management Procedure for details.
- In the unlikely event where hazardous waste is stored on our premises, we will ensure hazardous waste is stored away from food and clean storage areas (in a shed, garage or fenced area).
- In the unlikely event where hazardous waste is stored on our premises, we will ensure hazardous waste storage areas are not accessible by the public or unauthorised people.
- In the unlikely event where hazardous waste is stored on our premises, we will ensure hazardous waste storage areas have clearly visible signs alerting people to the presence of the hazardous waste.
- In the unlikely event where hazardous waste is stored on our premises, we will ensure, where possible, the flooring of the storage area of hazardous waste is rigid (concrete).
- We will follow Safe Work Australia guidelines in relation to any specific storage requirements (in a fridge to prevent decomposition and odour).

5. Incident Reporting and Emergency Planning

- We will conduct internal and external incident reporting in required timeframes and formats.
- We will develop individual emergency plans for guests whose supports involve hazardous waste to direct actions in the event of a hazardous waste incident.

6. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the guest has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the guest and only other stakeholders authorised to access it.

7. Worker Training and Supervision

- We maintain a skilled and trained workforce by ensuring staff complete “Basics of Infection Prevention and Control” and “Hand Hygiene for Non Clincial Health Care Workers” by National Hand Hygiene Initiaive annually. This training specifies how to safely collect, store and dispose of hazardous waste and how to respond to and escalate hazardous waste incidents.
- We will maintain processes to adequately monitor and supervise workers.

PROCEDURE

1. Collection, Storage and Disposal of Waste

1.1. Use best practice hygiene and infection control measures to collect, store and dispose of general waste. General waste is disposed of weekly through council collection. Sanitary bins are collected fortnightly by Fresh & Clean for Sydney Admin Office, Caringbah HQ, Illawarra HQ and Canberra HQ. Callala Bay HQ Sanitary bins are collected monthly or as requested by Fresh & Clean. Sharps bins for Illawarra HQ and Callala Bay HQ are collected by Fresh & Clean biannually or as requested.

1.2. If there is cleaning/disinfectant waste, dispose of through the sewer system by running cold water in the sink and then pour the chemical down the sink. Leave the cold water running for a few minutes after you’ve poured the chemical/disinfectant down the sink.

1.3. Make sure you are wearing appropriate personal protective equipment (PPE) in accordance with work health and safety (WHS) guidelines before collecting, storing or disposing of hazardous waste.

1.4. Collect hazardous waste and put it in a bag or package. Do not fill the bag or package beyond two-thirds of its capacity. Tie up bag or package securely.

1.5. If it is pharmaceutical waste,immediately contact a pharmacy and request advice.

1.6. If it is clinical waste, make sure you are using biohazard bags provided at each location (identifiable with yellow symbol as per diagram below).

1.7. Double bag the hazardous waste if you think it is required and take reasonable care to avoid accidental exposure.

1.8. Store hazardous waste in a secure area (e.g. a shed, garage or fenced area), with a hard floor (e.g. concrete) until it can be removed from the premises by a licensed waste removal organisation.

1.9. Make sure hazardous waste is not stored near food or cleaning storage areas.

1.10. Make sure the hazardous waste storage area is clearly signed and not accessible by the public.

1.11. Inform Directors and On-Call of clinical or hazardous waste collection immediately to organise licensed removal of waste.

2. Sharps Collection, Storage and Disposal

2.1. Always wear PPE (gloves, goggles, face shield and gown).

2.2. Dispose of sharps in a sharps container that meets Australian and New Zealand standards.

2.3. Make sure the sharps container has rigid walls (hard and resistant to breakage). Do not reuse single sharps containers.

2.4. Make sure the sharps container is not already full with no more capacity.

2.5. Place the needle and syringe (still connected) into the sharps container.

2.6. Do not try to recap the needle or separate the needle and syringe.

3. Waste Segregation

3.1. Put general waste in the general waste bin for regular weekly rubbish removal.

4. Managing a Chemical Spill or Biohazard

4.1. Identify the type of chemical or biohazard.

4.2. Follow the procedure in section 1 for disposal of waste.

4.3. Alert people at the workplace of the emergency.

4.4. Conduct evacuations as required by following the emergency evacuation map for information on assembly points, emergency exits and protection equipment.

4.5. If it is in the guest's home, take the guest and others to a safe location away from the house.

5. Incident Reporting and Emergency Planning

5.1. Complete an Incident Report Form and if required, complete Incident Investigation Form.

5.2. Follow the individual emergency plan to direct actions in the event of a hazardous waste incident. The plan should include:

- type of hazardous waste involved and other relevant information;
- required waste management actions;

- guest risk assessment; and
- required emergency response actions.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy and procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy and procedure; and
- ensuring training and information is provided to workers to carry out this policy and procedure.

All workers are responsible for complying with the requirements of this policy and procedure.

COMPLIANCE

Deliberate breaches of this policy and procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Whistleblower Policy

Policy area	Governance and Risk Management
Document type	Policy and Procedure
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	30/07/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	04/05/2027
Authority	Corporations Act 2001 (Part 9.4AAA) Treasury Laws Amendment (Enhancing Whistleblower Protections) Act 2019 Taxation Administration Act 1953 Fair Work Act 2009 NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy is to set out how Stellar Experiences promotes a culture of compliance, honesty and ethical behaviour. This policy aims to align with our high standards of ethical, moral and legal business conduct in addition to our commitment to open communication.

This policy outlines the process to be followed by eligible whistleblowers for their disclosure and reporting of disclosable matters, and the protections available for such whistleblowers who have made a disclosure in accordance with this policy.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers). It also extends to former workers, and to guests, their families, nominees and advocates who wish to make a disclosure under this policy.

DEFINITIONS

Term	Definition
Detrimental Action	Action taken or threatened against a person including action causing: injury, loss or damage; harm or injury to a person, including psychological harm; damage to a person's property, reputation, business or financial position; intimidation, bullying, harassment or discrimination; or disadvantage or adverse treatment to a person's employment (including disciplinary action, demotion, suspension, termination, transfer to a lesser position, or alteration of an employee's position or duties to their disadvantage on a current or future basis).
Disclosable Matter	Information about misconduct or improper affairs from Stellar Experiences, a related body or one of its employees.
Discloser/ Whistleblower	A person reporting a Disclosable Matter and otherwise known as a "whistleblower".
Personal Work-Related Grievance	Information disclosed by an employee that relates to personal circumstances of their employment and does not have significant implications for Stellar Experiences beyond that employee.
Protected Disclosure	A disclosure that relates to a Disclosable Matter, is voluntary and is made only to a Protected Disclosure Officer.
Protected Disclosure Officer	A person appointed and authorised in accordance with this policy to receive disclosures of a Disclosable Matter.

CONTEXT

Stellar Experiences recognises that our workers, guests and their families are often the first to become aware of wrongdoing, and that they will only come forward if they trust that they will be listened to and protected. We will:

- foster a culture in which speaking up about wrongdoing is expected, welcomed and acted on;
- make it clear that a Discloser is protected and supported, regardless of whether their disclosure is ultimately substantiated;
- treat all disclosures seriously, confidentially and impartially;

- take no Detrimental Action against a Discloser or any person who assists or supports a Discloser; and
- ensure workers understand this policy and know who they can speak to.

POLICY STATEMENT

1. Disclosure of Improper Conduct

Stellar Experiences encourages that concerns or disclosures be raised in writing, as soon as possible, with an appointed Protected Disclosure Officer. Examples of Disclosable Matters that may be made to a Protected Disclosure Officer include:

- fraud;
- theft;
- offering or accepting a bribe;
- improper use of company funds;
- misleading or deceptive practices;
- improper or dishonest accounting or financial reporting;
- avoidance or mismanagement of taxation obligations; and
- other illegal activity or breaches of legal obligations (although conduct might still be a Disclosable Matter even if not a breach of a particular law).

Such disclosures must be made on reasonable grounds, causing the Discloser to suspect that Stellar Experiences, a related body corporate, or an employee of Stellar Experiences has been engaged in misconduct or an improper state of affairs. Reasonable grounds means that a reasonable person in the Discloser's position would also suspect the information indicates misconduct or breach of the law. A Discloser can still qualify for protection even if a disclosure turns out to be incorrect.

Disclosable Matters do not include Personal Work-Related Grievances. Disclosures that are not about Disclosable Matters do not qualify for protection under the Corporations Act. These grievances are managed in accordance with the disciplinary actions outlined in the Code of Conduct.

Investigations into Disclosable Matters will be conducted in as fair and impartial a manner as possible. Where an individual has been alleged to have been involved in misconduct or a Disclosable Matter, that person will be given details of the alleged behaviour and will be given an opportunity to respond to the allegations before a decision is reached.

2. Confidentiality

Stellar Experiences will make every effort to ensure all disclosures are kept confidential and secure and will be properly investigated in accordance with this policy. A Discloser may choose to report a matter anonymously. A Protected Disclosure submitted anonymously will be accepted and will still qualify for protection, however it is important that the Discloser provide as much information as possible so that a full and fair investigation is not compromised.

Stellar Experiences will consult with the Discloser about whether they wish their identity to remain confidential, and whether the Discloser consents to their identity being disclosed to investigators, internally or externally, for the purpose of assisting the investigation. If the Discloser consents to their identity being revealed to investigators, this will be recorded in writing.

It is illegal for a person to identify a Discloser, or disclose information that is likely to lead to the identification of the Discloser, other than to certain bodies (which include ASIC, AHPRA and the Australian Federal Police), to a legal practitioner to obtain legal advice or representation, or with the Discloser's consent. Stellar Experiences may be required to reveal information provided in the Protected Disclosure to the extent necessary to permit a thorough and effective investigation, or where required by law or court proceedings. Stellar Experiences will seek to adopt all reasonable steps in investigating any matter to ensure that the Discloser's identity remains confidential in the absence of the Discloser providing consent to have their identity revealed.

Regardless of whether the Discloser chooses to consent to their identity being revealed, all the details of the report and investigation of disclosures will be conducted in a confidential manner. Any breach of confidentiality during and following the reporting and investigation process may lead to disciplinary action up to and including termination of employment.

To maintain confidentiality, Stellar Experiences will ensure that:

- all paper and electronic documents and other materials relating to disclosures will be stored securely;
- all information relating to a disclosure will only be accessed by those directly involved in managing and investigating the disclosure;
- only a restricted number of people who are directly involved in handling and investigating a disclosure are made aware of a Discloser's identity or information that is likely to lead to the identification of the Discloser; and

- each person who is involved in handling and investigating a disclosure is reminded that they should keep the identity of the Discloser and the disclosure confidential and that an unauthorised disclosure of a Discloser's identity may be a criminal offence.

3. No Detrimental Action

A Discloser will not be subject to any Detrimental Action. Stellar Experiences is committed to protecting Disclosers from possible reprisals and victimisation.

A Discloser who believes they have suffered Detrimental Action as a result of making a Protected Disclosure should immediately report the same to the relevant Protected Disclosure Officer.

Employees who are found to have imposed Detrimental Action on a Discloser may be subject to disciplinary action up to and including the termination of their employment in accordance with the disciplinary actions outlined in the Code of Conduct.

It is important to be aware that making a Protected Disclosure does not necessarily excuse liability or protect a person from detriment for reasons other than that the person has made a Protected Disclosure. For example, where an employee has been involved in misconduct that forms part of a Disclosable Matter, they may be subject to disciplinary action up to and including the termination of their employment for their involvement in the relevant misconduct.

However, depending on the circumstances, when determining what actions to take, Stellar Experiences may take into account the fact that the employee brought the relevant misconduct to Stellar Experiences' attention.

Administrative action that is reasonable to protect the Discloser from Detrimental Action will not be considered detrimental conduct. For example, moving the work locations of employees where a Disclosable Matter has been reported between the employees.

Protecting a Discloser from Detrimental Action does not prevent Stellar Experiences from managing the Discloser's unsatisfactory work performance.

4. Disclosures Without Reasonable Grounds

A Protected Disclosure may not be made on reasonable grounds if:

- it is made frivolously or vexatiously or without a reasonable basis;
- it primarily questions the merits of Stellar Experiences' policies or procedures;

- in respect of employees, it is made only to avoid dismissal or other disciplinary action;
- in respect of contractors, it is made only to avoid the non-renewal of a contract or allegations by Stellar Experiences of breach of contract; or
- in respect of families and guests, it is made only to avoid the termination of services, the reallocation of services, or the creation of services for the benefit of the Discloser or their family.

If the Discloser is an employee and does not act on reasonable grounds, they may be subject to action in accordance with the disciplinary actions outlined in the Code of Conduct up to and including the termination of employment.

If the Discloser is a family member or guest and does not act on reasonable grounds, their continuing access to Stellar Experiences services will be reviewed by the Management Team.

If the Discloser is a contractor or volunteer and does not act on reasonable grounds, their continuation as a contractor or volunteer will be reviewed by the Directors.

5. Support for Disclosers

A Discloser will be supported through the procedures following disclosures being made. The Protected Disclosure Officer that received the disclosure will have the primary responsibility to support the Discloser unless the Discloser agrees to their identity being disclosed to another person for the purpose of receiving support.

Examples of the support which may be provided to a Discloser include:

- discussing the Discloser's expectations of the process and the potential outcome of the process;
- providing information about the protections provided to Disclosers;
- helping identify any external support services that may be available (for example counselling or legal assistance);
- discussing what Stellar Experiences intends to do with the disclosed information, and the potential timeframe for action;
- confirming the Discloser's and others' responsibility to maintain confidentiality of the investigation process;
- where appropriate, notifying the Discloser of the actions being taken to address the matters disclosed, which may include no action, and the reasons for any action; and

- providing a first point of contact for any concerns that the Discloser may have about being subjected to potential or actual Detrimental Action.

A person must not be subject to any Detrimental Action for assisting or supporting a Discloser.

PROCEDURE

1. Protected Disclosure Officers

Stellar Experiences appoints the following persons as Protected Disclosure Officers for the purposes of receiving and acting on Protected Disclosures:

Nature of the matter	Protected Disclosure Officer
Matters involving a member of the Management Team	The Directors
Matters involving a Director	The Complaints and Feedback Manager
Matters involving any employee, contractor, consultant, volunteer, carer, guest or family member	The Directors The Complaints and Feedback Manager

2. Making a Protected Disclosure

A person who has reasonable grounds to suspect or believe they have evidence of, or are aware of, a Disclosable Matter (as defined by this policy) is encouraged by Stellar Experiences to promptly disclose that suspicion or belief in writing in the first instance to a person eligible to act as a Stellar Experiences Protected Disclosure Officer.

The disclosure should include a request that the Disclosable Matter be treated as a Protected Disclosure and that they, as the relevant Discloser, be dealt with as a Discloser in accordance with this policy.

For each Disclosable Matter the relevant Discloser must promptly provide to Stellar Experiences' Protected Disclosure Officer relevant specific, adequate and pertinent information with respect to their Disclosable Matter including, among other things, the dates, places, persons and witnesses, amounts, and other relevant information, in order to allow for a reasonable investigation to be conducted as required by this policy.

If the Discloser discloses his or her name, the relevant Protected Disclosure Officer receiving the claim will acknowledge having received the Disclosable Matter and may initiate a

follow-up meeting with the Discloser. However, if the Disclosable Matter is submitted on an anonymous basis there may be no follow-up meeting regarding that Disclosable Matter and Stellar Experiences may be unable to communicate with the Discloser if more information is required or if the matter is to be referred to external parties for further investigation.

A person who wishes to seek additional information before formally making a disclosure can do so by:

- contacting a Protected Disclosure Officer; or
- seeking advice from an independent legal adviser. Disclosures to a legal practitioner for the purpose of obtaining legal advice or legal representation about the operation of the whistleblower protections in the Corporations Act qualify for protection in the same way as an eligible disclosure.

3. Receiving and Investigating a Disclosure

1. The Protected Disclosure Officer records the disclosure in the confidential whistleblower register, which is stored securely and separately from general personnel and guest records.
2. The Protected Disclosure Officer acknowledges receipt with the Discloser (where the Discloser is identified), ordinarily within five business days, and discusses confidentiality, support and expected timeframes.
3. The Protected Disclosure Officer makes an initial assessment of whether the information disclosed is a Disclosable Matter, a Personal Work-Related Grievance, or a matter better handled under another procedure, and advises the Discloser of the outcome of that assessment.
4. Where an investigation is required, the Protected Disclosure Officer appoints an investigator who has no conflict of interest in the matter. An external investigator may be appointed where the matter is serious, complex, or involves a Director.
5. The investigator gathers and documents relevant evidence, gives any person alleged to have been involved in misconduct details of the allegations and a reasonable opportunity to respond, and prepares written findings on the balance of probabilities.
6. The Protected Disclosure Officer reports the findings to the Directors (or the Complaints and Feedback Manager where a Director is involved) and determines what corrective, disciplinary or systemic action is required.
7. The Protected Disclosure Officer notifies the Discloser of the outcome so far as is appropriate and lawful, and continues to monitor for any Detrimental Action.

8. Where the matter involves a reportable incident, a breach of the NDIS Code of Conduct, or a matter that must be notified to the NDIS Quality and Safeguards Commission, ASIC or the police, the Directors ensure the relevant notification is made within the required timeframe.
9. Records of the disclosure, investigation and outcome are retained securely for a minimum of seven years.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

The Protected Disclosure Officers are responsible for receiving disclosures, protecting the identity of Disclosers, arranging and overseeing investigations, and supporting Disclosers throughout the process.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Work Health and Safety Policy

Policy area	Work Health and Safety
Document type	Policy
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	13/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	13/05/2027
Authority	Work Health and Safety Act 2011(and subsequent amendments) Work Health and Safety Regulation 2011(and subsequent amendments) Model Codes of Practice Safe Work Australia State/territory WHS legislation, regulations and Safe Work regulators NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to worker health and safety.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Bullying	Unreasonable and inappropriate behaviour that may intimidate, offend, degrade, insult or humiliate a worker in front of others, including physical or psychological behaviours.
Discrimination	The unfair or prejudicial treatment of a person, or group of people, based on personal characteristics such as race, culture, gender, age, ability, family circumstances or any other defining characteristic.
Harassment	Any unwelcome behaviour that offends, humiliates or intimidates a person. It includes insults, ridicule, mockery, 'put downs', offensive or derogatory jokes or comments, racial or ethnic 'slurs', inappropriate comments or

	pressure in relation to dates or sexual favours, showing and discussing offensive and suggestive material such as cartoons, videos and photos.
'Hazard' and 'Risk'	'Hazard' is anything that has the potential to cause harm, injury or disease. 'Risk' is the likelihood of the harm, injury or disease occurring.
Person Conducting a Business or Undertaking (PCBU)	An individual or entity that conducts the business or undertaking alone or with others, whether or not the business or undertaking is conducted for profit or gain.
Personal Protective Equipment (PPE)	Safety clothing or equipment for circumstances or areas where the nature of the work involved or the conditions of work requires wearing or using personal protection to minimise risk (e.g. gloves, goggles, face shield).
Psychosocial Hazard	Anything that causes psychological harm (e.g. harm's a person's mental health). As well as violence and aggression, bullying, harassment (including sexual harassment) and discrimination in the workplace, it includes: • unrealistic job demands; • lack of control or support at work; • lack of role clarity; • poor organisational change management; • inadequate reward or recognition; • poor organisational justice; and • poor workplace relationships or interactions.
So far as Reasonably Practicable	Taking all steps which are, or were at a particular time, reasonably able to be done to ensure health and safety, taking into account factors such as the likelihood of the hazard or risk occurring, the degree of harm that might result, what the person knows, or should know about the hazard or risk and what response actions are or were available.
Worker	Anyone who is carrying out work, in any capacity, for a PCBU, including direct employees, contractors and subcontractors and their employees, labour-hire employees engaged in working in the business or undertaking, outworkers, apprentices, trainees and students on work experience and volunteers.
Workplace	Where work is carried out for a business or undertaking.

CONTEXT

Stellar Experiences is committed to providing a safe and healthy workplace for workers, guests and everyone else at the workplace. We will implement and maintain processes to:

- comply with applicable legislation and regulations;

- make the workplace as safe as possible;
- prevent or minimise, so far as reasonably practicable, physical and psychosocial harm or injury to workers while they are at work;
- manage risks in the workplace fairly, consistently and transparently;
- communicate and collaborate with workers in relation to workplace health and safety matters; and
- monitor and review work health and safety processes with a view to continuous improvement.

POLICY STATEMENT

1. Compliance

- We will comply with national and state/territory WHS legislation, regulations, principles, standards and guidelines. Refer to Appendix 1 at the end of this document.

2. Communication and Collaboration

- We will collaborate with workers on work health and safety (WHS) matters and issues and include them in the decision-making process.
- We will demonstrate courtesy, respect and compassion when communicating with workers adversely impacted by a WHS incident.
- We will communicate to workers WHS changes to the work environment, equipment, policies, protocols and procedures.
- We will distribute information on hazards, WHS activities and initiatives via worker meetings, emails, memos, intranet and training sessions.
- We will notify workers immediately of a serious WHS incident involving a fatality or serious harm or injury.

3. Risk Management

- We will maintain a risk management framework to identify, assess, analyse, manage, monitor and review all risks, including WHS risks.
- We will maintain safe work systems and processes.
- We will promote a safety culture and actively encourage WHS hazard, risk and incident reporting.
- We will act promptly on WHS issues, concerns and risks raised.
- We will provide workers with all required personal protective equipment (PPE) to enable them to undertake their work tasks and activities safely.

- We will ensure our insurances, including workers' compensation insurance covering all workers, are maintained and current.
- We will monitor and review the effectiveness of the risk management framework and process.

4. Injury Management and Returning to Work

- We will maintain an injury management and return-to-work program that prioritises the health, safety and wellbeing of workers.
- We will develop individualised injury management plans according to legislative requirements.
- We will appoint a designated person to manage claims for workers' compensation, workplace rehabilitation and return-to-work programs.
- We will make suitable duties available to injured workers who are returning to work and prepare an offer in writing outlining these duties.

5. Continuous Improvement

- We will evaluate and review the incident register to identify trends, gaps and opportunities for improvement.
- We will encourage and support workers to provide feedback and input on how to continually improve WHS processes.

6. Documentation, Disputes and Incident Reporting

- We will maintain a register of workplace injuries and illnesses.
- We will conduct internal and external incident reporting in required timeframes and formats.
- We will maintain a worker disputes resolution process in accordance with regulatory requirements and our Human Resources Management Policy.

7. Worker Training and Supervision

- We will maintain a skilled and trained workforce, which is aware of their responsibility to take reasonable steps to ensure their own health and safety and that of others in the workplace and which is trained in WHS principles and regulations.
- We will maintain processes to adequately monitor and supervise workers.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella ColeService Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.

Appendix 1: WHS Regulators and Authorising Legislation

Jurisdiction	WHS Regulator	Legislation
Australian Government	Comcare	Model Work Health and Safety Act (as at November 2023). Originally the *Work Health and Safety Act 2011* (Cth)
NSW	SafeWork NSW	*Work Health and Safety Act 2011* (NSW)
Qld	WHS Queensland	*Work Health and Safety Act 2011* (Qld)
ACT	WorkSafe ACT	*Work Health and Safety Act 2011* (Tas)

Worker Screening and Risk-Assessed Roles Policy

Policy area	Human Resources
Document type	Policy
Applicable to	Stellar Experiences Pty Ltd
Version	1
Date approved	12/05/2026
Approved by	Luke Muttdon, Director Bronte Hendricks, Director Ryan Willis, Operations Manager Isabella Cole, Service Quality and Improvement
Review date	12/05/2027
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS (Practice Standards — Worker Screening) Rules 2018 NDIS Code of Conduct

PURPOSE

The purpose of this policy is to explain Stellar Experiences commitment and approach to worker screening.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Key Personnel	This is a member of the group of persons responsible for the executive decisions of the organisation. In other words, it is a person who has authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the organisation. It includes, but is not limited to the CEO, board or committee members, senior executives and managers.

Risk-Assessed Role	Roles where workers have more than just 'incidental' contact with guests. It is a requirement under the NDIS Standards that a worker in a risk-assessed role meets the NDIS worker screening requirements. It includes key personnel (see definition above) and also roles that involve direct delivery of specified services and supports to NDIS guests. This may include: • physical contact; • face-to-face contact; • oral communication; • written communication; and/or • electronic communication.
Contractor	When an organisation engages another organisation or individual to perform work on their behalf.
Worker Screening	This is performance of clearances and checks to ensure that workers do not pose an unacceptable risk to the safety and wellbeing of guests.

CONTEXT

Stellar Experiences recognises the importance of rigorous worker screening to maintain a caring, compassionate and competent workforce that provides safe and quality care and support to guests.

POLICY STATEMENT

1. Managing Worker Screening

- We will ensure workers have completed and passed all applicable legislative, regulatory, contractual and organisational worker screening requirements before commencing work in a new role.
- We will ensure that workers, including key personnel, in risk-assessed roles (see section 2 below) have the required federal and state/territory-based worker screening, or acceptable clearances under applicable state/territory-based transitional and special arrangements.
- We will ensure our contractors hold current licenses and registrations and their workers have completed and passed worker screening before we engage the contractor's services.
- We will ensure our contractors have relevant insurances and hold copies of the Certificate of Currency on file.

2. Identifying and Documenting Risk-Assessed Roles

- We will identify and document all risk-assessed roles in the Risk Assessed Role Register.
- We will identify and document details of all workers in risk-assessed roles in the Risk Assessed Role —Employee Register.
- We will keep both Risk Assessed Role Registers up to date with any changes (including newly identified risk-assessed roles).
- We will notify the regulator of changes to key personnel in the required timeframe and format.
- We will ensure risk-assessed role documents and records are kept in accordance with legal requirements and are accessible to auditors on request.

RESPONSIBILITIES

Luke Muttdon - Director, Bronte Hendricks - Director, Ryan Willis - Operations Manager, Isabella Cole - Service Quality and Improvement is responsible for:

- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.