

# GRP SPEECH PATHOLOGY POLICIES AND PROCEDURES 2019





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# 1. Ethical Practice and Professional Responsibilities

Speech pathologists aspire to maintain the highest ethical standards by applying principles of ethical behaviour within their everyday practice and by proactively identifying potential ethical dilemmas and setting in place policies and procedures to circumvent or deal with these dilemmas if they do occur. Speech pathologists know of and adhere to all relevant laws within Australia and maintaining a minimum standard of current clinical skills, practice facilities and practice equipment / tools.

Speech pathologists will ensure that all issues/complaints are dealt with in a prompt, fair, consistent, confidential and constructive manner. Issues in relation to bullying, harassment and discrimination should be dealt with in accordance with the Equal Opportunity policy.

## 1.1 Knowledge and application of Speech Pathology's Code of Ethics (2010)

### 1.2 Knowledge and application of the National Code of Conduct

### 1.3 Knowledge of and compliance of all relevant laws

### 1.4 Quality assurance and continuing professional development

### 1.5 Minimum standards met for practice facilities, equipment and tools

### 1.6 Professional Indemnity Insurance

### 1.7 Voluntary Notification / Mandatory Reporting

## 1.1 Knowledge and application of Speech Pathology Australia's Code of Ethics (2010)

### Policy

*The speech pathologist reads, understands and applies SPA's Code of Ethics (2010) (the Code) to all of their professional interactions.*

*Speech Pathology Australia (SPA) strongly encourages employers of speech pathologists to ensure that their employees are members of SPA and that they then assist them to comply with this policy.*

### Procedure

1. The speech pathologist (and their staff) reads *the Code* once per year.
2. The speech pathologist (and their staff) attends a SPA continuing education event related to the Code of Ethics (2010) and/or completes SPA's Ethics Education Package once every two years.
3. The speech pathologist (and their staff) discuss *the Code* with colleagues through case discussions, critique of articles and position papers and reflects on their own practice as often possible.
4. The speech pathologist provides new clients with a copy of SPA's Code of Ethics (2010), or informs new clients as to where they can obtain a copy of *the Code*.
5. The speech pathologist displays SPA's Code of Ethics (2010) in the clinic. SPA's Code of Ethics posters can be obtained on request from National Office.
6. The speech pathologist (and their staff) is aware of the procedure for reporting a breach of the Code to SPA.

## 1.2 Knowledge and application of the National Code of Conduct

The National Code of Conduct (the Code) is a minimum set of standards of conduct for all health service providers, including speech pathologists, who are not regulated by the Australian Health Practitioner Regulation Agency (AHPRA). The Code sets national standards against which disciplinary action can be taken. In serious cases registration and the right to practice can be withdrawn.

Health complaints bodies in each state and territory are responsible for implementing the Code. As of March 2017, the states that have implemented the Code include NSW, South Australia, Queensland and Victoria.

### **Policy**

*The speech pathologist, regardless of state or territory, reads, understands and applies the National Code of Conduct to all of their professional interactions.*

### **Procedure**

1. The speech pathologist (and their staff) reads the Code once per year.
2. The speech pathologist makes a copy of the Code easily accessible to clients, for example in the practice's waiting room.
3. The speech pathologist ensures that information about how to make a complaint to the state based health complaints entity is available to clients.
4. In Victoria, information about the Code must also be on a speech pathologist's website.

## **1.3 Knowledge of and compliance of all relevant laws**

### **Policy**

*The speech pathologist complies with all relevant Australian, state, territory and local government laws, licences, registrations and leases.*

### **Procedure**

1. The speech pathologist has available within the practice a copy of (or is able to provide access to) all relevant laws.
2. The speech pathologist ensures that she/he (and their staff) complies with all of the relevant laws.

## **1.4 Quality assurance and continuing professional development**

### **Policy**

*The speech pathologist provides a quality service that adheres to the principles outlined in SPA's Code of Ethics (2010), including maintaining currency of and improving professional knowledge and skills and only operating within her/his scope of knowledge and experience. The speech pathologist refers a client to another speech pathologist if he/she feels he/she lacks the required knowledge or expertise.*

### **Procedure**

1. The speech pathologist maintains the currency of and enhances their professional knowledge and skills by participating in SPA's Professional Self-Regulation (PSR) program.
2. The speech pathologist acknowledges the limits of their professional knowledge and skills and develops a referral process for client's whose needs fall outside the range of her/his expertise.

Please note: In rural areas where a referral to another speech pathologist may not be possible, the speech pathologist seeks supervision from a speech pathologist with the appropriate expertise.

## **1.5 Minimum standards met for practice facilities, equipment and tools**

### **Policy**

*The speech pathologist provides practice facilities that are safe, private and comfortable and the equipment used within the clinic is appropriate for the service provided (this applies in particular to the currency and range of assessment tools).*



## Procedure

1. The speech pathologist considers all of the following factors when choosing a practice location and facilities. The practice or clinic room:
  - is easily accessible (for both wheelchairs and prams)
  - meets OH&S standards (e.g. waiting room furniture is safely secured and more than one door offering external access from the building)
  - has a toilet available
  - is private and/or soundproofed
  - has adequate storage
  - has secure storage facilities for client files
  - has adequate parking and/or is close to public transport
2. The speech pathologist ensures all of the equipment is appropriate for the service provided, including:
  - all assessment tools required to complete assessments are available.
  - all assessment tools are current versions.
  - all assessment record forms used are copyrighted forms.
  - equipment used in the practice is regularly checked and maintained.
  - equipment used in the practice is cleaned frequently.

## 1.6 Professional Indemnity Insurance

Professional indemnity insurance covers people who provide professional advice or services from claims arising out of that advice.

### Policy

*All speech pathologists, whether working in the public sector, a university or in private practice, and whether working full- or part-time, should have individual professional indemnity cover.*

### Procedure

1. There are many companies who provide professional indemnity insurance however SPA has a referral arrangement in place with Guild Insurance.
2. When making your decision regarding what indemnity level you need, you should consider the amount of time you are working (part time or full time), the setting in which you work (private or public), the client groups you see and if an organisation you are providing services to requires you to have a specific level of indemnity cover.
3. For additional individual advice, you may choose to talk with your personal business or financial advisor.
4. Depending on the type of business you run, you may wish to consider including:
  - public liability insurance which covers injury to other people or damage to other people's property
  - business insurance which covers loss or damage to a businesses' premises or contents caused by things such as fire, flood, storm damage, theft, etc.
  - motor vehicle insurance which covers damage and theft to motor vehicles used by your business
  - "Run-off cover" which recognises a practitioner is no longer consulting yet still has the potential liability for advice given throughout the course of their career. Most relevant for retiring practitioners

## 1.7 Voluntary Notification / Mandatory Reporting

Voluntary notification refers to a notification to the Child Protection Service by a person who believes that a child is in need of protection. Section 183 of the Children, Youth and Families Act 2005 (amended in 2011) states that any person who believes, on reasonable grounds, that a child is in need of protection, may notify a protective intervener of that belief and of the reasonable grounds that the belief is based on. Under this part of the Act, notifications are made out of moral obligation, rather than legislative obligation. The person making the notification is not expected to prove the abuse, and the law protects the anonymity of the person making the notification.

Mandatory reporting is the legal requirement to report suspected cases of child abuse and neglect. All states and territories have mandatory reporting requirements, however the individuals mandated to report and the abuse types for which it is mandatory to report vary across jurisdictions.

### Policy

*The speech pathologist, even if not mandated, is ethically responsible to report cases of suspected child abuse or neglect to the relevant authorities.*

### Procedure

1. It is advisable to check the latest requirements for your state or territory. The Australian Institute of Family Studies ([www.aifs.gov.au](http://www.aifs.gov.au)) has produced a Mandatory reporting of child abuse and neglect Fact Sheet which details the mandatory reporting requirements (including relevant Acts/Regulations) across Australia.

**See Appendix 1.1 Ethical Practice and Professional Responsibilities Annual Self-Evaluation Checklist**

**See Appendix 2.1 Ethical Practice and Professional Responsibilities Resource Checklist**

## **2. Communication between the speech pathologist and the client**

Speech pathologists provide clear and concise communications with their clients (or potential clients). Speech pathologists are aware of the potential barriers to clients understanding or remembering information presented (e.g. communication disability, reduced literacy skills, English as a second language) and set in place policies to assist clients to understand or remember information. Speech pathologists provide timely information. The speech pathologist develops and adheres to benchmarks for the timely provision of information. This applies particularly to the provision of assessment / diagnostic reports.

- 2.1 Response to initial contact from potential new client**
- 2.2 Informing potential client if a waiting list applies**
- 2.3 Referral to another service if the practice is at capacity**
- 2.4 Assessment and reporting options**
- 2.5 Confirmation of initial appointment**
- 2.6 Information gathered and shared during the initial session**
- 2.7 Informing the client of the clinic policies**
- 2.8 Discussing the assessment and provide a report.**
- 2.9 Developing and discussing the therapy plan**
- 2.10 Providing information about the homework requirements**
- 2.11 Working with clients who do not or cannot comply with recommendations**
- 2.12 Maintaining Professional Boundaries**

### **2.1 Response to initial contact from potential new client**

#### **Policy**

*The speech pathologist responds to contact from a potential new client in a timely manner and provides them with, or directs them to, clearly written information including the service provided, fee schedule and waiting list procedure (if applicable).*

#### **Procedure**

1. The speech pathologist responds to a potential new client's contact within 24 hours (or will advise of delay in responding if unable to respond within 24 hours).
2. The speech pathologist provides a potential new client with an information sheet (or directs them to written information).
3. The speech pathologist provides information (and discusses with the potential client) about waiting list procedures (if applicable).
4. If unable to provide a service to the potential new client the speech pathologist provides them with information about alternative services.

### **2.2 Informing the potential client if a waiting list applies**

#### **Policy**

*If the speech pathologists utilises a waiting list they must inform the client as to how the waiting list is managed and how and when they are likely to be offered a place.*

## **Procedure**

1. The speech pathologist will develop a waiting list policy.
2. The speech pathologist will inform the client of the policy (preferably in writing) or direct them to where they can find information about the policy.

## **2.3 Referral to another service if the practice is at capacity**

### **Policy**

*The speech pathologist provides the client with a range of options regarding an alternative service (both public and private) if they are unable to see the client in their own practice.*

### **Procedure**

1. The speech pathologist will provide the client with a list of alternative service providers if they are unable to see the client in their own practice.

## **2.4 Assessment and reporting options**

### **Policy**

*The speech pathologist advises the new client of the assessment and reporting options available to them, including fees, payment options and time-line of process.*

### **Procedure**

1. The speech pathologist provides the new client with an information sheet (and discusses) detailing the assessment process and reporting options.

## **2.5 Confirmation of initial appointment**

### **Policy**

*The speech pathologist provides written confirmation of the appointment booked and all relevant information (e.g., the clinician's name, fee payable, method of payment and cancellation policy) to the client.*

### **Procedure**

1. The speech pathologist provides written confirmation of the appointment day/date/time, clinician's name, fee, payment method and cancellation policy to the client in the form of a Confirmation of Appointment letter.
2. The speech pathologist will provide the Confirmation of Appointment letter to the client (if practicable) at least one week prior to the appointment.

## **2.6 Information gathered and shared during the initial session**

### **Policy**

*During the initial sessions, the speech pathologist gathers comprehensive information (including referral source, custody arrangements, private health cover), provides all relevant information to the client (including privacy policy, the public services and/or funding options available to the client, potential conflicts of interest) and gains informed consent to obtain or disclose information.*

### **Procedure:**

1. The speech pathologist gathers a case history and other relevant information including the source of referral, custody arrangements, and private health cover.
2. The speech pathologist provides written information to the client about the Privacy Policy, the public services available to the client and/or funding options available to the client.
3. The speech pathologist discloses any potential conflicts of interest to the client (this is particularly relevant for speech pathologists who work in both the public and private sectors).

4. The speech pathologist obtains written informed consent from the client to obtain or disclose information (if necessary).

## 2.7 Informing the client of the clinic policies

### Policy

*The speech pathologist must inform the client in a timely manner about the existence of clinic policies, and provide written information and/or clarification when requested.*

### Procedure

1. The speech pathologist provides the client with written information (and discusses) the following policies with the client:
  - Booking of appointments
  - Cancellation of appointments
  - Privacy
  - Client feedback or complaints
  - Termination of service (if applicable)

## 2.8 Discussing the assessment and provide a report.

### Policy

*The speech pathologist discusses the results of the assessment/screen and provides a written report that documents the assessment tools, results, diagnosis, recommendations, goals etc.*

### Procedure

1. The speech pathologist provides the client with a copy of the assessment report.
2. The speech pathologist reviews the assessment process, discusses the results of the assessment, any relevant diagnosis, recommendations and goals.
3. With permission from the client, the speech pathologist shares the report with relevant professionals e.g. teacher, OT, psychologist etc.

## 2.9 Developing and discussing the therapy plan

### Policy

*The speech pathologist provides the client with (and discuss) a comprehensive therapy plan, prior to the client commencing therapy. Information covered will include: frequency of therapy sessions, the length of the therapy sessions, the cost of the therapy sessions, the cancellation policy, the goals of therapy and the review process (if applicable).*

### Procedure

1. The speech pathologist discusses (and provide the client with a written therapy plan) their recommendations regarding the frequency of therapy sessions, length of the sessions, the cost of the sessions, the cancellation policy, the goals of therapy and the review process (if applicable) with the client. This should occur prior to the client agreeing to attend therapy.
2. The client indicates their informed consent to the therapy plan by signing the therapy plan.
3. The speech pathologist provides the client with a copy of the therapy plan.

## 2.10 Providing information about the homework requirements

### Policy

*The speech pathologist discusses (and provides written information) about the homework requirement. Information will include: what is to be completed for homework, how often the homework is to be completed, and how efficacy of the homework is to be evaluated.*

### Procedure

1. The speech pathologist discusses what is to be completed for homework (and has demonstrated this to the client and/or provided the client with an opportunity to practice the activity during the session), and negotiates with the client the number of times the homework is to be completed and sets in place a method of evaluating the efficacy of the homework or avenue for discussing problems related to completing the homework) or questions the client may have.

## 2.11 Working with clients who do not or cannot comply with recommendations

### Policy

*In the event that a client elects not to follow the speech pathologist's clinical recommendations, the speech pathologist records this in the client's record, and may seek professional advice.*

### Procedure

1. The speech pathologist listens to clients, asking for and respecting their views about their therapy and responding to their concerns and preferences
2. The speech pathologist informs clients of the nature of and need for all aspects of their therapy and gives them adequate opportunity to question or refuse intervention and treatment
3. The speech pathologist discusses with clients their condition and the available options, including their nature, purpose, possible positive and adverse consequences, limitations and reasonable alternatives wherever they exist
4. The speech pathologist endeavours to confirm that a client understands what they have said
5. The speech pathologist responds to questions from clients and keeps them informed about their clinical progress
6. Where clinical recommendations are not followed, the speech pathologist records this in the client's file. If required, the speech pathologist may seek further advice.

## 2.12 Maintaining Professional Boundaries

### Policy

*The speech pathologist maintains professional boundaries thereby allowing for a safe and effective therapeutic relationship with the client.*

### Procedure

1. The speech pathologist recognises the potential conflicts, risks and complexities of providing care to those in a close relationship such as close friends, work colleagues and family members and that this can be inappropriate because of the lack of objectivity, possible discontinuity of care and risks to the speech pathologist or client.
2. When a speech pathologist chooses to provide care to those in a close relationship:
  - appropriate consent is obtained
  - the personal relationship does not in any way impair clinical judgement
  - at all times an option to discontinue care is maintained

3. The speech pathologist never uses a professional position to establish or pursue a sexual, exploitative or otherwise inappropriate relationship with anybody under their care. This includes those close to the client, such as their carer, guardian, spouse or the parent of a child client
4. The speech pathologist recognises that sexual and other personal relationships with people who have previously been a client are usually inappropriate, depending on the extent of the professional relationship and the vulnerability of a previous client
5. The speech pathologist avoids the expression of personal beliefs to clients in ways that exploit their vulnerability or that are likely to cause them distress

**See Appendix 1.2 Communication between the Speech Pathologist and the Client Annual Self-Evaluation Checklist**

**See Appendix 2.2 Communication between the Speech Pathologist and the Client Resource Checklist**

### **3. Communication between the speech pathologist and other service providers**

*Speech pathologists provide clear and timely communication to all service providers working with a client.*

- 3.1 Acknowledging source of the referral**
- 3.2 Contacting other health/education professionals involved in the care of the client**
- 3.3 Discontinuation of service**
- 3.4 Handover to another speech pathologist**
- 3.5 Referral to other speech pathologists and professionals**
- 3.6 Third party funding programs reporting requirements**
- 3.7 Respect for colleagues and other practitioners**

#### **3.1 Acknowledging source of referral**

##### **Policy**

*The speech pathologist acknowledges receipt of the referral by (where applicable) providing written confirmation of the client attending the service to the referral source.*

##### **Procedure**

1. The speech pathologist sends a letter to the referral source acknowledging receipt of the referral and outlining the speech pathologists ongoing involvement with the client.

#### **3.2 Contacting other service providers involved in the care of the client**

##### **Policy**

*The speech pathologist contacts (where applicable to the coordination of care for the client) all of the other professionals involved with the client.*

##### **Procedure**

1. The speech pathologist writes to (or rings) the other health/education professionals outlining their involvement with the child and establishing how often (if required) they will be communicating with that professional.

#### **3.3 Discontinuation of service**

##### **Policy**

*The speech pathologist informs the referral source (if applicable) and all of the other professionals involved in the care of the client if the service is to be discontinued.*

##### **Procedure**

1. The speech pathologist writes to the other health professionals informing them of the discontinuation of the service.

#### **3.4 Handover to another speech pathologist**

##### **Policy**

*The speech pathologist provides the new speech pathologist with a Handover (Summary) Report detailing the service provided to the client.*



## **Procedure**

1. The speech pathologist gains the client's permission to provide the new speech pathologist with a Handover Report (and informs the client of any charge related to providing the report).
2. The speech pathologist provides the new speech pathologist with a Handover Report before the client commences seeing them (if practical).
3. The Handover Report contains background information, details of other professionals involved in the client's care, a summary of assessment results, a summary of speech therapy history (e.g. frequency of therapy, goals of therapy, client's progress) and any other information of note. The speech pathologist informs the new speech pathologist of how and when they can be contacted if they require clarification of information contained in the report or any other information.

## **3.5 Referral to other speech pathologists and professionals**

### **Policy**

*When indicated clinically, the speech pathologist is able to recommend a client see a different speech pathologist or an additional health professional e.g. occupational therapist, psychologist etc.*

### **Procedure**

1. The speech pathologist provides the client with a list of suitable professionals. Ideally, this list should contain a minimum of 2-3 names.
2. The speech pathologist can provide information about the areas in which that professional has a special interest.
3. It is appropriate for a speech pathologist to provide the name of only one health professional to a client in certain circumstances. This might occur when there are only a few practitioners working in a clinical area (e.g. speech pathologist working in the area of infant feeding or in the provision of a specific AAC system) or if there are only a few providers working in a specific geographical area.
4. The speech pathologist should document these recommendations in the client's file.

## **3.6 Third party funding programs reporting requirements**

Refer to 6.3 - Reporting to third party funding sources.

## **3.7 Respect for colleagues and other practitioners**

### **Policy**

*The speech pathologist commits to enhancing good client care by establishing mutual respect and clear lines of communication with all health professionals involved in client care.*

### **Procedure**

1. The speech pathologist communicates clearly, effectively, respectfully and promptly with colleagues and other practitioners caring for the client
2. The speech pathologist acknowledges and respects the contribution of all practitioners involved in the care of the client
3. The speech pathologist behaves professionally and courteously to colleagues and other practitioners at all times, including when using social media
4. The speech pathologist understands the nature and consequences of bullying and harassment and seeks to avoid or eliminate such behaviour in all professional interaction

**See Appendix 1.3 Communication between the Speech Pathologist and Other Service Providers Annual Self-Evaluation Checklist**

**See Appendix 2.3 Communication between the Speech Pathologist and Other Service Providers Resource Checklist**

## 4. Social Media

This policy applies to all staff and outlines their responsibilities when using social media.

### 4.1 What is Social Media?

### 4.2 Social Media Policy

### 4.3 Using Social Media Tools at Work

### 4.4 Personal Use of Social Media

#### 4.1 What is Social Media?

'Social media' describes the online and mobile tools that people use to share opinions, information, experiences, images and video or audio clips. Social media may include, but is not limited to:

- social networking sites such as Facebook and LinkedIn
- content sharing websites such as YouTube, Snapchat, Flickr, Instagram and Pinterest
- discussion forums and message boards such as speechbubble, Google groups or Whirlpool
- blogs (personal, professional and those published anonymously), WOMO, True Local and microblogs such as Twitter and Tumblr
- corporate networking tools such as SharePoint or Enterprise Jungle
- media sites hosting articles with comments such as newshub
- wikis such as Wikipedia

#### 4.2 Social Media Policy

*When using social media, the speech pathologist must be mindful that the National Law and the SPA Code of Ethics (2010) apply. Whether an online activity is able to be viewed by the public or is limited to a specific group of people, the speech pathologist needs to maintain professional standards and be aware of the implications of their actions, as in all professional circumstances. The speech pathologist should only post information that is not in breach of these obligations by:*

- *complying with professional obligations*
- *complying with confidentiality and privacy obligations (such as by not discussing patients or posting pictures of procedures, case studies, patients, or sensitive material which may enable patients to be identified without having obtained consent in appropriate situations)*
- *presenting information in an unbiased, evidence-based context*
- *not making unsubstantiated claims*

#### 4.3 Using Social Media Tools at Work

The speech pathologist is required to use ICT facilities in an acceptable manner that does not interfere with the performance of your work. When participating in a social media platform or networking tool at work, you must observe the following:

- you must be polite and respectful of the opinions of others at all times
- you should be mindful that posts may be read by people from a variety of backgrounds who may not share your sense of humour
- you must not access or post or share any material that is fraudulent, threatening, bullying, embarrassing, of a sexual nature, profane (whether obfuscated by symbols or not), obscene, racist, sexist, defamatory or otherwise inappropriate or unlawful
- you should not use ICT resources to conduct romantic relationships whether consensual or not

#### **4.4 Personal Use of Social Media**

While acting as private citizens, you need to be mindful that your online behaviour must be lawful, and you may still be bound by the SPA Code of Ethics and our policies. When using social media, you must:

- behave in a way that upholds the integrity and good reputation of the practice
- be aware of your association with the practice, particularly if you identify as one of its staff
- remember that where you are identified, or could reasonably be identified as an employee of the practice, be polite and respectful of the opinions of others at all times, and you must not disparage the practice's employees, customers and other stakeholders
- be mindful that if you comment on the practice, ensure that the information you provide is informed and factually accurate
- not use social media to publicly complain about your employment

## 5. Record Keeping

Speech pathologists are required by law to keep accurate records of all manner of information. This section of the Policy and Procedure Manual aims to provide information about what information is to be retained, the essential components of the information to be retained, how it should be recorded, and how long it should be kept for.

### 5.1 Client database

### 5.2 Client Health Record

### 5.3 Financial records

### 5.4 Cloud Based Storage

### 5.5 Intellectual Property / Confidentiality

#### 5.1 Client database

##### Policy

*The speech pathologist compiles a client database which contains client contact details (including a record of any Court orders pertaining to pediatric clients), billing information (including information about third party funding sources) and discharge information (if applicable).*

##### Procedure

1. The speech pathologist gathers client information including:
  - Client (or parent) contact details (including Next of Kin if the client attends the session on their own or details for someone to be contacted in an emergency if the if the client attends the clinic with a parent)
  - Any Court orders pertaining to the client (if applicable)
  - Name of private health insurer (if eligible for private health fund rebate)
2. The speech pathologist keeps a record of billing information including:
  - Invoices and receipts (preferably using an electronic billing system)
  - Record of rebate claimed for the service (if applicable)
3. The speech pathologist records the following information if the client is discharged from the practice or if the client health record is destroyed:
  - Date of discharge
  - Reason for discharge
  - Where referred to if client is attending another service
  - Date client record is destroyed

#### 5.2 Client Health Record

##### Policy

*The speech pathologist compiles a confidential Health Record (client file) for each client and collects, stores, releases and destroys the Health Record according to the relevant laws (e.g., Commonwealth Privacy Act 1988 and relevant State Acts). Information in the file includes a copy of client information recorded in the Client Database, referral information, a record of other service providers involved with the client, a log of all client contacts, session plans and notes, a record of assessments conducted (including record forms and working notes), correspondence received and sent and discharge information (if applicable).*

## Procedure

1. The speech pathologist has available within the practice a copy of (or be able to provide access to) all relevant laws.
2. The speech pathologist complies with all of the relevant laws (but particularly the Australian Privacy Principles) pertaining to health record collection, use and disclosure, access, security, retention and destruction.
3. The speech pathologist keeps a copy of the client information recorded in the Client Database in the client file.
4. The speech pathologist keeps a record of the referral source and their contact details in the client file.
5. The speech pathologist keeps a record of other service providers who are involved with the client and their contact details and any correspondence received from or sent to the other service providers.
6. The speech pathologist keeps a log of all client contacts including:
  - sessions attended
  - sessions cancelled and why (record if cancellation fee charged and how much)
  - phone calls
  - emails or letters
  - other
7. The speech pathologist records each session the client attends. Information to include in the session notes:
  - client name
  - date of session
  - names of people in attendance (e.g., client and parent)
  - clinician's name
  - where session held
  - length of session (if variation in length of session, why there was a variation)
  - feedback or information from parent (e.g., homework completed, visits to other service provider)
  - other information discussed with parent
  - goals of therapy, activities completed and outcome
  - record of homework to be completed (record if discussed or not discussed with parent)
  - date of next session
  - plan for next session

## 5.3 Financial Records

### Policy

*The speech pathologist keeps financial records that comply with all relevant legislation (including retaining the records for the required amount of time) and seeks specialist advice (from the Australian Taxation Office or an accountant) if unsure as to what the relevant legislation is.*

## Procedure

1. The speech pathologist has available within the practice a copy of (or be able to provide access to) all relevant laws.
2. The speech pathologist ensures that she/he (and their staff) complies with all of the relevant laws.

Please note: SPA strongly encourages the speech pathologist to use an account keeping software package.

## 5.4 Cloud Based Storage

Cloud computing is a model of computing that manages and delivers information and communications technology services over the internet. It involves the use of shared resources and information, allowing for the storage and access of data and programs over the internet instead of a person's local computer drive. Examples of cloud services and resources include:

- general data storage
- small data storage such as Dropbox
- cloud software such as practice management software
- cloud based collaborative documents such as google drive

## Policy

*When using cloud computing services, the speech pathologist complies with the Privacy Act 1988 and the relevant Australian Privacy Principles (APPs).*

## Procedure

1. Before disclosing personal information to a person or organisation who is not in Australia, the speech pathologist will take reasonable steps to ensure the recipient of the information does not breach the APPs.
2. The speech pathologist will check and ensure that the relevant cloud computing arrangements have security measures in place in order to meet APP obligations (i.e. protection from misuse, interference and loss from unauthorised access and disclosure).

## 5.5 Intellectual Property / Confidentiality

### Policy

*It is a condition of employment for every employee that s/he will not utilise or divulge directly or indirectly to any person any secret or confidential knowledge or other commercially sensitive information which is not strictly confidential which may have been acquired by him/her as a result of his/her employment with the speech pathologist, without the speech pathologist's written consent. This is binding during the employee's employment and at all times thereafter.*

### Procedure

1. Any property of the speech pathologist and in particular any memoranda notes or records relating to the business of GRP Speech Pathology which may be in an employee's possession, or under his/her control, shall be surrendered to the speech pathologist at the time of termination of employment
2. Contractors, employees, suppliers and companies working in partnership with the speech pathologist may be asked to sign written undertakings as per the above not to compete after the relationship has ended
3. In the case of an associateship, where there is a sharing of overheads by otherwise independent speech pathologists, speech pathologists retain separate clients and accounting records. The speech pathologists maintain their own clients and client records.

**See Appendix 1.4 Record Keeping Annual Self-Evaluation Checklist**

**See Appendix 2.4 Record Keeping Resource Checklist**

## 6. Reporting

Providing written information to a client and/or other service providers etc. following an assessment is an essential part of the assessment process. In some instances, it is a legal requirement (e.g., following provision of Medicare debatable services or when applying for funding) and information about what is to be included in the report is provided to the speech pathologist. It is important to have consistency across the profession regarding what to include in the report and how to present the information to aid understanding for other service providers and clients. In light of there being no recognised standard procedure for speech pathology report writing, SPA encourages members to follow the general guidelines detailed in SPA's Guide to report writing.

### 6.1 General guidelines regarding reporting

### 6.2 Reporting to support funding applications

### 6.3 Reporting to third party funding sources

## 6.1 General guidelines regarding reporting

### Policy

*The speech pathologist provides a report (appropriate to the reporting needs) in a timely manner which adheres to all of the general guidelines regarding reporting.*

### Procedure

1. The speech pathologist determines the reporting needs through consultation with the client and/or other service provider.
2. The speech pathologist advises the client/other service provider of the type of report to be provided, the cost of the report and when the report will be provided to the client/other service provider.
3. The speech pathologist completes the report and provides it to the client/other service provider within the negotiated time frame.

Please note: SPA recommends within two weeks for screening or summary/handover reports and within one month for more complex reports (e.g., diagnostic reports or reports to be used for funding applications).

4. The speech pathologist provides a feedback session with the client/other service provider to discuss complex reports.
5. The speech pathologist writes the report in a concise and clear manner and provides information to the client/other service provider of any terminology or information that may be difficult for the reader to understand.

## 6.2 Reporting to support funding applications

### Policy

*The speech pathologist complies with all of the reporting requirements determined by the funding body.*

### Procedure

1. The speech pathologist determines the reporting requirements prior to agreeing to provide the service and submit the funding application.

Please note: the speech pathologist must ensure they have all of the necessary assessment tools before agreeing to accept a client who may be eligible for funding.



### **6.3 Reporting to third party funding sources**

#### **Medicare – Chronic Disease Management program reporting requirements**

##### **Policy**

*The speech pathologist complies with Medicare's Chronic Disease Management (CDM) program reporting requirements.*

##### **Procedure**

1. The speech pathologist knows and understands Medicare's reporting requirements for the CDM program outlined in the Medical Benefits Schedule.
2. The speech pathologist sends a report to the referring GP after the first and final session.

#### **Medicare – Follow-up Allied Health Services for people of Aboriginal or Torres Strait Islander descent**

##### **Policy**

*The speech pathologist complies with Medicare's Follow-up Allied Health Services for people of Aboriginal or Torres Strait Islander descent program's reporting requirements.*

##### **Procedure**

1. The speech pathologist knows and understands Medicare's reporting requirements for the Follow-up Allied Health Services for people of Aboriginal or Torres Strait Islander descent outlined in the Medical Benefits Schedule.
2. The speech pathologist sends report to the referring GP after the first and last service.

#### **Medicare – Helping Children with Autism and Better Start for Children with Disability programs (Medicare items) reporting requirements**

##### **Policy**

*The speech pathologist complies with Medicare's Helping Children with Autism (HCWA) and Better Start for Children with Disability (Better Start) reporting requirements.*

##### **Procedure**

1. The speech pathologist knows and understands Medicare's reporting requirements for the HCWA and Better Start programs as outlined in the Medical Benefits Schedule.
2. For Item number 82005 the speech pathologist will send a report to the referring Paediatrician/Psychiatrist at the completion of the allocated number of assessment sessions.

For Item number 82020 the speech pathologist will send a report to the referring Paediatrician / Psychiatrist at the completion of the first and last service\* (i.e., after 10 sessions).

\*10 sessions is considered by Medicare in this instance to be a service.

#### **Other third party funding sources**

##### **Policy**

*The speech pathologist complies with all of the reporting requirements as determined by other third party funding sources such as DVA, WorkCover, TAC etc.*

##### **Procedure**

1. The speech pathologist determines the reporting requirements prior to agreeing to provide the service.

**See Appendix 1.5 Reporting Annual Self-Evaluation Checklist**

**See Appendix 2.5 Reporting Resource Checklist**

## **7. Child Safe Environment**

The protection of children, one of the most vulnerable groups in society, is a shared community responsibility and involves ensuring that all children are safe, their needs are met and the possibility of child abuse is minimised. Adult supervision is a key factor in creating and maintaining child safe environments.

### **7.1 Child Safe Environment Policy**

### **7.2 Guidelines for a Child Safe Environment**

### **7.3 Voluntary Notification / Mandatory Reporting**

### **7.1 Child Safe Environment Policy**

#### **Policy**

*The speech pathologist has a moral, ethical and legal responsibility to ensure that all children are safe in their care, and will provide resources, information and guidance to all staff to support this.*

*The speech pathologist is committed to:*

- *ensuring that the health, safety and wellbeing of children at the practice is protected at all times*
- *protecting children from any reasonable, foreseeable risk of injury or harm*
- *supporting the rights of all children to feel safe, and be safe, at all times*

### **7.2 Guidelines for a Child Safe Environment**

1. The speech pathologist will ensure that children are adequately supervised
2. The speech pathologist will ensure the physical environment is safe, secure and free from hazards for children
3. The speech pathologist will ensure all equipment and materials used meet relevant safety standards
4. The speech pathologist will ensure the practice maintains a clean environment daily, and tripping/slipping hazards are removed as soon as these become apparent
5. Any dangerous substances such as cleaning products and chemicals will be stored safely
6. The speech pathologist will ensure that all staff within the practice read, understand and implement this policy
7. The speech pathologist will keep up to date and comply with any changes in legislation and practices in relation to this policy

**See Appendix 2.6 Child Safe Environment Checklist**

## **8. Vocational Placements**

Vocational placements provide students with the opportunity to apply the theory and skills they learned while studying in a professional workplace. Under these arrangements students can gain the skills they need to transition successfully from study to work, while giving industry the opportunity to enrich student learning experiences and increase the number of work-ready graduates.

### **8.1 Vocational Placements Policy**

### **8.2 Conditions for a Vocational Placement**

### **8.3 Guidelines for a Vocational Placement**

#### **8.1 Vocational Placements Policy**

##### **Policy**

*The speech pathologist is committed to supporting student placements for the development of an appropriately trained and educated speech pathology workforce. The speech pathologist recognises the value adding benefit student placements bring to GRP Speech Pathology.*

#### **8.2 Conditions for a Vocational Placement**

Under the Fair Work Act 2009, a vocational placement (which is lawfully unpaid) meets all of the following criteria:

- There must be a placement, either arranged by the educational or training institution or initiated by the student directly, in line with the requirements of their course
- There must be no entitlement to pay for the work the student undertakes
- The placement must be done as a requirement of an education or training course
- The placement must be one that is approved. The institution delivering the course which provides for the placement must be authorised under an Australian, state or territory law or an administrative arrangement of the Commonwealth or a state or territory to do so.

#### **8.3 Guidelines for a Vocational Placement**

1. Student placements should be consistent with the objectives of their course as well as add value to the speech pathologist
2. Students on placement must be supported to achieve their educational outcomes and be provided with relevant workplace training and experience for their professional development
3. Students must be adequately supervised by a staff member with relevant managerial skills
4. Expectations of the placement from both the student and GRP Speech Pathology must be made clear at the outset
5. The speech pathologist will make use of the Academic Liaison Person (or equivalent) at the academic institution as a bridge between the student and GRP Speech Pathology
6. The academic institution should provide insurance cover for students on placement
7. Upon completion of placement, students will be offered an end of placement interview with their supervisor
8. Upon request, students will be given an appropriate reference detailing their contribution to GRP Speech Pathology, such as length of hours, range of activities and achievements

## 9. Human Resources Management

All new practitioners will be given a Fair Work Information Statement upon commencement. The statement contains information about the NES, modern awards, agreement making, freedom of association, termination of employment, individual flexibility, union rights of entry, and the role of FWA and the Fair Work Ombudsman.

Legislative requirements of the Fair Work Act 2009 are reflected and incorporated in this manual including reference to the new National Employment Standards (NES). The NES is a set of minimum conditions for all employees, and came into operation on 1 January 2010. This Manual should be read in conjunction with:

- the NES
- an applicable individual common law contract of employment
- applicable Modern Awards

State Laws dealing with the following are applicable and operate alongside the Fair Work Act 2009. They include:

- Workers Compensation
- Occupational Health & Safety
- Long Service Leave
- Public Holidays

**For further information regarding the Fair Work Act 2009, go to [www.fwc.gov.au](http://www.fwc.gov.au)**

Employees create value and can generate a return on investment for your business. For this to happen however, both the needs of the business and the individual need to be met. This requires the business owner to understand their legal obligations and duties. These obligations and duties are designed to protect employees and maximise productivity in the workplace and are enforceable under Common Law.

### **Policy**

*The speech pathologist complies with all of their legal obligations and duties as outlined in; federal, state and territory laws, industrial awards and agreements, tribunal decisions and contracts of employment (whether written or verbal).*

### **Procedure**

1. The speech pathologist knows and understands all of their legal obligations and duties when employing staff or engaging contractors.
2. The speech pathologist seeks independent advice if unsure of their legal obligations and duties.

**See Appendix 1.6 Human Resources Management Annual Self-Evaluation Checklist**

**See Appendix 2.7 Human Resources Management Resource Checklist**

## 10. Recruitment and Selection

The recruitment process should be completed in accordance with these guidelines and if required advice should be sought. It is our aim to attract the very best people. The quality of our people is a critical component of building a positive workplace culture.

### 10.1 Recruitment Overview

### 10.2 Recruitment Privacy Policy

### 10.3 Contracts of Employment

### 10.4 Requests for flexible working arrangements

## 10.1 Recruitment Overview

### Policy

*The speech pathologist will recruit employees through fair and open processes. Before and during the recruitment and selection process it is essential that all procedures and processes comply with the Equal Opportunity and Privacy policies. The speech pathologist commits to good employment practices free of discrimination or harassment.*

**Discrimination** in employment is any practice that makes distinctions between individuals or groups, so as to disadvantage some and advantage others or where a person or group of persons is treated less favourably than another person in the same or similar circumstances.

**Harassment** is any unsought behaviour which humiliates, offends or intimidates another person. It can include sexual harassment, sexist harassment, racist harassment or any other harassment. Unacceptable conduct within the workplace can include threats of any kind; intimidation; victimization; abusive language and correspondence including e-mail; hostile verbal and/or physical conduct.

### Procedure

1. Relevant qualifications may be a significant factor in a recruitment exercise and hence this information should be requested during the selection process. Where qualifications are claimed, the original certificate awarding these qualifications should be produced by the applicant and a photocopy placed on his or her file.
2. Review periods should be conducted regularly so that an employee's performance in the job can be discussed. They provide an opportunity for all parties to discuss any issues arising and for feedback to be provided on performance.
3. The NES provide for a maximum of 38 ordinary hours of work per week for full-time employees. An employee can be asked to work more than 38 hours, but such a request must be reasonable.
4. The speech pathologist will take all reasonable steps to ensure that employees have a right to work in Australia and that an illegal worker is not employed.

## 10.2 Recruitment Privacy Policy

### Policy

*The speech pathologist may need to collect and use personal, sensitive and health related information about current and prospective employees. The speech pathologist is committed to ensuring that it protects the privacy of any information that it handles. This policy has been developed and should be implemented in relation to employment related matters.*

*This policy is based on the privacy principles contained in the relevant Privacy legislation and in relation to any relevant Health Records Act.*

### **10.3 Contracts of Employment**

The contract of employment should reflect the level of the position. Successful applicants must formally accept in writing by signing the contract of employment before s/he commences work.

Contracts of employment must be prepared for all potential new employees and current employees who are being offered a different position or different terms and conditions in relation to their current contract. The speech pathologist will ensure that contracts comply with the relevant modern award or enterprise agreement as well as relevant employment law. Where the employee is award / agreement free, they are still entitled to the national minimum wage and the NES.

### **10.4 Requests for flexible working arrangements**

Employees who are parents or carers of children under school age and those who have a child under the age of 18 with a disability or family responsibilities that may be deemed appropriate, may request a change in working arrangements to assist with the care of the child. The employee must have been employed for at least 12 months before making such a request.

A manager can refuse a request only on reasonable business grounds including, for example, because of the effect a change would have on the business, such as financial, efficiency, productivity or customer service, an inability to organise work among other staff or to recruit a replacement, or the practicality of the request.

**See Appendix 2.8 Recruitment & Selection Resource Checklist**

## 11. Induction

It is vital that you create a supportive environment for a new team member by providing a well-planned and comprehensive induction process. This ensures that they feel welcome and a part of the wider team, provides them with positive perceptions about the workplace, and importantly helps them to hit the ground running from day one. The process should be ongoing and include regular catch ups and discussions about how they are going.

### 11.1 Induction Policy

### 11.2 Speech Pathologist's Responsibilities Prior to Commencement

### 11.3 Dress Code

#### 11.1 Induction Policy

##### Policy

*The speech pathologist will provide an appropriate and detailed induction to all new employees, including temporary/casual and contract staff, joining GRP Speech Pathology. The speech pathologist will ensure the provision to new employees of information about GRP Speech Pathology and its operations in order to assist them to adjust to the new environment and encourage the development of loyalty and enthusiasm towards GRP Speech Pathology.*

##### Procedure

1. The induction process should introduce the new employee to the safety requirements, value systems, norms and required behaviour patterns of the work situation they are entering.
2. It should include basic organisational and work goals and their means of attaining them, plus the rules and principles by which GRP Speech Pathology operates.
3. It will also cover the new employee's responsibilities, required performance standards and behaviour.
4. Induction of the new employee is the responsibility of the speech pathologist. A general orientation should include:
  - An introduction to GRP Speech Pathology, its philosophy, policies and procedures
  - An overview of services provided by GRP Speech Pathology
  - A review of GRP Speech Pathology's policies
  - Duties and responsibilities of the new employee
  - Workplace rules and practices
  - Equipment and tools to assist in the job
  - Payroll induction: ensure completion of ATO Tax File Number Declaration form and ATO Superannuation Choice Form, and confirm banking details
  - Tour of the office and amenities
  - An opportunity to ask questions

#### 11.2 Speech Pathologist's Responsibilities Prior to Commencement

- Allocate a desk and a chair (or a workspace) for your new team member
- Order any furniture, stationary and IT devices that may be required
- If being provided, ensure access for mobile phone number, email address, internet and phone prior to the new team member starting

- 1 week prior to commencing, make contact with the new team member to clarify any questions they may have

### **11.3 Dress Code**

A smart, professional standard of dress is appropriate and expected for speech pathologists. As a guide, this means:

- Employees will be dressed appropriately for their position, work environment and with due consideration to maintaining a professional image with clients, as agreed on commencement
- No employee will wear clothing which displays obscene, sexually suggestive or offensive literature or themes
- No employee will wear clothing, strong perfume or jewellery in such a manner that could be deemed inappropriate or offensive to other staff or clients
- No employee will be discriminated against based on their choice of dress, where that dress is worn on the grounds of sex, marital status, parenthood, race, colour, national origin, physical or mental impairment, religion or political affiliation
- Whatever dress standard is deemed appropriate for respective areas, that dress should be neat, clean and in good condition
- Whilst the speech pathologist wishes to maintain an environment in which dress code remains primarily the individual's responsibility, it is recognised that at times it may be necessary to take appropriate action to ensure that employees maintain a professional image with their client



## **12. Remuneration**

For individualised policies and procedures in relation to Remuneration, please contact WorkPlacePLUS. Policies may include, but are not limited to:

- Remuneration Policy
- Superannuation Policy

## **13. Occupational Health and Safety**

### **13.1 Occupational Health & Safety Overview**

### **13.2 Workers Compensation**

### **13.3 Infection Control**

### **13.4 Fatigue**

#### **13.1 Occupational Health & Safety Overview**

As business owners' private practitioners have responsibilities regarding health and safety in the workplace for their customers, staff and the general public. Knowing and understanding the workplace occupational health and safety (OH&S) laws and new work health and safety (WHS) laws is essential – you may face penalties if you fail to meet the requirements. Creating a safe work environment is one of the best ways to retain staff and maximise productivity and it will also provide your business with a strong foundation to achieve long-term success.

#### **Policy**

*The speech pathologist complies with all of the OH&S and WHS laws.*

#### **Procedure**

1. The speech pathologist knows and understands the occupational health and safety (OH&S) and new health and safety (WHS) legislation.
2. The speech pathologist provides:
  - safe premises
  - safe machinery and materials
  - safe systems of work
  - information, instruction, training and supervision
  - a suitable working environment and facilities
3. The speech pathologist seeks independent advice if they are unsure of their OH&S and WHS responsibilities.

#### **13.2 Workers Compensation**

Each state and territory has its own workers' compensation scheme and the Commonwealth has three schemes – one for Commonwealth employees and authorities licensed to self-insure under the Safety, Rehabilitation and Compensation Act 1988 (Commonwealth), one covering seafarers and one covering military personnel.

All Australian workers' compensation jurisdictions provide compensation cover for injuries and diseases arising out of or in the course of employment. Most jurisdictions have enacted special provisions in their workers' compensation legislation which deem specified occupational diseases as being caused by specified work-related activities unless the contrary is established.

#### **13.3 Infection Control**

Any person working in or entering a healthcare facility is at risk of contracting a healthcare-associated infection (HAI). However, HAI is a potentially preventable adverse event rather than an unpredictable complication. Effective infection prevention and control is central to providing high quality care for clients and a safe working environment for speech pathologists.

#### **Policy**

*The speech pathologist considers the risk of transmission of infection and implements the infection control procedures according to their specific setting and circumstances.*

## Procedure

1. Hand hygiene must be performed after every episode of client contact, including after the removal of gloves. Alcohol-based hand rubs containing between 60% and 80% v/v ethanol or equivalent should be used. If hands are visibly soiled, hand hygiene should be performed using soap and water
2. Personal protective equipment:
  - Wearing of aprons or gowns should be appropriate to the task being undertaken. They should be worn for a single procedure or episode of patient care and removed in the area where the episode of care takes place
  - A surgical mask and protective eyewear must be worn during procedures that generate splashes or sprays of blood, body substances, secretions or excretions into the face and eyes
  - Gloves must be worn as a single-use item for each invasive procedure; contact with sterile sites and non-intact skin or mucous membranes; and any activity that carries a risk of exposure to blood, body substances, secretions and excretions. Gloves must be changed between patients and after every episode of individual patient care
3. Sharps must not be passed directly from hand to hand and handling should be kept to a minimum. Needles must not be recapped, bent or broken after use
4. Frequently touched surfaces must be cleaned with detergent solution at least daily, and when visibly soiled and after every known contamination. General surfaces and fittings must be cleaned when visibly soiled and immediately after spillage.
5. Touched surfaces of shared clinical equipment must be cleaned between patient uses, with detergent solution
6. Surface barriers should be used to protect clinical surfaces (including equipment) that are touched frequently with gloved hands during the delivery of client care, likely to become contaminated with blood or body substances, or are difficult to clean.

## 13.4 Fatigue

Fatigue affects a person's health, increases the chance of workplace injuries occurring, and reduces performance and productivity within the workplace. It is normal to feel tired or drowsy after prolonged mental or physical effort at work. Fatigue, however, is more than feeling tired or drowsy. It is an acute and/or ongoing state of tiredness that leads to mental or physical exhaustion and prevents people from functioning within normal boundaries. Working long hours, with intense mental or physical effort, or during some or all of the natural time for sleep, can cause fatigue. All of these have obvious implications for workplace and public safety. Fatigue can also have long-term effects on health. Fatigue can be caused by work-related factors, factors outside work and/or a combination of both, and may accumulate over time.

## Policy

*Employers must provide, so far as is reasonably practicable, a working environment that is safe and without risks to the health of workers. The speech pathologist has a duty to take reasonable care for their own health and safety, and to follow procedures and cooperate with actions their employer takes to comply with OHS laws.*

## Procedure

1. Employers will consult with speech pathologists about the impact of workload and work schedules including work-related travel and work outside of normal hours
2. Sleep - sleep and rest are the usual way we recover from physically and mentally demanding tasks. The speech pathologist will, where possible, get a good amount of good quality sleep
3. Drugs and alcohol – the speech pathologist will, within reason, avoid excessive consumption of alcohol, avoid stimulants, and avoid consuming coffee or tea before going to bed

4. The speech pathologist will seek medical advice and help if they have or are concerned about a health condition that affects their sleep and/or causes fatigue
5. If on medication for a diagnosed medical condition, the speech pathologist will ask their doctor for an alternative medication if it causes drowsiness when they need to be awake
6. The speech pathologist will assess their own fitness for work before starting, and will monitor their level of alertness and concentration while at work
7. The speech pathologist will take steps to manage fatigue, for example take a break, drink water, do some stretching or physical exercise, adjust the work environment (for example lighting and/or temperature)
8. The speech pathologist will talk to their employer if they think they are at risk of fatigue

**See Appendix 1.7 Occupational Health and Safety Annual Self-Evaluation Checklist**

**See Appendix 2.9 Occupational Health and Safety Resource Checklist**

## 14. Mobile Speech Pathologist Safety

The employer has an obligation to provide a healthy and safe workplace for themselves and their workers. The workplace for this industry includes private homes, schools, and any other community settings.

### 14.1 Mobile Speech Pathologist Safety Policy

### 14.2 Guidelines for Maintaining Mobile Speech Pathologist Safety

#### 14.1 Mobile Speech Pathologist Safety Policy

##### Policy

*Employers must identify hazards and assess and control risks to speech pathologists who work at clients' homes or other community settings. The speech pathologist must take reasonable care for their own health and safety and that of others while in the client's home.*

#### 14.2 Guidelines for Maintaining Mobile Speech Pathologist Safety

1. The speech pathologist (or office manager / intake person) will conduct a preliminary off-site check with the client over the phone to ask about physical access, people who may be present (children, parents, other relatives or friends), and identify any risks, such as the presence of dogs, the presence of firearms, and / or other risks associated with mental health, violence or behaviour. If the risk is identified and appropriate controls are not able to be put in place, the referral may need to be passed on to another practice.
2. The speech pathologist may offer to provide the service at an alternate workplace if the client has a known history of aggressive or violent behaviour.
3. The speech pathologist will consider whether there is increased risk due to the client's condition, for example:
  - Does the client have an active substance abuse problem?
  - Does the client have a mental illness? Is the condition currently being treated effectively?
4. The speech pathologist should be aware that they are able to refuse to work with a client if they feel at risk.
5. The speech pathologist should be aware that they can and should leave a client's home if a situation develops where they are not comfortable.
6. The speech pathologist should advise the practice owner of the client's address and their expected arrival and return times. In the event that the speech pathologist is a sole practitioner, and the client is unable to be seen either in clinic or at a neutral location, the speech pathologist should have a procedure in place whereby their next of kin / nominated contact person can ascertain the client's address and the speech pathologist's expected arrival and return times, or where the speech pathologist should have been at a particular time
7. The speech pathologist should park in an easily accessible position on the street (not in the driveway) and should keep their car keys in their possession at all times
8. The speech pathologist should ensure that their mobile telephone is switched on and easily accessible during client visits
9. The speech pathologist should remain aware of all exits available and endeavour to maintain a clear path to an exit at all times
10. Where possible, the speech pathologist should avoid the need to carry money or valuables. The business should try and organise a system for collecting payments that does not require the speech pathologist to collect and carry cash. If the speech pathologist needs to collect payments they should be provided with a suitable container for carrying money that is not easily identifiable and a method

to provide receipts at the time of payment. The speech pathologist should be discouraged from wearing jewellery and carrying large amounts of cash

11. A system of regular contact, including an end of visit and end of day phone call, should be implemented

**See Appendix 2.10 Working 'Off-Site' Safety and Security Checklist**

## **15. Equal Opportunity (EEO) and Anti Bullying**

For individualised policies and procedures in relation to EEO and Anti Bullying, please contact WorkPlacePLUS. Policies may include, but are not limited to:

- Equal Opportunity Policy
- Fair Recruitment / Employment
- Anti-Discrimination Policy
- Whistleblowers Protection Policy

## **16. Pregnancy at work**

For individualised policies and procedures in relation to pregnancy at work, please contact WorkPlacePLUS. Policies may include, but are not limited to:

- Parental Leave Policy
- Special Maternity Leave Policy
- Unpaid Parental Leave Policy
- Paid Parental Leave – Government Funded
- Dad and Partners Leave – Government Funded



## **17. Development, Education and Training**

For individualised policies and procedures in relation to development, education and training, please contact WorkPlacePLUS. Policies may include, but are not limited to:

- Development, Education and Training Policy
- Performance Appraisal Policy
- External Studies Policy
- Professional Memberships / Subscriptions Policy

## **18. Performance Management**

For individualised policies and procedures in relation to performance management, please contact WorkPlacePLUS. Policies may include, but are not limited to:

- Procedures for dealing with misconduct
- Procedures for dealing with theft, fraud and corrupt conduct
- Performance Management Process and Procedures
- Performance Improvement Plan Template

## **19. Grievance Complaints**

### **19.1 Client Complaints Policy**

### **19.2 Aggressive or Threatening Behaviour**

### **19.3 Employee Issue Resolution**

#### **19.1 Client Complaints Policy**

##### **Policy**

*The speech pathologist recognises that each client has the right to be heard and to have his or her concern taken seriously with a view to resolution. Aggressive clients require special skill and at no time will an employee raise their voice in anger, use unacceptable language or physically threaten people.*

##### **Procedure**

When it is evident that a client has a concern or complaint, the employee should refer the matter to their supervisor who will:

1. Take down notes on the discussion, advising the client they are doing so, to ensure that the matter is understood and that it can be followed up effectively
2. Ask the client for factual details regarding the event/s
3. Restate the concerns to the client and seek confirmation from them regarding the accuracy and completeness of the information
4. Express regret at the situation and apologise for any distress the client may feel (without saying that the Employer accepts responsibility for an error)
5. Ask the client what remedy they would suggest
6. Not take the client's anger or aggression personally but recognise it as related to a situation requiring attention
7. Ensure information about how to make a complaint to the state based health complaints entity is available to clients

#### **19.2 Aggressive or Threatening Behaviour**

In the event of aggressive or threatening behaviour not being calmed by means of the above:

- Ask the client calmly to cease their aggressive behaviour and advise that if it continues, no further assistance will be offered
- Seek assistance from the supervisor or where the situation remains unresolved, an Incident Report should be completed as soon as possible after the event

#### **19.3 Employee Issue Resolution**

##### **Policy**

*The speech pathologist will ensure that all employee issues/complaints will be dealt with in a prompt, fair, consistent, confidential and constructive manner. Issues in relation to Occupational Health and Safety concerns should be resolved in accordance with Occupational Health and Safety policy. Issues in relation to bullying, harassment and discrimination should be investigated and expeditely dealt with.*

**Procedure**

1. To resolve a problem, an employee, in the first instance, should make his / her immediate supervisor aware of the issue and together try to resolve the matter
2. During any part of this process, an employee may wish to have a colleague or appointed representative accompany him/her to meetings to address the issue
3. While the parties are attempting to resolve the matter, work will continue in accordance with the employees' contract of employment
4. Document any agreed actions in writing
5. Where the issue remains unresolved, the parties may jointly or individually refer the matter to an independent advisor, conciliator or mediator such as the Fair Work Commission and WorkPlacePLUS.

## 20. Conflict of interest

Clients rely on the independence and trustworthiness of speech pathologists for any advice or treatment offered. A conflict of interest in practice arises when a speech pathologist, entrusted with acting in the interests of a client, also has financial, professional or personal interests or relationships with third parties which may affect their care of the client. Multiple interests are common – they require identification, careful consideration, appropriate disclosure and accountability.

### Policy

*The speech pathologist complies with SPA's Code of Ethics (2010) which states in section 3.4.4 "We anticipate, disclose and resolve any potential, perceived or actual conflicts of interest proactively".*

### Procedure

1. The speech pathologist recognises potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a client
2. The speech pathologist acts in the best interests of clients when making referrals and when providing or arranging treatment or care
3. The speech pathologist informs clients when they have an interest that could affect or could be perceived to affect client care. This will help to maintain public confidence in the integrity of the speech pathologist(s) working in the practice.
4. Individual circumstances will need to be taken into consideration for each conflict of interest situation and a specific management plan developed for that situation.
5. If needed, the speech pathologist consults with their employer or manager on how to manage the situation.
6. The speech pathologist must not ask for or accept any inducement, gift or hospitality from companies that sell or market products that may affect or be seen to affect the way they treat or refer clients
7. The speech pathologist must not ask for or accept fees for meeting sales representatives
8. The speech pathologist must not offer inducements to colleagues or enter into arrangements that could be perceived to provide inducements
9. The speech pathologist must not allow any financial or commercial interest they have to adversely affect the way in which clients are treated. When speech pathologists or their immediate family have such an interest and that interest could be perceived to influence the care provided, they must inform their clients

## **21. Leave**

### **21.1 Leave Overview**

### **21.2 Public Holidays**

#### **21.1 Leave Overview**

Leave may be granted for various purposes, and it is recognised that a staff member on leave (including leave without pay) remains employed. The employee's continuity of service in most instances is safeguarded.

Granting of leave is usually subject to the condition that suitable arrangements can be made to carry on essential work.

Types of Leave available include:

- Annual Leave
- Personal Leave
- Long Service Leave
- Compassionate Leave
- Parental Leave
- Unpaid Leave
- Jury Leave
- Australian Defence Force Leave
- Community Service Leave
- Religious / Cultural Festival Leave

#### **21.2 Public Holidays**

Public holidays can be different depending on the state or territory in which you are based. It's important to know when public holidays are because employees can get different entitlements on these days. Employees (except casual employees) who normally work on the day a public holiday falls will be paid their base pay rate for the ordinary hours they would have worked if they had not been away because of the public holiday. The base pay rate doesn't include any incentive-based payments, bonuses, loadings, monetary allowances, overtime or penalty rates.

If covered by an enterprise agreement or other registered agreement, an employee's penalty rates and allowances will be contained in their agreement.

**See Appendix 2.11 Leave Resource Checklist**

## **22. Ceasing Employment**

Employment can end for many different reasons including resignation, retirement, redundancy and termination. However, the employment relationship ends, the speech pathologist will follow the rules about dismissal, notice and final pay.

### **22.1 Resignation**

### **22.2 Retirement**

### **22.3 Redundancy & Redundancy Pay**

### **22.4 Termination**

### **22.5 Termination of Casuals and Fixed Term**

### **22.6 Informing Clients**

### **22.7 Retention and Storage of Files**

### **22.8 Restraint of Trade**

#### **22.1 Resignation**

Resignation is the most common means of ceasing employment with an organisation and is normally accomplished by the employee giving notice in writing of their intention to resign. Different notice requirements apply to different types of positions, and are set in accordance with either the relevant modern award or contract of employment. The resigning employee must be paid all outstanding wages, accrued annual and entitled long service leave, and any money owing to him/her, such as outstanding expenses.

The speech pathologist should ensure that the employee returns all organisational property in his or her possession including mobile phone, motor vehicle, fuel card, keys etc.

#### **22.2 Retirement**

In all states of Australia, equal opportunity/anti-discrimination legislation prohibits compulsory age retirement. Employees can continue to work whilst they are meeting the inherent requirements of their job. The retiring employee must be paid for outstanding wages, accrued annual and entitled long service leave, and any money owing to him/her, such as outstanding expenses.

The speech pathologist should ensure that the employee returns all organisational property in his or her possession including mobile phone, motor vehicle, fuel card, keys etc.

#### **22.3 Redundancy & Redundancy Pay**

A position becomes redundant when there has been a change to GRP Speech Pathology and the position is no longer required. Redundancy can happen when the business:

- introduces efficiencies as a result of implementation of new processes or technology
- slows down due to reduced sales and client contact hours
- closes down
- relocates interstate or overseas
- restructures or reorganises due to merger or takeover

An employee is entitled to redundancy pay from the employer if their employment is made redundant. The entitlement is based on either GRP Speech Pathology's redundancy policy or the relevant Award and Fair Work Act 2009.

## 22.4 Termination

When a speech pathologist terminates an employee, they will provide the employee with notice. The notice starts when the speech pathologist tells the employee that they want to end the employment and ends on the last day of employment. The speech pathologist will adhere to the NES legislated minimum notice periods based on the employee's continuous service with them.

A speech pathologist can dismiss an employee without notice or warning ("summary dismissal") when s/he believes on reasonable grounds that the employee's conduct is sufficiently serious to justify immediate dismissal. A speech pathologist needs to seek advice prior to making this decision as there could be substantial risks and penalties.

As a matter of best practice a speech pathologist should have a performance management policy which outlines the process for poor performing employees and the consequences such as the risk of termination. The reasons for poor performance provided to the employee must be valid and based on the employee's conduct or capacity to do the job. The employee must be warned, preferably in writing, that s/he risks being dismissed if there is no improvement. The employee must be provided with an opportunity to respond to the warning and be given a reasonable chance to rectify the problem. Rectifying the problem might involve the employer providing additional training and ensuring the employee understands the speech pathologist's job expectations. The speech pathologist needs to check that they have the appropriate performance management policies and procedures to ensure they mitigate their risks.

An employee who leaves work or fails to report to work without giving notice, or indicating a reason for absence may be deemed to have abandoned his or her employment. Employment may then be terminated. As a general rule, where an employee is absent from work for a continuous period exceeding three working days without the employer's consent and without notifying GRP Speech Pathology, this is initial evidence of abandonment of employment. It is important that this Section is read in conjunction with the Fair Work Act 2009 and relevant modern award provisions applicable to an employer.

## 22.5 Termination of Casuals and Fixed Term Is this different to other staff

The procedure for termination of employment of any temporary / casual employees or contract staff will be determined by the relevant modern award (if applicable) and the Fair Work Act 2009 which are applicable to that employer. Employment may be terminated because the need for temporary employment no longer exists or because the contract term has come to a close or for performance / disciplinary reasons depending on the individual circumstances.

Unlawful dismissal provisions apply to a casual or fixed term employee. In respect of fixed term contracts where an employee's performance is not satisfactory, a disciplinary process applies.

## 22.6 Informing Clients

When closing or relocating a practice, or when an employed speech pathologist moves between practices, good practice involves giving advance notice where possible and as early as possible and facilitating arrangements for the continuing care of all current clients, which may include the transfer or appropriate management of all client records while following the law governing privacy and health records in the jurisdiction.

### Procedure

1. In Victoria, the speech pathologist publishes a notice in a newspaper circulating in the locality of the practice, setting out details of the sale, transfer or closure and what they intend to do with the health information held by the practice or business
2. In the other states and territories, there are 3 ways in which the speech pathologist can notify clients:
  - Publish a notice in the newspaper circulating in the local area, setting out the details of the proposed sale, transfer or closure and stating whether the health information is to be kept by the provider, be made available to the client or transferred to another provider



- Place a notice at the practice in clear view for a period of not less than two months prior to the date of the sale, transfer or closure. A lesser period is allowed if it is not possible for two months' notice (i.e. the death of the provider)
- Notify (in writing) each client currently receiving a program / treatment or whose condition is scheduled to be monitored or reviewed by the departing speech pathologist, about the changes to the practice, where it is practicable to do so

## 22.7 Retention and Storage of Files

### Policy

*The speech pathologist complies with all relevant legislation including the Privacy Act (1988) and the Health Records Act 2001 (Victoria specific) in the event of the sale or closure of their practice.*

### Procedure

1. In Victoria, the Health Records Act (2001) encourages individuals to apply for their health information while it is still readily available, before it has been transferred following closure or sale of a practice, or before an estate has been wound up in the event of the death of a practitioner
2. In all other states and territories, the speech pathologist gains the client's consent to disclose the information to a new practice owner. There is no requirement to inform the client of the change of ownership (or cessation of practice) however it is good business practice to do so
3. Where individuals cannot be contacted, appropriate arrangements may need to be made to secure the data for future access by those individuals, or for other permitted uses and disclosures
4. Where a speech pathologist ceases operations and no other provider is taking over, arrangements will need to be made for the appropriate storage of individuals' health information for the appropriate retention period
5. The destruction of health information in this circumstance is not good practice. Destruction may also be inconsistent with other laws or regulations (e.g. the need to retain files for a specified period)

## 22.8 Restraint of Trade

A 'restraint of trade' is a clause in an employment / independent contractors agreement that prevents departing employees or independent contractors from taking or contacting the employer's clients for a defined period of time (e.g. 6, or 12 months) and within a defined area (e.g. within a 5km radius of the employer's business location) after that person's employment has ended. A restraint of trade clause may be a way in which you can protect your practice's legitimate interests after an employee's employment or independent contractor agreement has ended.

### Policy

*The speech pathologist carefully considers whether they require a restraint of trade clause in an employee or independent contractor agreement.*

### Procedure

1. As an employee, the speech pathologist reads and understands their contract including any restraint of trade clauses that are part of the agreement. Contact your professional advisor or lawyer for advice if you are concerned about the effect and terms of a restraint of trade clause before you sign the contract
2. As an employer, the speech pathologist ensures that any restraint of trade clauses are reasonable in the interest of the parties and of the public, and do not go beyond what is necessary to protect the legitimate interests of their business
3. For employees / independent contractors who are leaving the business, the speech pathologist reminds them of their contractual obligations in reference to their restraint of trade clause
4. If you become aware that a former employee / independent contractor may be breaching their restraint obligations, act quickly to put them on notice that their conduct is unacceptable

**See Appendix 2.12 Ceasing Employment Resource Checklist**

## **Appendices: Annual Self Evaluation Checklists / Resource Checklists**

- Appendix 1.1 Ethical Practice & Professional Responsibilities
- Appendix 1.2 Communication between the Speech Pathologist and the Client
- Appendix 1.3 Communication between the Speech Pathologist and Other Service Providers
- Appendix 1.4 Record Keeping Self Evaluation Checklist
- Appendix 1.5 Reporting Annual Self Evaluation Checklist
- Appendix 1.6 Human Resource Management Annual Self Evaluation Checklist
- Appendix 1.7 Occupational Health & Safety Annual Self Evaluation Checklist
- Appendix 2.1 Ethical Practice & Professional Responsibilities
- Appendix 2.2 Communication between the Speech Pathologist and the Client Resource Checklist
- Appendix 2.3 Communication between the Speech Pathologist and Other Service Providers
- Appendix 2.4 Record Keeping Resource Checklist
- Appendix 2.5 Reporting Resource Checklist
- Appendix 2.6 Child Safe Environment Checklist
- Appendix 2.7 Human Resource Management Resource Checklist
- Appendix 2.8 Recruitment & Selection Resource Checklist
- Appendix 2.9 Occupational Health and Safety Resource Checklist
- Appendix 2.10 Working 'Off-Site' Safety and Security Checklist
- Appendix 2.11 Leave Resource Checklist
- Appendix 2.12 Ceasing Employment Resource Checklist

## Appendix 1.1 Ethical Practice and Professional Responsibilities Annual Self Evaluation Checklist

Circle a response

Read SPA's Code of Ethics (2010)	YES	NO	N/A
Attended a SPA Code of Ethics (2010) education session	YES	NO	N/A
Discussed SPA's Code of Ethics (2010) with my colleagues and/or staff	YES	NO	N/A
Displayed a copy of SPA's Code of Ethics (2010) in the clinic	YES	NO	N/A
Gave each new client a copy of SPA's Code of Ethics (2010) or advised them where they can obtain a copy of the Code	YES	NO	N/A
Read the procedure for making a complaint to SPA and advised clients and/or staff of the procedure	YES	NO	N/A
Had a copy of all relevant laws in the clinic or know where to access them	YES	NO	N/A
Complied with all of the relevant laws	YES	NO	N/A
Participated in SPA's PSR program (and have CPSP status)	YES	NO	N/A
Established a referral policy & procedures for clients whom I didn't feel I had necessary expertise to work with	YES	NO	N/A
Met minimum standards for practice facilities	YES	NO	N/A
Met minimum standards for equipment/tools	YES	NO	N/A

COMPLIANT

NON-COMPLIANT

If non-compliant what needs to be completed to achieve compliance.

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix 1.2 Communication between the speech pathologist and the client Annual Self Evaluation Checklist

	Circle a response		
Responded to potential new client's contact within 24 hours	YES	NO	N/A
Provided new clients with an information sheet about the service (or directed them to written information)	YES	NO	N/A
Have a waiting list policy and procedures document	YES	NO	N/A
Provided written information (and discussed) about waiting list policy & procedures with potential client	YES	NO	N/A
Provided potential clients with information about an alternative service if not able to see them	YES	NO	N/A
Provided new clients with an information sheet (and discussed) detailing the assessment and reporting process	YES	NO	N/A
Provided a Confirmation of Appointment letter to new clients.	YES	NO	N/A
Provided the Confirmation of Appointment letter to new clients at least one week prior to the appointment	YES	NO	N/A
Gathered a case history for each new client.	YES	NO	N/A
Collected information about source of referral, custody arrangements or Court orders, private health cover etc. from each new client	YES	NO	N/A
Provided written information (and discussed) to each new clients about funding and public service options	YES	NO	N/A
Provided a copy of the privacy policy (and discussed) with each new client.	YES	NO	N/A
Disclosed any potential Conflict of Interest to each new client	YES	NO	N/A
Gained consent to discuss or disclose information with a third party (if required) from each new client	YES	NO	N/A
Informed (and discussed) clinic policies with each new client	YES	NO	N/A
Discuss results of assessment and provide a report	YES	NO	N/A
Developed (and discussed) the therapy plan with each client	YES	NO	N/A
Provided each client with a copy of their therapy plan	YES	NO	N/A
Provided each client (and discussed) with a homework requirements	YES	NO	N/A

COMPLIANT

NON-COMPLIANT

If non-compliant what needs to be completed to achieve compliance.

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Appendix 1.3 Communication between the speech pathologist and other service providers  
Annual Self Evaluation Checklist**

Circle a response

Sent a letter acknowledging receipt of the referral to the referral source for each new client (where applicable)	YES	NO	N/A
Contacted other service providers involved with each new client and established need for on-going communication and if required method and frequency for that communication	YES	NO	N/A
Wrote to relevant service providers informing them of discontinuation of service for each relevant client.	YES	NO	N/A
For clients transferring to another speech pathologist provided the new speech pathologist with a handover report, in a timely fashion and containing all of the relevant information	YES	NO	N/A

COMPLIANT

NON-COMPLIANT

If non-compliant what needs to be completed to achieve compliance.

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix 1.4 Record Keeping Annual Self Evaluation Checklist

Circle a response

Collected all relevant and required information about each client	YES	NO	N/A
Retained all required billing information (ensure it is organised, easily accessible and stored securely)	YES	NO	N/A
Recorded details for each client discharged from the clinic	YES	NO	N/A
Recorded client details for files de-identified or destroyed	YES	NO	N/A
Obtained and retained a copy of all of the relevant laws related to record keeping	YES	NO	N/A
Completed the self-audit in the Privacy Document and met compliance will all of the privacy Act requirements	YES	NO	N/A
Stored all information securely in compliance with health records principles	YES	NO	N/A
Recorded all correspondence into and out of the clinic for each client	YES	NO	N/A
Completed accompanying session notes for each client (including cancelled or missed appointments.	YES	NO	N/A

COMPLIANT

NON-COMPLIANT

If non-compliant what needs to be completed to achieve compliance.

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix 1.5 Reporting Annual Self Evaluation Checklist

Circle a response

Provided information to the client (including how long the assessment would take and how much it will cost) and gained informed consent prior to commencing an assessment	YES	NO	N/A
Provided a Plain English written report comprising all of the necessary information in the time frame agreed upon	YES	NO	N/A
Provided a feedback session for all clients with complex needs	YES	NO	N/A
Read the Medicare Benefits Schedule notes for Item Numbers 10970, 81360, 82005 and 82020	YES	NO	N/A
Completed the first and final report for each client referred under the CDM program and Follow-up Allied Health Services for people of Aboriginal or Torres Strait Islander descent	YES	NO	N/A
Completed the assessment report when referred clients for Item 82005	YES	NO	N/A
Completed the end of service reports following 10 sessions for clients referred under Item 82020	YES	NO	N/A
Ensured understood and applied all funding requirements for other third party funding sources or applications for funding or support prior to commencing the work	YES	NO	N/A

COMPLIANT

NON-COMPLIANT

If non-compliant what needs to be completed to achieve compliance.

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix 1.6 Human Resources Management Annual Self Evaluation Checklist

Circle a response

Understand legal obligations and duties when employing staff  
or engaging contractors

YES NO N/A

Sought independent advice if unsure about legal obligations and  
duties towards employees/contractors

YES NO N/A

COMPLIANT

NON-COMPLIANT

If non-compliant what needs to be completed to achieve compliance.

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



## Appendix 1.7 Occupational Health and Safety Annual Self Evaluation Checklist

Circle a response

Read and understand the occupational health and safety (OH&S) and new health and safety (WHS) legislation	YES	NO	N/A
Created a safe working environment and developed policies and procedures to deal with any OH&S issues	YES	NO	N/A
Sought independent advice as needed	YES	NO	N/A

COMPLIANT

NON-COMPLIANT

If non-compliant what needs to be completed to achieve compliance.

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix 2.1 Ethical Practice and Professional Responsibilities Resource Checklist

Resource	Do I have it?	Do I need it?
Speech Pathology Australia's Code of Ethics (2010)		
Reference 2.5 – Professional Integrity		
Reference 3.1.3 – Professional Competence		
Speech Pathology Australia's Code of Ethics Education Package		
National Code of Conduct		
COAG website		
SPA's FAQ document - National Code of Conduct		
SPA's Information Sheet - Small Business Resources		
SPA's Private Speech Pathology Practice - Privacy Guide (2014)		
SPA's Website - Professional Self-Regulation Page		
SPA's - Minimum Standards for Facilities, Equipment and Tools		
SPA's FAQs document - Speech Pathology Assessment Tools		
Housekeeping Policy		
Providing Clinical Information Policy		
Workplace Behaviour, Diversity & Equal Opportunity Policy		
"Mandatory reporting of child abuse and neglect" fact sheet - <a href="https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect">https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect</a>		

## Appendix 2.2. Communication between the Speech Pathologist and the Client Resource Checklist

### Resource

### Do I have it? Do I need it?

SPA's Code of Ethics (2010)

Reference 3.1.2 – Accurate & Timely Information

SPA Template - Information for new clients (refer to Templates document)

SPA's Information Sheet - Utilising and/or managing a waiting list

SPA's Information Sheet - Speech pathology assessments and reports

SPA Template - Confirmation of Appointment letter (refer to Templates document)

SPA Template - Case history (general paediatric 0-6 years) (refer to Templates document)

SPA Template - Client Contact Details/Information (general paediatric 0-6 years)

SPA's Sample - Privacy Policy (see Privacy Guide)

SPA's Sample - Consent Form (see Privacy Guide)

SPA Template - Initial session checklist (refer to Templates document)

SPA's Information Sheet - Managing cancellations and no-shows

SPA Template - Complaints Management Policy and Complaints Management Procedure

SPA Template - Speech and Language Diagnostic Assessment report

SPA Template - Speech and Language Initial Assessment/Screen report

SPA Template - Therapy Plan (refer to Templates document)

SPA Template - Homework sheet (refer to Templates document)

Do I have it?	Do I need it?

## Appendix 2.3 Communication between the Speech Pathologist and Other Service Providers Checklist

### Resource

Do I have it? Do I need it?

SPA Template - Handover Report


SPA Template - Referral to another speech pathologist or health professional

## Appendix 2.4 Record Keeping Resource Checklist

### Resource

SPA's Document - Private Speech Pathology Practice - Privacy Guide (2014)

SPA's Document - Cloud Based Storage

SPA's FAQs - Health Records

SPA's Information Sheet - Health Records - Retention Requirements

ATO's Document - Record Keeping for Small Business

Do I have it? Do I need it?

Do I have it?	Do I need it?

## Appendix 2.5 Reporting Resource Checklist

### Resource

SPA's Information Sheet – Speech Pathology Assessment and Reports

Medicare Benefits Schedule – Item 10970

SPA Template – Report to GP (CDM program) (refer to Templates document)

Medicare Benefits Schedule – Item 81360

Medicare Benefits Schedule – Item 82005

Medicare Benefits Schedule – Item 82020

SPA Template – Report to Paediatrician/Psychiatrist following a course of treatment

Do I have it? Do I need it?

Do I have it?	Do I need it?

## Appendix 2.6 Child Safe Environment Checklist

### Resource

- The Children, Youth and Families Act 2005 (CYFA)
- Child Protection (Working with Children) Act 2012
- Child Protection (Working with Children) Regulation 2013
- Child Protection Legislation Amendment Act 2015
- Children and Young People Act 2008 (ACT)
- Children and Young Persons (Care and Protection) Act 1998 (NSW)
- Care and Protection of Children Act 2007 (NT)
- Child Protection Act 1999 (Qld)
- Children's Protection Act 1993 (SA)
- Children, Young Persons and their Families Act 1997 (Tas)
- Children, Youth and Families Act 2005 (Vic)
- Children and Community Services Act 2004 (WA)

### Do I have it?    Do I need it?

Do I have it?	Do I need it?

## Appendix 2.7 Human Resources Management Resource Checklist

### Resource

Employers section of the Fair Work Ombudsman's website – [www.fairwork.gov.au](http://www.fairwork.gov.au)

Australian Government's Business Website – Employer Obligations page

Worker's Compensation Insurance info on the Safe Work Australia website – [www.safeworkaustralia.gov.au](http://www.safeworkaustralia.gov.au)

Performance Management Policy and Procedures

Do I have it?    Do I need it?

Do I have it?	Do I need it?



## Appendix 2.8 Recruitment & Selection Resource Checklist

### Resource

Equal Opportunity Policy  
Recruitment Privacy Policy  
Procedure for Recruitment Guide  
Position Description Template  
Procedure for Selection Guide  
Reference Check Template  
Contract Template  
Employee  
Independent Contractor  
Temporaries and Casuals  
Non-compete Clause  
Right to Work Clause

Do I have it?    Do I need it?

Do I have it?	Do I need it?



## Appendix 2.10 Working 'Off-Site' Safety and Security Checklist

Workplace:	Date:
Checklist completed by:	
Date for review of agreed items:	

### Initial Telephone Based Risk Assessment

	Yes	No	Comment/ Acting by Date
Are there stairs, ramps and steps? If so, in what condition?			
Are there rails or other safeguards on the stairs, ramps and steps? If so, in what condition?			
Are there any obstructions in walkways (mats, electrical leads, furniture, hoses)?			
Is there adequate lighting of internal and external areas?			
Are there any animals or other people in the home?			
Are any firearms kept in the home?			
Are there any relevant physical or cognitive functioning conditions or disabilities to be aware of? History of resistive behaviour / aggression? If yes, are there any reports available? Have there been any incidents in the client / family situation which could increase the risk to the speech pathologist's safety? Are there any safety concerns relating to mental health, abuse or behaviour our speech pathologists need to know about?			
To your knowledge, has anyone in the home recently been exposed to or contracted an infectious disease (including but not limited to Chickenpox, Gastroenteritis, Hepatitis A and B, Influenza, Measles, MRSA, Whooping Cough)?			
If the speech pathologist is seeing a child will other adults will be present during the session? Who will be responsible for the safety and welfare of the child?			
Is there anything else our speech pathologists should know about before they come to see you? Provide details.			

### Communication

	Yes	No	Comment/ Acting by Date
Speech pathologist has communication equipment, e.g. a mobile phone			
Communication equipment is switched on at all times while off-site, and programmed with business and emergency numbers			
Speech pathologist leaves details of off-site addresses, scheduled arrival and departure times, registration number of vehicle			

Speech pathologist reports movements to business as stipulated by agreed protocols (e.g. regular call-in, call-in on arrival or departure or at end of shift)

Procedures in place if contact is lost or if offsite speech pathologist does not make contact when expected

Code words established for off-site speech pathologist to indicate they are in a threatening situation

Procedure in place for staff to document any concerns regarding safety or risk.


**Home Visit and Call out Security**

Risk assessment of client behaviour and home is undertaken before committing speech pathologist to a home visit or call-out

Higher risk clients such as those with a known history of aggressive or violent behaviour, an active substance abuse problem or a mental illness, particularly if untreated, are asked to agree to suitable person accompanying the speech pathologist to the visit or attend GRP Speech Pathology’s premises or an alternative suitable location session (e.g. a room hired at a GP practice where other staff are present). If no location can be found, then the speech pathologist will refer client to a different provider.

Speech pathologist who is alone or in an isolated situation is provided with duress alarm, mobile phone and call-in system

Procedure in place for speech pathologist to follow if they feel at risk and need to leave a client’s home e.g. could say “I am uncomfortable with XXX and will now leave” or check messages and say “I have just received an urgent message and I need to ....”

Speech pathologist is trained in procedures for home visits, e.g. maintaining a clear line of exit, keeping car keys/diary/client files secure, parking car to enable exit in emergency

Speech pathologist is instructed to avoid walking in deserted places or taking shortcuts that could place them at risk

Speech pathologist is to know their route before leaving for visit. If having difficulty finding the location, speech pathologist is instructed to seek directions by telephone or from business owners, not from strangers on street.

**Yes No Comment/ Acting by Date**


**Working on Premises**

Speech pathologist in other sites such as community buildings, nursing homes or schools are aware of the security and emergency procedures at those premises

**Yes No Comment/ Acting by Date**

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## Appendix 2.11 Leave Resource Checklist

### Resource

Annual Leave Policy

Personal / Carers Leave Policy

Long Service Leave Policy

Compassionate Leave Policy

Parental leave Policy

Unpaid Leave Policy

Jury Service Policy

Australian Defence Force Reserve Leave Policy

Community Service Leave Policy

Religious / Cultural Leave Policy

Do I have it?

Do I need it?

Do I have it?	Do I need it?

## Appendix 2.12 Ceasing Employment Resource Checklist

### Resource

Resignation Policy

Retirement Policy

Redundancy Policy

Termination Policy

Informing Clients Procedure

Retention and Storage of Files Policy

Restraint of Trade Policy

Performance Improvement Plan Template

Performance Management Policy and Procedures

Do I have it? Do I need it?

Do I have it?	Do I need it?