



ELITE: THE KINGDOM ORGANIZATION

INCLUSIVE EDUCATION & REHABILITATION CENTER

POLICY AND PROCEDURES MANUAL

Governance | Safeguarding | Clinical Services | Human Resources | Finance | Safety | Quality

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A Legacy of Hope, Equality & Empowerment

House # L-2382, Block 4/2, Metroville III, Gulzar-e-Hijri (Scheme-33), Karachi
WhatsApp: 0320-8317530 | EliteTheKingdomorganization@gmail.com | www.elitethekingdom.com

IMPORTANT: This manual is a controlled governance and risk-management document. It must be approved by the Governing Body and reviewed by a Pakistan-qualified lawyer, relevant licensing authorities, insurers and professional advisers before formal issue. It does not replace applicable law, professional standards, registration, licensing, insurance or emergency services.



DOCUMENT CONTROL AND ADOPTION

This page records the formal status of the Manual. No policy becomes operational merely because it appears in this document; the Governing Body must approve it, assign responsible persons, provide resources, train affected personnel and confirm readiness for implementation.

Document title	Elite: The Kingdom Organization - Policy and Procedures Manual
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Review cycle	At least annually and sooner after a serious incident, audit finding, organizational change or legal/regulatory change
Distribution	Board, management, departments, staff, volunteers and controlled external recipients as applicable

Executive Commitment

Elite: The Kingdom Organization recognizes children and persons with disabilities as rights-holders. Their dignity, safety, best interests, participation, privacy and equal access take priority over reputation, convenience, hierarchy, financial interest or informal settlement.

No person is exempt from this Manual because of title, seniority, family relationship, donor status, political influence, professional standing or length of service. Leaders must model compliance, allocate resources and permit independent handling of conflicts of interest and allegations.

The Organization will protect its administration through lawful due diligence, competent staffing, accurate records, risk control, insurance, transparent investigation and corrective action - never through concealment, retaliation, intimidation or unlawful waivers.

Approval Signatures

Role	Name and Signature	Date
President & CEO		
Executive Committee / Board Representative		
Designated Safeguarding Lead		



Legal and Operational Review Notice

Before formal issue, ETKO should confirm its legal registration category; Sindh Healthcare Commission registration/licensing status for any healthcare establishment or rehabilitation services; professional registrations; building, fire and accessibility requirements; employment and workplace-harassment obligations; child-protection reporting routes; insurance; transport arrangements; and the exact services, staffing and facilities actually provided. Any conflict between this Manual and applicable law is resolved in favor of the law and the safer lawful course.

ORGANIZATION PROFILE AND MANUAL SCOPE

Identity and Purpose

Elite: The Kingdom Organization is an inclusive education and rehabilitation organization based in Karachi. This Manual governs its Rehabilitation Center, education and therapy services, administrative functions, digital activities, events, outreach, transport arrangements, home or community services, partnerships and any branch or project formally brought within its scope.

The Organization aims to provide respectful, person-centered and family-partnered support for children, adolescents and adults with developmental, intellectual, physical, sensory, communication, learning, behavioural or psychosocial support needs.

Services may include early intervention, special education, speech and language therapy, occupational therapy, sensory integration, physiotherapy, psychological services, counselling, behaviour support, parent training, social-skills development, vocational preparation and related referral or support services, but only where qualified personnel, lawful authority, equipment and safe capacity are available.

Who Must Follow This Manual

- Governing Body, President & CEO, Executive Committee, managers and advisers.
- Employees, therapists, teachers, psychologists, counsellors, aides, administration, reception, security, drivers, cleaners, interns and volunteers.
- Consultants, contractors, vendors, transport providers, photographers, media teams, donors, researchers and partner organizations while acting for or accessing ETKO.
- Parents, guardians, authorized pickup persons and visitors while on ETKO premises, transport, events or activities.

How to Use the Manual

- Each chapter contains a policy statement, responsibilities, mandatory procedures, prohibited practices, records and monitoring requirements.
- Department heads must convert relevant requirements into daily checklists, rosters, forms and supervision practices.
- Where a role-specific professional standard is stricter than this Manual, the stricter lawful and safer standard applies.
- A printed copy is uncontrolled unless it carries a controlled-copy number and is listed in the distribution register. Staff must check the current approved version before acting.



CONTENTS

The PDF is fully paginated. Chapter headings begin on new pages to make printing, filing and controlled replacement easier.

PART I - GOVERNANCE AND COMPLIANCE

1. Governance, Accountability and Delegation of Authority
2. Ethics, Conflicts of Interest, Anti-Fraud and Anti-Corruption
3. Legal, Regulatory, Licensing and Insurance Compliance
4. Equality, Disability Rights, Accessibility and Inclusion

PART II - SAFEGUARDING AND RIGHTS

5. Child and Vulnerable Adult Safeguarding
6. Code of Conduct and Professional Boundaries
7. Safer Recruitment, Vetting, Appointment and Onboarding
8. Complaints, Allegations, Whistleblowing and Non-Retaliation
9. Intimate Care, Therapeutic Touch, Feeding and Toileting
10. Missing Child, Authorized Pickup, Transport, Home Visits and Off-Site Activities

PART III - ADMISSION, CLINICAL AND EDUCATION SERVICES

11. Admission, Screening, Eligibility and Risk Stratification
12. Consent, Assent, Assessment and Individual Planning
13. Clinical Governance, Scope of Practice and Referral
14. Session Delivery, Documentation, Multidisciplinary Review and Discharge
15. Positive Behaviour Support, De-escalation and Restrictive Intervention
16. Medication, First Aid, Medical Emergencies and Seizure Safety
17. Infection Prevention, Hygiene, Food Safety and Allergy Control

PART IV - HEALTH, SAFETY AND ENVIRONMENT

18. Occupational Safety, Premises, Accessibility and Equipment
19. Fire, Evacuation, Disaster and Business Continuity
20. Visitors, Security, CCTV and Premises Access

PART V - PRIVACY, PEOPLE AND RESOURCES

21. Confidentiality, Privacy, Records and Retention
22. Information Security, Data Breach, WhatsApp and Teletherapy
23. Human Resources, Attendance, Leave, Performance and Separation
24. Workplace Harassment, Staff Grievance, Discipline and Fair Process
25. Volunteers, Interns, Contractors, Vendors, Partners and Donors
26. Training, Supervision, Competency and Staff Wellbeing
27. Finance, Budget, Cash, Banking, Fees and Payroll
28. Procurement, Vendors, Inventory, Assets and Maintenance
29. Donations, Fundraising, Zakat, Sponsorship and Ethical Communications

PART VI - QUALITY, INCIDENTS AND CENTER RULES

30. Incident Reporting, Investigation and Corrective Action
 31. Risk Management, Quality Assurance, Audit and Policy Review
 32. Center-Wide Rules and Regulations
 33. Communications, Social Media, Public Statements, Branding and Intellectual Property
- Appendices: operational forms, registers, implementation plan, policy register, annual compliance calendar, retention schedule, emergency contacts, acknowledgements and reference framework.



PART I - GOVERNANCE AND COMPLIANCE

POLICY 1

GOVERNANCE, ACCOUNTABILITY AND DELEGATION OF AUTHORITY

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Purpose

This policy establishes a clear system of authority, accountability, oversight and ethical decision-making. It ensures that no service, payment, appointment, public commitment or high-risk activity is undertaken without an identified owner, competent approval and an auditable record.

Policy Statement

The Governing Body retains ultimate responsibility for the Organization's mission, lawful operation, financial stewardship, safeguarding culture, risk appetite and executive accountability. Day-to-day authority may be delegated, but responsibility for oversight cannot be abandoned. Delegation must be written, limited, reviewable and supported by competent staff, budget and information.

Governance Structure

- The Governing Body approves strategy, annual budget, major policies, high-value commitments, opening or closure of branches, appointment or removal of the President & CEO, and responses to critical incidents that threaten life, rights, legal standing or organizational continuity.
- The President & CEO implements board decisions, directs management, ensures lawful and safe operations, and reports material risks, incidents and performance honestly and promptly.
- The Executive Committee reviews operational performance, unresolved risks, safeguarding, staffing, finance, quality and compliance between full board meetings.
- Department heads control work only within approved job descriptions, budgets, professional scope and delegated limits.
- The Designated Safeguarding Lead has direct access to the Governing Body and may bypass normal reporting lines when a senior person is implicated or delay creates risk.
- Clinical and rehabilitation leads control clinical quality, scope of practice, referral, supervision and client safety, but may not override safeguarding, employment, finance or legal controls outside their authority.

Delegation of Authority

A board-approved delegation matrix must state who may:

- recruit, appoint, confirm, suspend or terminate staff;
- approve payroll, fees, refunds, concessions, purchases, contracts and bank transactions;
- admit, transfer, suspend or discharge clients;
- approve media, partnerships, fundraising, data access and external statements;
- authorize medication systems, off-site activities, transport and high-risk clinical procedures;
- notify regulators, insurers, police, child-protection bodies, lawyers or media.

No person may approve a transaction, appointment or benefit from which they or a close associate gain without disclosure and independent approval. Splitting purchases, backdating approvals, verbal commitments outside authority and using blank-signed documents are prohibited.

Meetings and Decisions

The Governing Body and committees must operate under written terms of reference. Agendas and relevant papers should be circulated in advance. Minutes must record attendance, conflicts, evidence considered, decisions, dissent where material, assigned actions, deadlines and follow-up. Sensitive safeguarding or personnel information may be kept in a restricted annex, but the existence and governance outcome must still be recorded.

Urgent decisions may be made between meetings only under the approved emergency authority. They must be documented and presented for ratification at the next meeting. A person cannot retrospectively approve their own unauthorized action merely because it produced a favorable result.

Management Reporting

At least monthly, management reviews:



- safeguarding concerns, complaints and allegations;
- incidents, injuries, medication events, missing-child risks and restrictive interventions;
- staffing, vacancies, supervision, training and professional registrations;
- admissions, capacity, attendance, discharges and service limitations;
- finance, cash, bank reconciliation, payroll, procurement and restricted funds;
- premises, fire, electrical, accessibility, infection-control and equipment issues;
- risk register, legal or licensing actions, audits and corrective actions.

Critical matters are escalated immediately and not held for a routine meeting.

Records and Monitoring

Required records include board and committee terms of reference, minutes, delegation matrix, conflict register, approval register, risk register and annual board self-review. The Quality and Compliance Officer samples decisions for evidence of authority, conflict management and closure of actions.

Breach

Material misuse of authority, concealment, false reporting, unauthorized commitment or interference with oversight may result in withdrawal of authority, disciplinary action, recovery of loss, contract termination and external referral.



PART I - GOVERNANCE AND COMPLIANCE

POLICY 2

ETHICS, CONFLICTS OF INTEREST, ANTI-FRAUD AND ANTI-CORRUPTION

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Purpose and Principles

ETKO will conduct its work honestly, transparently, fairly and solely for its stated mission. Resources intended for children, persons with disabilities, families and services must not be diverted for personal, political, family or commercial benefit.

Ethical Standards

All covered persons must:

- act in the best interests of clients and the Organization;
- treat people with dignity and avoid discrimination, favoritism and exploitation;
- provide accurate information and never fabricate attendance, therapy, qualifications, quotations, invoices, donations, outcomes or records;
- protect confidential information and organizational property;
- decline instructions that are unlawful, unsafe, deceptive or outside professional scope;
- disclose mistakes, conflicts and suspected wrongdoing promptly.

Conflicts of Interest

A conflict may be actual, potential or reasonably perceived. Examples include a relative applying for employment, ownership in a vendor, receiving commission for referrals, outside private therapy with ETKO clients, selecting a donor's relative, using organizational information for personal business, or participating in a complaint involving a close relationship.

The person must disclose the conflict before discussion or decision. The approving authority records whether the person will withdraw, provide information only, remain under independent supervision, return a benefit or take another control. A conflict register is reviewed at least quarterly and before major procurement, recruitment, contracts and partnerships.

Gifts, Hospitality and Benefits

Cash gifts, personal loans, kickbacks, commissions, secret discounts and benefits linked to a decision are prohibited. Modest culturally appropriate tokens may be accepted only where refusal would cause unnecessary offence, the item is not cash or a personal obligation, and it is disclosed according to the gifts register. High-value items are declined, returned or accepted on behalf of the Organization with written approval.

Staff may not request gifts from clients or families. Donations must be receipted through official systems and may not be placed in personal accounts.

Fraud and Corruption Risks

Fraud includes theft, forged receipts, ghost employees, false overtime, inflated procurement, duplicate reimbursement, misuse of restricted donations, unauthorized fee concessions, manipulation of attendance or clinical records, misuse of passwords, diversion of supplies, and concealment of loss.

Controls include segregation of duties, sequential receipts, bank reconciliation, inventory counts, quotation requirements, approval limits, leave rotation for financial roles, vendor verification, payroll review and audit trails. No person should request, approve, pay and reconcile the same transaction without compensating review.

Reporting and Investigation

Concerns may be reported to line management, Finance Lead, HR, Complaints Officer, whistleblowing channel, President & CEO or independent board member. Where management is implicated, the report bypasses that person. Good-faith reporting is protected even if the concern is not ultimately substantiated.



Management preserves records, restricts access, prevents further loss, obtains legal or audit advice and appoints an impartial investigator. Suspected criminal conduct, charity misuse, taxation offence, safeguarding harm or regulatory breach is referred externally where required or appropriate. Internal settlement must not obstruct lawful reporting.

Consequences and Recovery

Confirmed misconduct may lead to repayment, loss of delegated authority, disciplinary action, termination, vendor exclusion, insurance notification and civil, regulatory or criminal referral. The Organization also corrects system weaknesses and does not treat one individual's discipline as a complete solution.

Records

Maintain conflict, gifts, fraud report, investigation, vendor due diligence, asset loss and corrective-action records under restricted access. Board reporting should protect identities where necessary but must describe material risk and outcome honestly.



PART I - GOVERNANCE AND COMPLIANCE

POLICY 3

LEGAL, REGULATORY, LICENSING AND INSURANCE COMPLIANCE

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Purpose

This policy prevents the Organization from operating a service, profession, building, fundraising activity or employment arrangement without identifying and satisfying the applicable legal and regulatory requirements.

This Manual is an internal control framework, not a legal opinion. Formal adoption requires review by a Pakistan-qualified lawyer familiar with Sindh child protection, disability, healthcare, employment, charity, criminal, privacy, property and regulatory law.

Legal and Compliance Register

The Administration and Compliance Lead maintains a current register that records:

- the Organization's legal registration, constitutional documents, governing-body composition and filing obligations;
- tax, charity, fundraising, donor and banking requirements;
- Sindh Healthcare Commission registration and licensing requirements where any service or premises falls within the definition of a healthcare establishment;
- professional registration, licensing, supervision and scope requirements for therapists and clinical personnel;
- child-protection, corporal-punishment, disability-rights and missing-child reporting requirements;
- employment contracts, minimum wages, working hours, social security, occupational safety, maternity, harassment and compensation requirements;
- building use, fire, civil defense, electrical, accessibility, signage, food, waste, transport and local-government requirements;
- privacy, cybercrime, CCTV, photography, data sharing, research and record-retention obligations;
- insurance policies, conditions, exclusions, notification deadlines and renewal dates.

Each entry identifies the owner, evidence, renewal date, status and action. Legal advice and official correspondence are stored securely.

Licensing and Scope Readiness

No new branch, service, room, mobile program, transport service, home-visit program or online clinical service may launch until a documented readiness review confirms lawful registration or licensing, qualified staffing, professional scope, building and equipment safety, consent, records, emergency response, insurance and referral arrangements.

A marketing announcement, donor promise, equipment purchase or staff appointment does not authorize service delivery. Where the legal classification is unclear, ETKO obtains written advice or clarification before launch.

Professional Registration

HR and the Clinical Lead verify original qualifications and registration directly with issuing bodies where possible. The register records number, status, restrictions, expiry and verification method. A professional whose registration expires, is restricted or becomes subject to investigation must notify ETKO immediately and may be removed from relevant duties pending review.

Titles such as psychologist, therapist, physiotherapist, occupational therapist, speech and language therapist or other regulated or recognized professional designations must not be used misleadingly.

Government and Regulator Interaction

Only authorized persons may submit official returns, applications or statements. Information must be accurate, complete and approved. Inspection notices, complaints, warnings and conditions are escalated immediately. Staff must cooperate lawfully, preserve records and never alter, hide or create documents in response to inspection.

Corrective actions are assigned with owners and dates. The Governing Body receives material inspection findings and evidence of closure.



Insurance

The Governing Body determines appropriate coverage, which may include public liability, professional indemnity, employer liability, property, fire, theft, vehicles, cyber risk and fidelity. Policy conditions are communicated to relevant staff. Incidents are notified within required time even when facts are incomplete. No admission of liability or settlement is made without authorized legal and insurance advice, except immediate humane assistance and emergency care.

Contracts and Legal Documents

Contracts must identify parties, scope, price, safeguarding, confidentiality, data, insurance, professional standards, incident reporting, audit access, termination and dispute arrangements. Blank documents, informal side agreements and signing without authority are prohibited. Legal review is required for high-value, long-term, property, clinical, data-sharing, fundraising, intellectual-property, transport or high-risk agreements.

Compliance Breach Response

Possible breach is contained, documented and escalated. The Organization assesses immediate safety, reporting deadlines, regulator and insurer notification, evidence preservation, communication, client support, service suspension and corrective action. Concealment or delay to protect reputation is prohibited.



PART I - GOVERNANCE AND COMPLIANCE

POLICY 4

EQUALITY, DISABILITY RIGHTS, ACCESSIBILITY AND INCLUSION

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Policy Commitment

ETKO will provide equitable, respectful and disability-inclusive services. A person will not be denied dignity, safety, participation or fair consideration because of disability, age, sex, gender, language, ethnicity, religion, family status, socioeconomic status, communication method, diagnosis, behaviour, appearance or need for reasonable accommodation.

Equality does not always mean identical treatment. Safe and fair participation may require additional time, communication support, environmental adjustment, assistive technology, caregiver collaboration, sensory adaptation, mobility support or individualized procedure.

Accessible Admission and Communication

Information about services, fees, consent, rights, complaints, emergencies and changes should be available in clear language and, where reasonably practicable, Urdu, English, pictures, symbols, large print, audio, sign or augmentative and alternative communication. Staff must address the person directly, allow processing time and avoid assuming inability because speech is limited.

Parents and guardians support decision-making but do not erase the child's or adult client's voice. Staff seek assent, notice non-verbal refusal and explain choices at an appropriate level.

Reasonable Accommodation Process

A person may request accommodation verbally or in writing. Staff record the barrier, desired outcome and relevant functional information rather than demanding unnecessary diagnosis details. The responsible lead consults the person, family and professionals, assesses safety and feasibility, and documents the decision and review date.

Examples include adjusted session length, quiet waiting, visual schedules, ramp or handrail support, accessible toilet arrangements, alternative communication, support person presence, adapted seating, sensory breaks, flexible assessment methods and gradual transition.

A refusal must be based on documented lawful, safety or disproportionate-burden reasons and include alternatives where possible. Cost or convenience alone is not automatically sufficient.

Inclusive Environment

Premises risk assessments cover stairs, doors, lighting, sound, visual contrast, toilets, transfer space, rooftop access, emergency evacuation, waiting, pickup and signage. Equipment is matched to user size and function. Emergency plans identify who needs mobility, communication, medical or behavioural support.

Non-Discriminatory Practice

Staff must not:

- use degrading labels, mock speech or movement, disclose diagnosis casually or speak about a person as if absent;
- exclude a child solely because behaviour communicates unmet need without assessment and reasonable support;
- promise cure, normalize the person through coercion or prioritize appearance over wellbeing;
- force eye contact, suppress harmless self-regulation or use food, toileting, therapy or access to family as punishment;
- make employment or service decisions based on stereotypes unrelated to essential requirements and safety.

Inclusion and Safety Balance

ETKO may limit or pause a service when assessed needs exceed safe competence, staffing, equipment or environment. The decision must be individualized, evidence-based, communicated respectfully, reviewed by appropriate leadership and supported by referral or transition options. Disability must not be used as a cover for inadequate planning.



Monitoring

Quality review includes accessibility complaints, rejected admissions, accommodation requests, participation, communication access, incident patterns and feedback from persons with disabilities and families. Findings inform budget and service design.



PART II - SAFEGUARDING AND RIGHTS

POLICY 5

CHILD AND VULNERABLE ADULT SAFEGUARDING

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Zero-Tolerance Statement

ETKO will not tolerate physical, sexual or emotional abuse, neglect, exploitation, grooming, bullying, humiliation, corporal punishment, unsafe restraint, forced compliance, retaliation, concealment or interference with a safeguarding report.

Scope

This policy applies to every child under 18 and to adults who may be at increased risk because of disability, dependency, communication barriers, age, illness, isolation or unequal power. It covers premises, transport, home visits, events, digital contact, media, fundraising and any person acting for ETKO.

Safeguarding Governance

The Governing Body appoints a trained Designated Safeguarding Lead and Deputy in writing. They have authority to receive reports, take immediate protective action, preserve evidence, coordinate referral, manage conflicts and advise on suspension or restricted duty. A senior-person allegation goes directly to an independent board contact and competent authorities as required.

Every person has an individual duty to report. Reporting to a supervisor does not end the duty if no effective action follows or the supervisor is implicated.

Recognizing Harm

Possible indicators include unexplained injury, fear of a person or place, regression, sexualized behaviour, repeated hunger or poor hygiene, untreated medical need, sudden attendance change, unusual gifts, private messaging, coercive secrecy, bruising patterns, excessive restraint, medication misuse, degrading language, caregiver exhaustion, financial exploitation, digital harassment or a child communicating distress through behaviour, pictures, AAC, gesture or avoidance.

An indicator is not proof. Staff respond without accusation, disbelief or amateur investigation.

Receiving a Disclosure

1. Ensure immediate safety and urgent medical care.
2. Listen calmly and allow the person to communicate in their own way and time.
3. Use only minimal open prompts such as "Tell me what happened" or "Show me what you mean."
4. Do not promise secrecy. Explain that information will be shared only with people who need to help keep them safe.
5. Do not confront the alleged person, seek a confession, ask leading or repeated questions, examine intimate areas, photograph injuries without authorization, or ask the child to repeat the account to multiple people.
6. Record the exact words, communication, observations, date, time, location, persons present and immediate actions as soon as possible.
7. Report immediately to the DSL or Deputy. Call emergency services or police without waiting for management when there is immediate danger, serious injury, missing child or suspected crime requiring urgent response.

Internal Response and Triage

The DSL assesses immediate safety, medical needs, alleged person's access, siblings or other persons at risk, evidence, parent notification, conflict, external referral and support. Risk is not reduced merely because the alleged person is respected, related, a donor, a professional or denies the allegation.

The DSL does not conduct a criminal investigation. Internal fact-finding is limited to protecting people, preserving evidence, employment decisions and cooperation with authorities. Legal and regulatory advice is obtained where needed.



Allegations Against Personnel

The Organization may remove the person from child contact, change duties, suspend access or impose supervision as a neutral interim measure. This is not a conclusion of guilt. Confidentiality and fair process apply, but safety takes priority. The alleged person must not contact the child or witnesses, access records, influence staff or conduct their own inquiry.

Parent and Guardian Notification

Parents are normally informed promptly unless doing so may increase risk, compromise an investigation, violate a court or authority direction, or the parent is implicated. The decision and advice received are recorded. No family is pressured into private settlement, withdrawal or silence.

External Reporting

ETKO reports to police, child-protection services, healthcare regulators, professional bodies or other competent authorities where law, risk or public protection requires. Lack of complete evidence or parent consent does not prevent necessary protective reporting. Staff must not threaten reporting as a behaviour-control tactic.

Confidentiality and Records

Safeguarding information is shared on a strict need-to-know basis. Records are separate, securely stored, access-logged and retained under legal hold when relevant. CCTV, messages, devices, attendance, medical information and physical evidence are preserved without unnecessary copying or circulation.

Child-Friendly Reporting and Participation

Children can report through speech, writing, pictures, gestures, communication devices, a trusted person, parent, complaint box, phone or WhatsApp. Staff teach safe and unsafe adult behaviour, body autonomy and whom to tell in accessible ways. A child is never punished, removed from therapy or labeled difficult for reporting.

Training and Assurance

Before unsupervised contact, personnel complete safeguarding induction, boundaries, disability-inclusive communication, reporting and emergency response. Refresher and scenario training occur at least annually. Safeguarding audits review recruitment, supervision, rooms, transport, media, complaints, incidents and record quality.

No consent form, parent waiver or management instruction authorizes abuse, corporal punishment, humiliation, unlawful restraint, concealment or failure to protect.



PART II - SAFEGUARDING AND RIGHTS

POLICY 6

CODE OF CONDUCT AND PROFESSIONAL BOUNDARIES

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Required Conduct

All adults must treat clients with patience, dignity and respect; use age- and disability-appropriate communication; explain activities; seek consent and assent; respect privacy; document accurately; and report concerns or mistakes promptly.

Adults should work visibly and accountably. One-to-one sessions require approved rooms, accessible exits, suitable visibility, scheduled attendance and awareness by another staff member. A closed door may be used for privacy or sensory need only when risk-assessed and never locked or hidden from authorized oversight.

Prohibited Conduct

No covered person may:

- hit, slap, shake, pinch, drag, threaten, shame, ridicule, isolate, deprive, frighten or use corporal punishment;
- use sexual language, sexualized touch, grooming, romantic conduct, favoritism, secret gifts or inappropriate jokes;
- form private social relationships with current child clients or contact them through personal accounts;
- photograph, record, livestream, publish or store client images or information without formal authorization and valid consent;
- invite a child to a private home, meet outside approved duties, transport alone or arrange secret contact;
- force food, drink, toileting, eye contact, affection, prayer, disclosure, therapy or physical compliance;
- use restraint, seclusion, pain, pressure, airway restriction or withholding of essential needs as punishment or convenience;
- borrow from, lend to, trade with, request favors from or solicit private work from clients and families;
- work while intoxicated or possess illegal drugs, weapons or sexually explicit material on premises.

Communication and Digital Boundaries

Official communication uses approved accounts, groups and devices. Messages are limited to service purpose, professional hours and appropriate tone. Staff do not delete relevant communications, use disappearing messages for official work or transfer client files to personal cloud storage. Any accidental private contact is disclosed and moved to an official channel.

Touch and Physical Assistance

Touch must be necessary for the agreed therapeutic, mobility, first-aid, safety or care purpose; explained in advance; sensitive to assent and distress; proportionate; and within competence. Staff use the least intrusive assistance and preserve privacy. Routine affection is not demanded. A person may refuse non-emergency touch.

Gifts and Favoritism

Small equal group rewards may support learning where clinically appropriate and documented. Personal gifts, secret rewards, expensive items, special online contact and unequal privileges that create dependency are prohibited. Staff disclose gifts received from families.

Personal Relationships and Outside Work

A staff member must disclose a family, business or close personal relationship with a client, guardian, employee, vendor or applicant when it may affect impartiality. Private therapy or tutoring involving ETKO clients is prohibited unless the Governing Body approves a transparent conflict-management arrangement that protects choice, fees, records and continuity. Staff may not redirect clients or use ETKO resources for personal practice.



Dress, Language and Identity

Staff wear clean, safe, role-appropriate clothing and visible identification. Clothing, symbols, conversation or media that intimidates, sexualizes, discriminates or creates avoidable safety risk is not appropriate during duty. Personal beliefs must not be imposed on clients.

Reporting Breaches

Any person who observes boundary erosion, grooming signs or misconduct reports immediately. Staff do not wait for clear abuse. Management responds proportionately, protects reporters and records corrective action. Serious boundary breaches may result in immediate removal from duty and external referral.



PART II - SAFEGUARDING AND RIGHTS

POLICY 7

SAFER RECRUITMENT, VETTING, APPOINTMENT AND ONBOARDING

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Purpose

Safer recruitment reduces the chance that unsuitable, unqualified or dishonest persons gain access to children, vulnerable adults, confidential information, money, medication, vehicles or premises.

Workforce Planning and Job Design

Before advertising, the department approves a job description, essential qualifications, professional registration, safeguarding risk level, supervision, physical demands, working hours and selection criteria. High-risk roles include unsupervised client contact, intimate care, transport, medication, finance, IT administration, CCTV or access to sensitive records.

Advertisements state ETKO's safeguarding commitment and that appointment is subject to lawful identity, qualification, reference, professional and role-appropriate background checks.

Application and Shortlisting

Applicants complete the approved safer-hiring form personally, account for employment or education gaps, declare relevant criminal, disciplinary, safeguarding, professional and conflict matters, and consent to verification. CV-only appointment is prohibited for child-facing roles.

At least two authorized persons shortlist against recorded criteria. Personal recommendation, urgency, donor influence, family relationship or volunteer status does not replace checks. Reasonable accommodation is offered during recruitment.

Identity, Qualification and Registration Checks

HR examines original CNIC or lawful identification, verifies current address and retains authorized copies. Degrees, diplomas, training and professional registrations are verified with the issuing institution or official system where possible. Names, dates, registration numbers, restrictions and expiry are recorded. Forged, altered or unverifiable documents are escalated.

Employment History and References

The applicant provides a complete history for the relevant period and explains gaps. ETKO obtains at least two independent professional references, including the most recent relevant employer and, where possible, a person who observed work with children or vulnerable persons. Referee identity and contact are independently checked. Questions cover dates, duties, competence, attendance, reason for leaving, discipline, safeguarding, boundaries, confidentiality and suitability for a position of trust.

A missing, vague, personal-only or inconsistent reference is a risk signal and must be resolved, not ignored.

Background and Police Checks

Role-appropriate police or character verification is completed to the extent available and lawful. A criminal record does not automatically exclude a person; relevance, seriousness, recency, pattern, evidence, role and safeguards are assessed. Deliberate concealment may itself affect suitability. Checks may be repeated after a material concern or at risk-based intervals.

Structured Interview and Assessment

The panel uses consistent questions and records evidence. Child-facing candidates answer safeguarding, consent, communication, positive behaviour, emergency and boundary scenarios. Clinical or teaching candidates may complete a practical or written assessment. No applicant conducts unsupervised trial work with clients.



Conditional Offer and Clearance

Offers are written and conditional until required checks are satisfactory. No unsupervised client access begins before clearance. Any exceptional temporary arrangement must be lawful, documented, time-limited, continuously supervised and approved by the President & CEO and DSL.

Induction and Probation

Before duty, the person signs the contract, job description, Manual acknowledgement, Code of Conduct, confidentiality and conflict declarations. Induction covers safeguarding, reporting, complaints, emergency, fire, infection control, records, media, pickup, behaviour support and role-specific procedures.

Probation includes close supervision, observed practice, file review, attendance, feedback and a documented confirmation decision. Concerns are addressed early. Transferring a problem employee to another child-facing role without risk review is prohibited.

Rechecks and Duty to Disclose

Staff must report arrest, charge, professional restriction, safeguarding allegation, serious complaint, loss of driving licence, health or competence issue affecting safe duties, or conflict of interest. ETKO assesses risk fairly and may modify duties pending outcome.

Recruitment Records

Maintain the approved requisition, advertisement, applications, scoring, interview notes, verification, references, declarations, approvals, contract, induction and probation records. Access is restricted and retention follows the schedule.



PART II - SAFEGUARDING AND RIGHTS

POLICY 8

COMPLAINTS, ALLEGATIONS, WHISTLEBLOWING AND NON-RETALIATION

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Commitment

ETKO welcomes concerns as an opportunity to protect rights, correct error and improve services. Complaints may be made by children, adult clients, parents, guardians, staff, volunteers, visitors, vendors or the public. No good-faith complainant will be threatened, harassed, disadvantaged, removed from services, denied employment rights or pressured to withdraw.

Accessible Routes

Complaints may be submitted in person, by phone, WhatsApp, email, letter, form, picture, AAC, trusted supporter, suggestion box or anonymous report where practicable. Front-line staff must receive complaints respectfully and forward them; they may not insist that the person use a complicated form before urgent action.

Public information identifies the Complaints Officer, Safeguarding Lead and an independent escalation route. Children are told in accessible language whom they can approach.

Triage

On receipt, the officer determines whether the matter involves:

- immediate safety or medical emergency;
- suspected abuse, neglect, exploitation, grooming or missing child;
- criminal conduct, workplace harassment or serious professional misconduct;
- clinical quality, discrimination, privacy, fees, staff conduct, access or administration;
- a routine service request or feedback.

Safeguarding, crime, medical emergency and regulatory matters are routed immediately under the relevant policy. The ordinary complaint process does not delay external reporting.

Acknowledgement and Resolution

Complaints should normally be acknowledged within two working days. A named person explains the process, expected time, support and any interim action. Simple service issues may be resolved promptly with the person's agreement, but the concern and outcome are still recorded if material.

Formal investigations define allegations, evidence, witnesses, conflicts and terms of reference. The investigator is impartial and has no involvement in the event. Both complainant and respondent receive a fair opportunity to provide information, subject to safety, confidentiality and external-investigation restrictions.

Outcome and Appeal

The written outcome states what was reviewed, findings on the available evidence, action, learning, any apology or remedy, confidentiality limits and appeal route. Personal disciplinary details are not disclosed beyond what is lawful and necessary.

An appeal is reviewed by a more senior or independent person who did not make the original decision. Grounds may include procedural unfairness, new evidence, conflict, unreasonable finding or inadequate remedy.

Whistleblowing

Workers may bypass management and report to the DSL, President & CEO, independent board member, regulator, professional body, police or other authority where appropriate. Confidentiality is protected as far as possible. Anonymous reports are assessed on detail and risk, not dismissed solely because the source is unknown.



Non-Retaliation Monitoring

Retaliation includes dismissal, demotion, poor shifts, threats, exclusion, bullying, unfavorable appraisal, service reduction, pressure to change evidence or legal intimidation. HR and the Complaints Officer monitor the reporter's position after serious reports. Alleged retaliation is investigated separately.

A knowingly false and malicious allegation may be misconduct, but an unsubstantiated or mistaken good-faith concern is not malicious.

Records and Learning

Maintain a complaint register with category, risk, acknowledgement, investigator, outcome, time, appeal and corrective action. Monthly trend review considers recurring staff, services, times, rooms, fees, communication barriers and vulnerable groups. The Board receives anonymized material trends and all critical matters.



PART II - SAFEGUARDING AND RIGHTS

POLICY 9

INTIMATE CARE, THERAPEUTIC TOUCH, FEEDING AND TOILETING

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Purpose

This policy protects dignity, privacy, health and safety when a person needs toileting, changing, menstrual support, hygiene, feeding, positioning, transfer, mobility or other personal care.

Individual Care Plan

Intimate care is provided only where it is within the agreed service and staff competence. A written plan records:

- the person's abilities, preferences, communication and consent signals;
- exactly what assistance is needed and what the person can do independently;
- authorized staff, location, equipment and infection controls;
- gender or cultural preferences where reasonably practicable;
- continence, skin, feeding, swallowing, seizure, mobility or medical risks;
- how privacy, visibility and safeguarding are balanced;
- distress response, incident reporting and parent communication.

The plan is developed with the person and parent/guardian as appropriate, reviewed after change or concern, and available only to staff who need it.

Consent, Assent and Dignity

Staff explain each step before touching, use the person's preferred communication, offer choices and pause when non-emergency assent is withdrawn. Care is never rushed for staff convenience. Doors, screens and clothing protect privacy without creating a hidden or locked situation.

The person's body is covered as much as possible. Staff use respectful language and do not discuss care publicly. Independence and self-care skills are encouraged without withholding needed help.

Staffing and Visibility

As a default, intimate care is performed by trained authorized staff under a documented plan. A second person may be nearby or present when risk assessment, transfer safety, behaviour, allegation history or client preference requires it. Two-person care must not become an audience that reduces dignity.

Parents are not required to remain unless agreed. Volunteers, unvetted persons and visitors may not provide intimate care.

Toileting and Changing

Use the designated safe area and correct PPE. Check equipment, water temperature and transfer aids. Never leave a person unattended where there is fall, seizure, wandering or drowning risk. Soiled materials are disposed of hygienically. Skin injury, bleeding, unusual pain, bruising or possible abuse is documented and escalated; staff do not conduct unnecessary examination.

Accidents are handled calmly. Toileting, diapers, clothing, water or access to family must never be used as punishment or behaviour control.

Feeding and Swallowing

Feeding assistance follows the individualized plan and any qualified swallowing or medical advice. Staff verify food, texture, allergies, positioning, pace, utensils and supervision. Force-feeding, holding the nose, intimidation, excessive spoon size, unsafe recline and continued feeding during coughing, choking, distress or reduced alertness are prohibited.

Emergency choking response is provided by trained staff and emergency services are called as indicated. Repeated coughing, weight loss, prolonged meals or aspiration concern requires referral.



Therapeutic Touch, Positioning and Transfers

Clinical touch must have a clear purpose, be within professional competence and use the least intrusive method. Explain the area and technique, seek permission, observe distress and stop or modify when safe. Sensitive areas require particular justification, privacy and documentation.

Transfers use assessed techniques and suitable equipment. Staff do not manually lift beyond training or safe capacity. Equipment is inspected and the person is not used for staff practice without informed consent and supervision.

Recording and Concerns

Routine care is recorded as required by the plan, including refusal, skin concern, injury, continence change, feeding issue or unusual behaviour. Any allegation, unexplained injury, sexualized behaviour, repeated distress with a caregiver or boundary concern is reported to the DSL immediately.



PART II - SAFEGUARDING AND RIGHTS

POLICY 10

MISSING CHILD, AUTHORIZED PICKUP, TRANSPORT, HOME VISITS AND OFF-SITE ACTIVITIES

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Handover Responsibility

ETKO responsibility begins when a child or client is formally handed to an authorized staff member at the approved location and recorded present. It ends after identity-verified release to an authorized person or completion of an approved transport handover. Staff do not assume responsibility for persons left outside, dropped without acknowledgement or collected informally.

Authorized Pickup

Parents provide written names, relationship, CNIC or identity details, contacts, photo where lawful, and custody restrictions. Staff verify unfamiliar persons. A last-minute change requires contact through a verified parent number, agreed security questions or other documented verification. A child is not released when identity is uncertain, the person appears intoxicated, threatens safety or a court restriction applies.

Late collection follows the escalation plan: contact parents and alternatives, maintain safe supervision, notify management, document, and contact competent authorities when abandonment or serious risk is suspected. Staff do not take the child home without formal authorization.

Attendance and Missing Person Prevention

Attendance is taken at arrival, transitions, transport, outings and dismissal. High elopement-risk clients have an individual plan with triggers, communication, supervision, environmental controls, photo/description, likely destinations and response steps. Doors, stairs, roof and exits are controlled without unlawful confinement or obstructing fire escape.

Immediate Missing Child Response

8. Confirm identity, last-seen time and location, and check whether authorized release occurred.
9. Alert the response lead without causing panic; secure exits where safe and check attendance.
10. Search assigned high-risk areas, toilets, stairs, roof, vehicles and immediate surroundings while maintaining supervision of others.
11. Call parents and police/emergency services promptly according to risk. Do not impose an arbitrary waiting period for a young, disabled, medically vulnerable or endangered person.
12. Preserve CCTV, entry logs, messages and witness information. Provide an accurate description, photo, medical and communication risks.
13. When found, check health, provide care, avoid blame, notify parties and conduct a debrief and risk-plan review.

Transport

Only approved drivers, attendants and vehicles may transport clients under ETKO arrangements. Required controls include licence and vehicle document verification, maintenance, insurance, safe seating, seatbelts or appropriate restraints, first-aid and emergency contacts, route and passenger list, driver fitness, no smoking, no unauthorized passengers and handover signatures.

A child is never left alone in a vehicle. The driver and attendant conduct a final physical sweep after every route. Personal errands, speeding, phone use while driving and route changes without authorization are prohibited.

Home Visits

Home visits require purpose, consent, staff authorization, address and contact verification, check-in/check-out, travel risk, boundary rules and emergency plan. High-risk visits use two staff or another documented control. Staff do not enter when violence, weapons, intoxication, uncontrolled animals, unsafe structure or other serious risk is present. Concerns are reported; staff do not promise services outside ETKO scope.



Outings and Community Activities

A written plan identifies participants, consent, staff ratio, transport, accessibility, medication, food/allergy, toilets, weather, emergency contacts, meeting points, missing-person procedure and venue risks. Headcounts occur at every transition. Public photography and contact with strangers are controlled.

Records

Maintain pickup authorization, attendance, transport, vehicle, driver, route, home-visit, outing, incident and missing-child records. Review repeated late collection, absences or elopement as potential support or safeguarding concerns.



POLICY 11

ADMISSION, SCREENING, ELIGIBILITY AND RISK STRATIFICATION

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Purpose and Fair Access

Admission decisions must be respectful, evidence-based and consistent with ETKO's lawful scope, staff competence, physical capacity and safety. The Center does not discriminate because a person has a disability or complex need, but it does not accept needs it cannot safely and competently support.

Inquiry and Pre-Admission Information

Families receive clear information about services, qualifications, hours, fees, waiting, attendance, complaints, safeguarding, emergency limitations, privacy, media consent and transport. Staff do not guarantee cure, school placement, independence, behaviour elimination, academic outcome or specific progress.

Application and Documents

The approved admission and intake form collects identity, guardian authority, emergency contacts, authorized pickup, medical, allergy, seizure, medication, mobility, feeding, communication, behaviour, sensory, education, therapy, custody and safety information. Families provide relevant reports but are not required to obtain unnecessary tests solely for administrative convenience.

Information must be accurate and updated promptly. Material concealment may require reassessment or service pause, but staff respond without blame and consider whether fear, literacy or access affected disclosure.

Initial Screening

A qualified team reviews:

- goals, strengths, diagnosis and functional needs;
- communication, consent and participation support;
- medical stability, seizures, allergies, medication, feeding and infection risks;
- mobility, transfer, falls, equipment and environmental access;
- self-injury, aggression, sexualized behaviour, pica, fire-setting, elopement or other safety risks;
- current services, professional referrals, school and family context;
- staffing ratio, room, equipment, schedule and emergency capacity.

Immediate red flags are escalated before placement. ETKO is not an emergency hospital and refers unstable or urgent medical conditions to appropriate care.

Admission Decision

Possible outcomes are accepted, accepted with conditions, waitlisted, referred for additional assessment, trial placement with safeguards, or declined with reasons and alternatives. Conditions may include medical clearance, emergency plan, medication authorization, dedicated support, adjusted schedule, equipment or specialist involvement.

The decision identifies service, frequency, lead, goals, review date and unresolved risks. Financial ability is handled under fee and concession policy and is not confused with clinical eligibility.

High-Risk and Complex Cases

A multidisciplinary review and management approval are required when there is repeated serious aggression, high elopement, complex feeding, oxygen or invasive equipment, unstable seizure, significant manual handling, serious self-harm, active abuse concern, severe infection risk or need for constant one-to-one support.

Acceptance does not mean every risk can be eliminated. Controls, residual risk, emergency threshold and service limits are documented and shared.



Trial, Waitlist and Capacity

Trial placements have defined objectives, duration, support and decision criteria. Waitlists are managed fairly, with date, priority rationale, contact and periodic update. Staff must not take unofficial payment to accelerate placement.

Reassessment, Suspension and Termination

Service is reviewed when needs, health, behaviour, attendance, staffing or environment change. ETKO may pause or end a service where risk cannot be controlled, needs exceed competence, essential information is withheld, fees or rules are persistently breached, or the therapeutic relationship is irreparably compromised. Except in urgent safety situations, the family receives written reasons, opportunity to respond, transition time and referral options.

Records

The admission file includes application, identity and authority, consent, risk screening, decision, conditions, fees, plan and review. Rejected or waitlisted decisions are auditable for fairness and confidentiality.



POLICY 12

CONSENT, ASSENT, ASSESSMENT AND INDIVIDUAL PLANNING

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Informed Consent

Consent must be voluntary, informed, specific, understandable and given by a person with lawful authority. Before routine service, ETKO explains purpose, methods, expected benefits, material risks, alternatives, fees, confidentiality limits, records, complaints, withdrawal and likely consequences of refusal.

Separate written consent is required for medication, public media, research, off-site activities beyond routine agreement, invasive or exceptional procedures, and other materially different activities. Admission is not conditional on promotional media consent.

Capacity and Guardian Authority

Staff verify who may consent, including custody or court restrictions. Adults are presumed able to participate in decisions unless a lawful and functional assessment shows otherwise. Disability or limited speech does not automatically remove decision-making ability. Supported communication and time are provided.

Where a parent or guardian decision appears to expose the person to serious harm or conflicts with legal rights, staff seek safeguarding and legal advice rather than relying blindly on the signature.

Child and Client Assent

Even when a guardian consents, staff seek the person's willing participation. Assent may be expressed through speech, gesture, approach, body language or communication device. Distress, freezing, withdrawal, avoidance or repeated refusal is taken seriously.

Non-emergency activity stops or is modified when assent is withdrawn. A clinically necessary limit or safety action is explained, proportionate and documented. Compliance is not treated as the only measure of success.

Assessment Standards

Assessment is performed only by competent authorized personnel using appropriate tools, observation, interviews and existing records. The assessor explains limitations and avoids presenting screening as diagnosis. Cultural, language, sensory, motor and communication factors are considered. Tests are not used outside training or licensing.

Findings distinguish observation, reported history, test result, professional interpretation and uncertainty. Reports use respectful language and avoid unsupported certainty.

Individualized Education or Therapy Plan

The IEP/ITP records:

- strengths, interests and participation priorities;
- baseline and assessed needs;
- measurable, meaningful and realistic goals;
- methods, frequency, setting and responsible professional;
- communication, sensory, mobility, medical and behaviour supports;
- home or family strategies that are feasible and non-blaming;
- data and progress-review method;
- risks, consent and referral needs;
- review date, transition or discharge criteria.

Goals should improve communication, function, wellbeing, safety, learning, participation and independence rather than make the person appear less disabled for social convenience.



Multidisciplinary and Family Participation

The lead coordinates with the person, family and relevant professionals. Information is shared with consent and need-to-know limits. Different professional opinions are recorded and resolved through evidence, scope and best interests, not hierarchy.

Review and Change

Plans are reviewed at the agreed interval and after significant change, incident, hospitalization, new diagnosis, poor progress or family request. Progress is reported honestly, including barriers and uncertainty. Methods are modified when ineffective or distressing. A major new method, risk or goal requires renewed explanation and consent.

Withdrawal and Refusal

Consent may be withdrawn prospectively. Staff explain consequences and alternatives without coercion. Withdrawal does not erase records already lawfully created or prevent necessary safeguarding reporting. Refusal is documented respectfully and escalated only when serious safety or legal concern exists.



POLICY 13

CLINICAL GOVERNANCE, SCOPE OF PRACTICE AND REFERRAL

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Policy Statement

Clinical and rehabilitation services must be safe, evidence-informed, person-centered, within professional competence and supported by supervision, records, equipment, referral and quality review. A job title, degree or past experience does not authorize every technique.

Clinical Governance Structure

The Governing Body oversees quality and resources. The Clinical Lead maintains service standards, professional-registration records, supervision, audit, incident review and referral pathways. Each discipline has a qualified lead or external supervisor where required. Administrative pressure, family demand or financial targets must not override clinical judgment or safety.

Scope of Practice

Each professional works only within verified education, registration, competence, job description and organizational authorization. New techniques require evidence review, training, supervised competence, consent, equipment and policy approval. Interns and assistants work under defined supervision and do not independently assess, diagnose, prescribe or represent themselves as licensed professionals.

Evidence-Informed Practice

Interventions are selected using the best reasonably available evidence, professional judgment, client values, context and safety. Staff disclose uncertainty and avoid miracle claims, guaranteed outcomes or unsupported treatments. Outcome measures are meaningful and not manipulated for publicity or funding.

Methods involving aversives, humiliation, pain, deprivation, unsafe restraint, forced feeding, sexualized practice, unapproved medication or dangerous equipment are prohibited.

Assessment and Diagnosis

Only appropriately qualified professionals diagnose within lawful scope. Screening, observation and educational classification are clearly labeled. Reports distinguish diagnosis from functional support needs. Medical conditions are referred to licensed medical practitioners.

Referral and Escalation

Referral is required when needs exceed scope or capacity, including acute medical symptoms, swallowing risk, uncontrolled seizure, serious mental-health crisis, suspected abuse, vision or hearing concern, medication issue, complex orthotics, significant regression, legal/custody matter or specialist diagnostic need.

Urgent symptoms trigger emergency response rather than routine referral. Staff do not delay referral to retain fees or avoid admitting limitations.

Professional Communication

Reports and advice are accurate, respectful, dated, signed and within role. Staff communicate critical information directly and verify receipt. Informal WhatsApp advice does not replace formal documentation where clinical risk is involved.

Clinical Supervision

Supervision frequency reflects role, experience, risk and professional requirements. It includes case review, observation, documentation, ethics, boundaries, workload, learning and wellbeing. Supervisors record decisions and follow-up. Supervision is not a substitute for competence or emergency consultation.



Equipment and Environment

Therapeutic equipment is suitable, maintained, cleaned, risk-assessed and used according to manufacturer and professional guidance. Staff check fit, load, stability, electrical safety and infection risk before use. Client-made or improvised equipment is used only after competent safety review.

Quality Indicators

Monitor incidents, complaints, missed reviews, progress, attendance, referral delays, documentation completeness, consent, restraint, medication, infection, equipment defects and family/client feedback. Adverse trends trigger audit and corrective action.



POLICY 14

SESSION DELIVERY, DOCUMENTATION, MULTIDISCIPLINARY REVIEW AND DISCHARGE

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Safe Session Preparation

Before each session, staff confirm identity, attendance, current health, relevant alerts, medication or emergency plan, room and equipment safety, goals and required support. Changes in seizure, fever, pain, injury, behaviour, sleep, medication or family circumstances are assessed before proceeding.

Staff do not leave clients unsupervised contrary to their plan. Ratios and visibility are maintained during transitions, toilets, sensory spaces, play and rooftop activity.

Session Conduct

The practitioner explains the session, obtains assent, uses the plan flexibly, monitors fatigue and distress, and stops unsafe activity. Activities are purposeful, respectful and proportionate. Staff do not prolong a session merely to fill time or use unapproved methods because a parent requests immediate results.

Parents may observe or participate according to the plan, privacy of others, space and clinical judgment. They must not record other clients.

Documentation Standard

The record is completed on the same day and includes date, time, duration, location, practitioner, persons present, current status, goals addressed, intervention, response, objective data, safety issue, communication with family, home recommendation, plan and signature.

Records must be factual and legible. Late entries are labeled with actual entry date and reason. Errors are corrected with an audit trail; no deletion, backdating or rewriting to hide an event. Copy-paste and identical notes without individualized evidence are prohibited.

Attendance and Missed Sessions

Attendance, late arrival, cancellation, no-show and make-up decisions follow the fee schedule and clinical plan. Repeated absence triggers contact and review for transport, illness, family stress, affordability, safeguarding or service fit. Therapy hours are not falsely recorded when the person was absent.

Multidisciplinary Review

Complex cases are reviewed at planned intervals and after serious events. The meeting records participants, consent for sharing, progress, risks, differing views, decisions, actions and review date. Only necessary information is discussed, and meetings are not held in public areas.

Progress Reporting

Reports compare current performance with baseline and goals, explain methods and limitations, and distinguish direct observation from parent report. Staff avoid exaggeration. Where progress is limited, the team reviews diagnosis, health, motivation, environment, attendance, goal relevance, method and service intensity.

Transfer and Discharge

Discharge may occur when goals are met, another service is more appropriate, the person relocates, consent is withdrawn, attendance prevents benefit, risk cannot be managed, staff capacity ends or rules are seriously breached. Decisions are not retaliatory.

A planned discharge includes notice, final review, summary, current risks, recommendations, equipment or record arrangements, referrals and family discussion. In urgent safety suspension, the Center provides written reasons and safe next steps as soon as practicable.



Record Release

Copies or summaries are released only to authorized persons, subject to identity, privacy, safeguarding, legal hold and fee rules. Original records remain under ETKO control. Alteration on request is not allowed; a correction or client statement may be appended.



POLICY 15

POSITIVE BEHAVIOUR SUPPORT, DE- ESCALATION AND RESTRICTIVE INTERVENTION

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Rights-Based Approach

Behaviour is understood as communication influenced by development, disability, pain, sensory needs, environment, trauma, skill gaps, relationships and unmet need. ETKO uses positive behaviour support to improve quality of life and teach safe alternatives, not to obtain obedience at any cost.

Assessment and Plan

When behaviour creates significant risk or limits participation, a competent team defines the behaviour observably, collects baseline, identifies triggers and consequences, reviews medical and communication factors, and develops an individualized plan with the person and family.

The plan prioritizes:

- predictable routines, visual supports and clear communication;
- sensory and environmental adjustment;
- choice, breaks, functional communication and skill teaching;
- meaningful reinforcement that respects dignity;
- gradual, achievable demands and relationship-based support;
- early de-escalation and recovery.

Prohibited Practices

Corporal punishment, humiliation, threats, shouting, ridicule, public shaming, forced eye contact, painful or aversive stimulation, food or toilet deprivation, exercise as punishment, overcorrection that causes distress, locked isolation, seclusion, prone restraint, airway restriction, pressure to neck/chest/abdomen, mechanical restraint for discipline and restraint for convenience are prohibited.

Medication must not be used as a chemical restraint or behaviour-control shortcut outside lawful medical prescribing and monitoring.

De-escalation

Staff remain calm, reduce language and audience, increase space, remove avoidable demands and hazards, offer familiar regulation support and call trained assistance early. They do not corner, crowd, argue, threaten consequences or touch without need. Other clients are moved safely and emergency services are called when risk exceeds Center capacity.

Protective Physical Intervention

Physical intervention may be used only as a last-resort emergency action to prevent imminent serious harm when less restrictive measures are ineffective or impossible. It must be necessary, proportionate, least restrictive, performed by trained authorized staff, continuously monitored and stopped at the earliest safe moment.

It is not used to protect property alone unless property damage creates imminent serious harm, to enforce participation, prevent harmless movement, respond to verbal disrespect or compensate for staffing shortage.

During Intervention

A lead communicates, another person monitors breathing, color, consciousness, distress and injury where possible, and emergency services are called for medical concern or prolonged danger. The person's face and airway remain unobstructed. Staff never pile on, use pain or continue after the immediate danger ends.



Aftercare and Reporting

The person receives medical and emotional check, access to family/support, explanation and opportunity to communicate. Staff and witnesses are checked and supported. Parents are informed promptly unless safeguarding or authority advice requires otherwise.

Every intervention is recorded before the end of shift, reviewed by management, clinical lead and DSL, and analyzed for prevention. Repetition, injury or high severity triggers formal review, possible external notification and service reassessment.

Seclusion

Locking or preventing a person from leaving a room alone is prohibited. A voluntary quiet space remains unlocked, supervised according to plan, and the person may leave. Temporary separation of persons during an emergency is not seclusion when staff remain present, exit is not blocked unlawfully and the purpose is immediate safety.

Data and Governance

The Board receives anonymized data on frequency, duration, injury, staff, client, setting and corrective action. Any pattern by one employee, client, room or time is investigated. Reduction of restrictive intervention is a quality objective.



POLICY 16

MEDICATION, FIRST AID, MEDICAL EMERGENCIES AND SEIZURE SAFETY

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Scope and Responsibility

ETKO provides first aid and limited medication support only within its approved service, trained staffing and written authorization. It is not an emergency hospital. A parent signature does not make an unsafe or unlawful medication arrangement acceptable.

Medication Acceptance

Medication is accepted only when:

- the client is identified and an authorized parent/guardian or prescriber has provided clear written instructions;
- it is in the original pharmacy or manufacturer-labelled container with name, drug, strength, dose, route, frequency, expiry and storage;
- the order is readable, current and within ETKO competence;
- required emergency plan, equipment and trained staff are available.

Loose tablets, shared medication, expired products, unlabeled containers, unclear dosage, unauthorized supplements and changes conveyed through an unverified person are refused and escalated.

Storage and Control

Medication is logged at receipt, counted where appropriate and stored locked, temperature-controlled and separate from food and chemicals. Emergency medication is rapidly accessible to authorized staff but not to children or visitors. Refrigerated medication is monitored without storing it with staff meals.

Keys and access are limited. Controlled or high-risk medication, if accepted lawfully, receives enhanced count, witness and disposal controls.

Administration Procedure

Before administration, the trained person checks the right client, medication, dose, route, time, indication, expiry, order, allergies and current condition. A second check is used for high-risk or calculated doses where practicable. The person explains the medication and respects refusal unless an immediate lawful emergency direction applies.

Administration is recorded immediately. The record includes omission, refusal, vomiting, spillage, PRN reason and outcome. No entry is made in advance. Staff do not conceal errors or alter records.

Medication Error or Adverse Reaction

Stop, assess, provide first aid, obtain medical or poison advice, call emergency services when indicated, notify parent and management, preserve packaging and complete an incident report. The response is based on clinical risk, not fear of blame. The insurer, regulator or prescriber is notified where required.

First Aid

Adequately trained first aiders and stocked kits are available during operations and outings. Kits are sealed, checked monthly and after use. Staff use universal precautions and document care. First aid is not delayed while seeking a form or parent permission in an emergency.

Medical Emergency

14. Make the scene safe and assess responsiveness, breathing and circulation.
15. Call 1122 or the appropriate emergency service early for serious symptoms.
16. Provide trained first aid/CPR and use available emergency medication or equipment according to the plan.
17. Send an authorized staff member to guide responders and provide the client record, medication, allergies and emergency contact.
18. Contact parent/guardian without delaying care.
19. Maintain supervision of other clients and preserve incident details.



20. Complete clinical, incident, insurer and regulatory notifications as applicable.

Seizure Safety

Known seizure risk requires an individual plan stating seizure type, usual duration, emergency threshold, rescue medication, positioning, oxygen or equipment if prescribed, and when to call emergency services.

During a seizure, protect from injury, time the event, clear hazards, cushion the head, loosen restrictive clothing and follow the plan. Do not restrain movement, place objects or fingers in the mouth, give oral medication/food during reduced consciousness or move the person unnecessarily. Afterward, monitor breathing and recovery, place in a safe recovery position when appropriate and document.

Call emergency services for first known seizure, prolonged or repeated seizure beyond the plan, breathing difficulty, serious injury, seizure in water, pregnancy, diabetes or failure to recover as expected.

Sick Client and Return to Service

A person with acute instability, fever with concerning symptoms, vomiting/diarrhea, breathing difficulty, altered consciousness or suspected contagious illness may be separated safely and collected or transferred. Return may require medical clearance based on risk, not punishment.



POLICY 17

INFECTION PREVENTION, HYGIENE, FOOD SAFETY AND ALLERGY CONTROL

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Standard Precautions

ETKO applies standard precautions to every person. Staff perform hand hygiene before and after client contact, food, medication, toileting, wound care, cleaning, glove use and contact with body fluids. Gloves do not replace hand hygiene.

Handwashing facilities, soap, safe water, disposable towels or appropriate drying and alcohol hand rub are available according to risk. Children receive accessible teaching and assistance.

Personal Protective Equipment

PPE is selected for anticipated exposure and used correctly. Gloves are changed between tasks and persons. Masks, aprons, eye protection and other equipment are available where risk indicates. Staff receive training on putting on, removing and disposal without contamination.

Cleaning and Disinfection

A written schedule covers therapy rooms, toilets, handles, mats, tables, toys, sensory equipment, feeding areas, vehicles and high-touch surfaces. Products are approved, labeled and used at correct dilution and contact time. Chemicals remain locked, ventilated and separate from medication, food and children.

Shared mouthed toys, feeding items and reusable clinical equipment receive enhanced cleaning or individual allocation. Porous or damaged items that cannot be cleaned are removed.

Blood or body-fluid spills are isolated and cleaned using trained procedure and PPE. Sharps, if used, go directly into approved containers; recapping is avoided.

Respiratory and Communicable Illness

Staff and families report material symptoms and diagnosed communicable illness. The Center assesses exclusion, masking, ventilation, cleaning, cohorting, public-health advice and return criteria. Confidentiality is protected; affected persons are not stigmatized.

Outbreak response includes a case line list, contact assessment, cleaning, staff communication, authority advice, service modification and documented reopening decision. ETKO does not issue unsupported medical claims.

Food and Drinking Water

Food is purchased, stored, prepared and served hygienically. Refrigeration, expiry, pest control, hand hygiene, cross-contamination and clean water are monitored. Staff food is separated from client food and medication.

Feeding programs follow clinical and texture plans. Home-provided food is labeled with name, date and storage requirement. Unsafe, spoiled or unidentified food is not served.

Allergy and Anaphylaxis

Admission screening identifies allergies, reaction history, prescribed emergency medication and action plan. Staff know symptoms and location of emergency medication. Food labels are checked and cross-contact controlled. Sharing food is prevented according to risk.

For suspected anaphylaxis, administer prescribed emergency medication by trained staff if available and call 1122 immediately. Do not wait to see whether symptoms improve. Notify parent and complete incident review.

Staff Health and Exposure

Staff with contagious symptoms follow reporting and exclusion guidance. Occupational exposure to blood or body fluids receives immediate washing, medical evaluation, documentation and confidential follow-up. Vaccination and health advice are encouraged according to role and current public-health guidance.



Waste and Pest Control

Waste is segregated, bagged and removed safely. Clinical or infectious waste is handled through appropriate arrangements. Pest-control chemicals are applied only by approved persons with area closure, ventilation and re-entry controls.

Monitoring

Cleaning logs, stock, water, fridge temperature where applicable, illness, exposure and outbreak records are reviewed. Audits include direct observation of hand hygiene and correction through coaching, not signature-only compliance.



PART IV - HEALTH, SAFETY AND ENVIRONMENT

POLICY 18

OCCUPATIONAL SAFETY, PREMISES, ACCESSIBILITY AND EQUIPMENT

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Duty of Care

ETKO will provide and maintain, so far as reasonably practicable, a workplace and service environment that protects clients, staff and visitors. Everyone must follow safety instructions, use equipment correctly, report hazards and stop work where there is imminent serious danger.

Opening and Closing Checks

Authorized staff inspect entrances, exits, stairs, roof, toilets, water, electricity, lighting, fire equipment, first-aid supplies, rooms, equipment, chemicals, medication storage, CCTV status and security before opening and after closing. Defects are recorded, isolated and escalated.

No room is used beyond safe occupancy. Corridors and exits remain clear. Keys, gates and access controls must never obstruct emergency escape.

Building and Accessibility

The premises plan identifies room use, load, ventilation, lighting, noise, temperature, water, sanitation, accessibility and emergency routes. Stairs, railings, balconies and rooftop/play areas receive enhanced barriers, supervision and inspection. Furniture is stable and sharp edges, cords, sockets and choking hazards controlled.

Reasonable accommodations include accessible routes, seating, visual contrast, signs, communication, evacuation assistance and toilet arrangements. Where the building cannot safely accommodate a need, ETKO documents interim controls and a lawful improvement or alternative-service plan.

Electrical and Fire-Related Safety

Only qualified persons perform electrical installation or repair. Panels are labeled and accessible only to authorized personnel. Extension boards are not overloaded or daisy-chained. Damaged plugs, exposed wires, overheating devices and improvised connections are removed immediately.

Portable appliances and fixed systems are inspected at risk-based intervals. Generator, UPS or battery systems are ventilated and maintained. Flammable materials are minimized and safely stored.

Therapy, Sensory and Play Equipment

Before purchase or use, equipment is checked for purpose, age/size, weight limit, contraindications, installation, manufacturer instructions, cleaning and training. Staff inspect before each use and record periodic checks.

Swings, suspension, trampolines, climbing, balance, weights, electrical stimulation, heat, compression, standing, transfer and mobility equipment require discipline-specific risk control. Anchor points and load-bearing structures are approved. Unsupervised access is prevented.

Unsafe equipment is tagged "DO NOT USE," isolated and repaired by a competent person or disposed of. Staff may not remove the tag without authorization.

Manual Handling and Ergonomics

Client transfers and lifting are assessed. Staff use suitable techniques, assistance and equipment. No person is expected to lift beyond safe ability. Office and computer work also receives ergonomic consideration, breaks and task rotation.

Chemicals, Tools and Hazardous Items

Cleaning chemicals, blades, tools, batteries, cords, small parts and hot items are locked or supervised. Safety data and first-aid information are available. Decanting into food or drink containers is prohibited.



Work-Related Injury

Provide immediate care, report and investigate. The employee receives appropriate medical and employment support. Management reviews workload, staffing, environment, training and equipment rather than blaming the injured person automatically.

Inspections

Daily checks are supplemented by monthly documented inspection and annual competent review of fire, electrical, structural, accessibility and specialized equipment as applicable. Findings enter the CAPA tracker and are not closed without evidence.



PART IV - HEALTH, SAFETY AND ENVIRONMENT

POLICY 19

FIRE, EVACUATION, DISASTER AND BUSINESS CONTINUITY

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Emergency Preparedness

The Center maintains written, displayed and practiced plans for fire, earthquake, severe weather, flooding, utility failure, civil disorder, security threat, building damage, epidemic and other foreseeable emergencies. Plans account for children and adults who need mobility, communication, sensory, behavioural or medical assistance.

Fire Prevention

Control ignition sources, electrical overload, cooking, smoking, flammable storage, blocked exits and waste. Fire extinguishers and alarms are selected, installed, inspected and serviced by competent providers. Staff are trained in alarm, evacuation and when not to fight fire.

Evacuation Plan

Plans show primary and alternative routes, assembly point, room sweep, attendance, visitor and contractor accounting, medication/emergency bag, assistance roles and emergency calls. Lifts are not used during fire unless specifically designed and authorized.

Personal emergency evacuation plans identify clients or staff requiring physical assistance, visual or auditory alerts, calming support, communication device, wheelchair, medication or additional staff. Staff do not improvise dangerous carrying techniques.

Fire Response

21. Raise the alarm and call 1122.
22. Evacuate using the nearest safe route; close doors if safe.
23. Do not delay for belongings.
24. Take attendance and visitor records only if immediately accessible.
25. Report to the assembly point and account for every person.
26. Do not re-enter until authorized by emergency services.

A missing person is reported immediately with last known location; untrained staff do not re-enter a dangerous building.

Earthquake

During shaking, staff use appropriate drop, cover and hold guidance where safe, protect persons from falling objects and avoid stairs. After shaking, assess injuries, fire, structural damage, gas/electric risk and evacuate if needed. Expect aftershocks and do not re-enter unsafe areas.

Utility Failure and Heat

The plan covers power, water, ventilation, refrigeration for medication, communication and security. Service is suspended when temperature, water, sanitation, lighting, medical equipment or emergency communication cannot be maintained safely.

Security Threat or Civil Disturbance

Management may shelter in place, restrict entry, alter dismissal or close. Parents receive verified instructions without disclosing confidential details or creating panic. Staff do not publish real-time locations of children during a threat.

Drills

Fire drills occur at least every six months and more frequently where risk or authority requires. Medical, missing-child and safeguarding scenarios are also practiced. Drills are planned to avoid trauma while still testing real roles. Performance, time, assistance, communication and failures are recorded and corrected.



Business Continuity

The continuity plan identifies critical services, leadership succession, staff contacts, data backup, remote communication, alternate premises, payroll, suppliers, medication and record access. Decisions to close, reopen or provide remote service are risk-assessed and authorized. Remote service does not bypass consent, privacy or professional scope.

Post-Emergency Recovery

Provide medical and psychosocial support, notify families, authorities and insurers, preserve records, assess building and data, communicate accurately and review lessons. No reopening occurs until responsible leads certify essential controls.



PART IV - HEALTH, SAFETY AND ENVIRONMENT

POLICY 20

VISITORS, SECURITY, CCTV AND PREMISES ACCESS

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Controlled Access

All visitors, contractors, donors, media and non-rostered personnel report to reception, state purpose, show identification where required, sign in, receive a badge and meet an authorized host. Access is limited to necessary areas and time.

Unknown persons, unauthorized pickups, sales visitors and individuals who refuse safety rules are denied access. Police or officials are referred to authorized management while urgent lawful access and safety are not obstructed.

Visitor Safeguarding

Visitors are informed that photography, recording, unsupervised child contact, physical assistance, gift-giving and entry into toilets or therapy rooms are prohibited unless specifically authorized. High-profile status or donor interest does not create child access.

Contractors work outside service hours where possible or under escort. Tools, chemicals, ladders and work areas are secured.

Identification and Staff Access

Staff wear official identification. Lost cards or keys are reported immediately. Access rights are removed on separation, suspension or role change. Master keys, CCTV credentials, medication keys and server/admin passwords are individually controlled.

Security Incidents

Threats, violence, weapons, intoxication, stalking, trespass or property damage trigger immediate safety action and police contact when appropriate. Staff do not physically confront an armed or violent person unless unavoidable for immediate protection. Reception has an emergency communication method and staff know safe rooms/exits.

CCTV Purpose and Limits

CCTV may be used in entrances, corridors, reception and common areas for safety, security and incident review. It is never installed in toilets, changing or intimate-care areas. Use in therapy rooms requires a documented necessity, privacy assessment, signage, restricted access and legal review.

CCTV is not a substitute for supervision or used for entertainment, staff gossip, public content or continuous intrusive monitoring without justification.

Access, Retention and Disclosure

Only authorized named persons access footage. Every access, export and disclosure is logged. Footage is retained for the approved short period and overwritten unless preserved for an incident, complaint, legal hold, regulator or law-enforcement request.

Copies are encrypted and transferred securely. Staff may not record the monitor with a personal phone. Requests from parents or third parties are assessed for privacy of others, safeguarding, legal process and evidence integrity.

Search and Prohibited Items

ETKO may prohibit weapons, illegal drugs, alcohol, unsafe tools and other dangerous items. Any search must be lawful, proportionate, authorized and respectful. A child is not subjected to intimate search by ETKO. Suspected crime or dangerous item is handled with police or safeguarding advice.



Daily Security Controls

Opening/closing checks cover doors, roof, windows, lighting, visitor book, alarms, keys, CCTV, emergency numbers and safe storage. Security incidents are recorded and trended.



PART V - PRIVACY, PEOPLE AND RESOURCES

POLICY 21

CONFIDENTIALITY, PRIVACY, RECORDS AND RETENTION

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Confidentiality Commitment

ETKO collects only information reasonably needed for service, safety, employment, finance, legal and operational purposes. Information is accurate, protected and shared only with authorized persons on a need-to-know basis. Confidentiality is not used to conceal harm or prevent lawful reporting.

Information Categories

Records may include identity, contacts, medical and disability information, assessment, therapy, education, behaviour, medication, attendance, custody, images, complaints, safeguarding, staff, payroll, finance, donor, visitor, CCTV and digital logs. Safeguarding, health, personnel and financial records receive enhanced controls.

Collection and Notice

Forms and conversations explain why information is collected, how it is used, who may receive it, retention, access, complaints and confidentiality limits. Staff avoid collecting irrelevant sensitive details. Consent is used where appropriate, but legal, safeguarding, emergency and contractual bases may also apply.

Access Control

Access follows role. Clinical staff see information needed for care; finance does not automatically see clinical detail; donors do not receive identifiable client information merely because they funded a service. Records remain secured in locked cabinets or approved systems. Password sharing and unattended open files are prohibited.

Sharing

Information may be shared with the multidisciplinary team, emergency providers, regulators, authorities, insurers, lawyers, funders or partners only where authorized, necessary and lawful. The minimum necessary information is used. Identity and recipient are verified before email, WhatsApp, print or hand delivery.

Safeguarding information may be shared without consent when necessary to protect a person or comply with law. The decision and basis are recorded.

Record Quality

Records are dated, attributable, factual, legible and complete. Staff do not delete unfavorable information, backdate entries, use insulting descriptions or record rumors as facts. Corrections preserve the original and explain the change. Official records are not kept solely on personal devices.

Access and Correction Requests

Requests are verified and referred to the authorized records officer. ETKO balances access rights with privacy of others, safeguarding, legal privilege, investigation and professional requirements. A factual error may be corrected; disagreement with professional opinion may be appended rather than erased.

Retention and Destruction

The Board approves a retention schedule after legal and professional review. A legal hold suspends destruction for complaint, incident, investigation, litigation, audit or authority request. At the end of the period, paper is securely shredded and digital data securely deleted or anonymized, with destruction recorded.

Confidential Conversations

Meetings and calls occur in appropriate spaces. Staff do not discuss clients in corridors, public transport, restaurants or social gatherings. Case discussion in training is anonymized unless valid authorization exists.



Departure and Return of Records

Personnel return files, devices, keys and copies on role change or exit and certify deletion of unauthorized copies. Confidentiality continues after employment.

Breach

Loss, wrong recipient, unauthorized access, screenshot, public post or disclosure is reported immediately under the data-breach procedure. The Organization contains harm, preserves evidence, notifies affected persons or authorities where appropriate and corrects controls.



PART V - PRIVACY, PEOPLE AND RESOURCES

POLICY 22

INFORMATION SECURITY, DATA BREACH, WHATSAPP AND TETHERAPY

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Security Governance

The IT or authorized administrator maintains an inventory of devices, accounts, software, data locations, backups and administrators. Access is approved by role, reviewed quarterly and removed promptly on exit. Shared accounts are avoided; administrator rights are limited.

Passwords and Devices

Use strong unique passwords and multi-factor authentication where available. Passwords are not written publicly, shared in groups or reused across personal and work accounts. Devices use screen lock, encryption where available, updated software, antivirus and secure backup.

Personal devices may access client information only under approved bring-your-own-device controls. Lost or stolen devices are reported immediately.

Email and File Transfer

Verify recipient and attachment before sending. Sensitive documents use password protection, secure links or approved encrypted systems. Passwords are sent separately. Staff are alert to phishing, unusual payment requests and changed bank details, which require independent verification.

WhatsApp and Messaging

Official numbers and approved groups are used for scheduling and necessary service communication. Group membership is reviewed, and parents do not see one another's details without consent. Clinical or safeguarding information is limited and transferred to the official record.

Staff do not use disappearing messages for official work, private-status posts, personal social-media contact with children, or public groups containing client details. Urgent safeguarding or medical concerns require direct escalation, not a message left unread.

Data Backup and Recovery

Critical records are backed up on an approved schedule with at least one separate secure copy. Recovery is tested at least six-monthly. Backups are protected from the same password or device failure as the original. Paper contingency forms are available during outage.

Cybersecurity Incident

On suspected malware, unauthorized access, wrong recipient, account takeover or loss:

27. disconnect or contain without destroying evidence;
28. notify the IT/privacy lead and management immediately;
29. change credentials and preserve logs;
30. assess information, persons, harm and safeguarding implications;
31. obtain technical/legal advice and notify affected persons, insurer or authorities where required;
32. document root cause, recovery and corrective action.

Staff do not pay, negotiate or communicate publicly with attackers without authorization.

Teletherapy and Online Services

Before online service, verify identity, location, guardian presence if required, consent, privacy, technology, emergency contact and local emergency plan. The practitioner confirms whether the person can participate safely and has appropriate equipment.



Sessions use approved platforms and private spaces. Recording requires separate consent and secure storage. Staff do not provide online service from public spaces or through personal social-media video calls. If the client is in immediate danger, the practitioner uses the known location and emergency plan.

Online practice remains within professional scope and is not used when hands-on assessment, safeguarding, medical risk or technology makes it unsafe.

Research, Apps and New Technology

New apps, AI systems, cloud services, biometric tools or digital assessments require privacy, security, bias, consent, contract and clinical review before use. Free software is not automatically safe. Identifiable client data is not entered into public AI or unapproved systems.



PART V - PRIVACY, PEOPLE AND RESOURCES

POLICY 23

HUMAN RESOURCES, ATTENDANCE, LEAVE, PERFORMANCE AND SEPARATION

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Employment Principles

ETKO employment decisions are based on merit, lawful requirements, safeguarding suitability, competence and organizational need. Written contracts, job descriptions, pay, hours, probation, supervision and benefits are provided according to applicable law and approved policy.

Personnel Files

HR maintains identity, contact, emergency, contract, job description, qualifications, registration, references, checks, attendance, leave, payroll, training, supervision, performance, discipline and separation records under restricted access. Medical information is limited to what is necessary for work and accommodation.

Attendance and Working Time

Staff report on time, sign through the approved system and remain at assigned duty unless authorized. Falsifying attendance, signing for another person, leaving clients unsupervised, or claiming hours not worked is misconduct.

Rosters consider safe staffing, breaks, fatigue, prayer and lawful working limits. Overtime is pre-approved except documented emergency response. A staffing shortage does not justify unsafe ratios or deployment outside competence.

Leave

Annual, casual, sick, maternity, parental, bereavement and other leave follow law and the approved schedule. Requests are timely and honestly supported. Emergency sickness is reported as soon as possible. Managers plan cover without pressuring unwell staff to work with vulnerable clients.

Medical information is confidential. Repeated absence is managed through fair support, evidence and capability procedures rather than humiliation.

Probation and Confirmation

Probation includes clear objectives, induction, observation, supervision, record review, attendance, conduct and safeguarding competence. Feedback and support are documented. Confirmation, extension or termination is authorized in writing and not assumed by silence.

Performance Management

Each employee has annual objectives linked to safe service, quality, professional development and values. Appraisal uses evidence, client safety, documentation, teamwork, attendance, supervision and feedback. Numerical targets do not reward unnecessary therapy, false progress or suppressed complaints.

Performance concerns are explained with evidence, expected standard, support, review period and consequences. Serious misconduct may proceed directly under discipline.

Reasonable Accommodation and Fitness

Employees may request reasonable accommodation. ETKO assesses essential duties, safety and options without unnecessary disclosure. A fitness review may be required where there is objective concern about safe duty, but it is not used to discriminate. Temporary adjustment, leave, rehabilitation or redeployment is considered.

Pay and Benefits

Payroll is based on approved appointment, attendance, leave and authorized changes. Deductions follow law and written authorization. Salary information is confidential but employees may raise pay concerns. No unofficial cash salary or personal payment arrangement is permitted.



Resignation, Termination and Clearance

Notice, handover, final pay, benefits, property, files, keys, accounts, confidentiality and client transition are managed through written clearance. Access is removed promptly. A departing staff member must not copy client lists or solicit clients using confidential information.

Where safeguarding, violence, fraud or serious safety concerns exist, ETKO may remove the person from duty immediately pending fair process. Resignation does not end investigation or external reporting obligations.

References

Only authorized HR provides references, which are truthful, factual and safeguarding-aware. ETKO does not give misleadingly positive references to transfer risk or retaliatory negative references against a reporter.



PART V - PRIVACY, PEOPLE AND RESOURCES

POLICY 24

WORKPLACE HARASSMENT, STAFF GRIEVANCE, DISCIPLINE AND FAIR PROCESS

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Safe and Respectful Workplace

ETKO prohibits harassment, sexual harassment, bullying, discrimination, retaliation, stalking, threats, humiliating treatment and abuse of authority. The policy applies at premises, travel, events, online communication, work-related social settings and interactions with clients, families, vendors and colleagues.

Harassment Governance

The Organization establishes the legally required inquiry arrangements and displays the applicable code of conduct in accessible locations and languages. Committee membership, independence, confidentiality, training and records are maintained according to current law. Where the legally required forum or composition changes, ETKO updates the procedure promptly.

Reporting Options

A person may report to HR, line management, inquiry committee member, President & CEO, independent board contact or competent external forum. A report involving the usual recipient goes to another route. Urgent safety, crime or safeguarding matters are escalated immediately in parallel.

Informal resolution is voluntary and is not used for serious sexual misconduct, violence, safeguarding, repeated harassment or power imbalance where it would be unsafe or unfair.

Interim Protection

Without assuming guilt, ETKO may separate parties, change reporting lines, preserve schedules/pay, restrict contact, provide leave, secure records or suspend access. Measures should minimize harm to the complainant and avoid punishment disguised as protection.

Inquiry Standards

The investigator or committee identifies allegations, evidence, witnesses, confidentiality and timetable. Both parties receive a fair opportunity to respond and may request reasonable support. Decisions are based on the applicable standard and evidence, not rumor, influence or reputation.

Records are restricted. Participants are instructed not to retaliate or interfere. Confidentiality is respected but cannot be guaranteed absolutely where fair process or lawful reporting requires disclosure.

Staff Grievance

Employees may raise work allocation, pay, leave, supervision, safety, discrimination, contract, accommodation or relationship concerns. Grievances are acknowledged, investigated by an appropriate person and answered with reasons. The employee may appeal to a more senior or independent level.

Disciplinary Process

Standards and possible consequences are communicated. Minor misconduct normally uses coaching or graduated warnings where appropriate. Serious misconduct may justify suspension or dismissal subject to fair process. Examples include abuse, corporal punishment, sexual misconduct, violence, theft, fraud, serious confidentiality breach, falsification, intoxication, weapons, deliberate safety breach, retaliation, concealment or refusal to cooperate with lawful investigation.

The employee receives allegations and evidence sufficiently to respond, meeting opportunity, written outcome and appeal route. A support person may attend where policy allows. Decisions consider seriousness, intent, harm, role, history, mitigation, consistency and legal advice.



Non-Retaliation

Retaliation against complainants, witnesses, committee members or supporters is separate misconduct. HR monitors schedules, appraisal, role, communication and workplace treatment after a report.

External Rights

Internal procedures do not prevent a person from contacting police, ombudsperson, regulator, professional body, lawyer or other competent forum. ETKO does not require secrecy agreements that unlawfully restrict reporting.



PART V - PRIVACY, PEOPLE AND RESOURCES

POLICY 25

VOLUNTEERS, INTERNS, CONTRACTORS, VENDORS, PARTNERS AND DONORS

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Risk-Based Engagement

Non-employees can create the same or greater safeguarding, privacy, safety and financial risks as staff. Selection, contract, access and supervision are based on the activity, not the label "volunteer," "guest," "donor" or "partner."

Volunteers and Interns

Every role has a description, supervisor, permitted activities, hours, training and boundaries. Identity, references and vetting are completed according to access. Interns do not diagnose, sign professional reports, administer medication, provide unsupervised intimate care or represent themselves as qualified practitioners.

Attendance and learning are recorded. Academic placement agreements clarify insurance, supervision, confidentiality, conduct and incident reporting. A university referral does not replace ETKO checks.

Contractors and Vendors

Due diligence considers legal identity, ownership, references, qualifications, insurance, safeguarding, safety, data access, complaint history, product quality and conflicts. Contracts include scope, standards, access, reporting, confidentiality, audit, staff removal, subcontracting, liability and termination.

Child-contact contractors receive the same essential safeguarding controls as employees. Maintenance staff, photographers, transporters, cleaners, security and IT providers are supervised according to risk.

Partners and Memoranda

Partnership approval includes mission fit, legal status, governance, safeguarding capacity, finance, data sharing, branding, referral, responsibility for clients, incidents, complaints and exit. ETKO does not lend its name or logo to a service it does not control or understand.

Joint programs identify which organization is responsible at every stage. A gap between organizations is not accepted as a reason for no one to respond.

Donor Conduct

Donors receive transparent reports but no automatic access to children, identifiable stories, records, home addresses or private events. Site visits are scheduled, supervised and consent-controlled. Children are not required to thank, hug, perform for or be photographed with donors.

Donor conditions that discriminate, expose clients, influence admission, bypass procurement, direct employment of relatives, demand personal data or compromise professional independence are declined.

Gifts and Distribution

Items donated for clients are recorded, checked for safety, allocated through fair criteria and not diverted. Used medical or therapy equipment is accepted only after competent safety and hygiene assessment. Food, medication, supplements and electrical items receive enhanced review.

Vendor Performance

Quality, delivery, safety, price, incident response and ethical conduct are reviewed. Serious breach may lead to suspension or exclusion. Procurement decisions and performance are documented to avoid favoritism.

Exit and Data Return

At completion, access cards, keys, files, devices, images and data are returned or securely deleted. Ongoing confidentiality and safeguarding duties are confirmed. Partner exit includes continuity and client communication.



PART V - PRIVACY, PEOPLE AND RESOURCES

POLICY 26

TRAINING, SUPERVISION, COMPETENCY AND STAFF WELLBEING

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Training Framework

Training is based on role and risk. Minimum induction before unsupervised contact includes safeguarding, professional boundaries, disclosure response, disability-inclusive communication, emergency, fire, infection control, positive behaviour, confidentiality, complaints, pickup and incident reporting.

Role-specific training may include first aid/CPR, seizure, anaphylaxis, medication, feeding, manual handling, AAC, sensory practice, clinical assessment, de-escalation, transport, finance, HR, IT security, CCTV, procurement and investigation.

Competency Verification

Attendance certificates alone are insufficient for high-risk duties. Competence is verified through knowledge checks, scenario response, observed practice, documentation review, supervised cases and signed authorization. A person who is not competent receives further training and restricted duty.

Expiry dates and refresher requirements are tracked. Training occurs after policy change, incident trend, new equipment, role change or identified gap.

Supervision

Every staff member has a named supervisor and planned schedule. Supervision covers workload, cases, records, safeguarding, boundaries, risk, performance, learning and wellbeing. Clinical supervision is provided by an appropriately qualified person and is separate from administrative pressure.

Supervision records key decisions, actions and due dates without reproducing unnecessary confidential details. A supervisor escalates concerns and does not treat supervision as private counselling that can hide risk.

Observation and Audit

Managers observe service delivery respectfully and review sample records. Feedback is specific and documented. Observation of intimate care or sensitive therapy requires consent, privacy and necessity.

Staff Wellbeing

Work with complex needs may create stress, grief, moral distress, secondary trauma and burnout. ETKO promotes reasonable workload, breaks, leave, team support, debriefing after serious incidents and access to professional help where available. Wellbeing support never replaces performance or safeguarding action when safety is compromised.

Staff may disclose that they are not fit for a task without punishment for honesty. Managers adjust duties, provide support or obtain fitness advice. Chronic understaffing is escalated to governance rather than normalized.

Debriefing

After a critical incident, immediate operational debrief confirms safety, facts and next actions. A later reflective debrief considers emotions, systems and learning. It is not used to coordinate stories, pressure witnesses or replace individual evidence collection.

Professional Development

Annual plans reflect service need, career goals, registration and performance. ETKO encourages learning but does not advertise a person as competent before verified. Training resources are distributed fairly.



Records and Indicators

Maintain training matrix, certificates, competency sign-off, supervision logs, appraisal and development plans. Indicators include overdue training, supervision missed, incidents by role, turnover, absence, workload and employee feedback.



PART V - PRIVACY, PEOPLE AND RESOURCES

POLICY 27

FINANCE, BUDGET, CASH, BANKING, FEES AND PAYROLL

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Financial Stewardship

ETKO funds and assets are used only for approved organizational purposes. Financial records must be complete, timely and supported. The Governing Body approves the annual budget, banking authority, financial limits, restricted funds and material exceptions.

Budgeting

Departments submit evidence-based plans for staffing, rent, utilities, therapy equipment, maintenance, accessibility, training, insurance, legal, emergency and safeguarding resources. Revenue estimates are prudent and do not depend on unsafe over-enrolment or exaggerated fundraising.

Monthly actual versus budget reports explain variances and forecast cash. Overspending or revenue shortfall triggers authorized action, not hidden liabilities.

Banking and Signatories

Accounts are held in the Organization's legal name. Personal accounts are never used for fees, donations or expenses. The Board approves signatories and online banking roles. Dual authorization is used according to value and risk. Blank cheques, shared tokens and pre-signed transfers are prohibited.

Bank statements are obtained independently and reconciled monthly by someone who did not initiate all transactions. Unreconciled items are investigated.

Cash and Receipts

Cash is minimized. Every receipt is sequential, recorded and deposited promptly. Canceled receipts remain in the book/system. Cash counts use two persons where practical and are documented. Collections are not taken home or mixed with personal money.

Petty cash has a fixed float, custodian, limit, voucher, receipt, approval and surprise count. Splitting expenses to avoid approval is prohibited.

Fees, Concessions and Refunds

The approved fee schedule states assessment, therapy, admission, deposit, late collection, cancellation, make-up, holiday, report and refund rules. Families receive an official receipt. No staff member changes fees, accepts side payment or withholds records to pressure payment outside policy.

Concessions and scholarships use written criteria, conflict-free approval, review and confidentiality. Clinical recommendations are not influenced by payment capacity. Refunds are calculated and authorized transparently.

Payroll

Only approved employees are added to payroll. HR changes and attendance are reviewed before payment. Payroll reports list salary, allowances, leave, overtime, deductions and net pay. Bank details are verified through a secure process and changes require independent confirmation.

Ghost employees, cash substitutions, unauthorized advances and unexplained deductions are prohibited.

Expenses and Advances

Reimbursement requires business purpose, approval and original evidence. Advances are retired by the deadline. Lost receipt exceptions are rare, documented and approved by a higher authority. Personal expenses are not disguised as organizational costs.



Financial Reporting and Audit

Monthly reports include cash, bank, receivables, payables, budget, restricted funds and unusual transactions. Annual accounts and audit or independent examination are completed as required. Auditors receive records and unrestricted governance communication.

Fraud Response

Suspected loss is secured and reported without alerting a person in a way that enables evidence destruction. The Organization preserves records, obtains independent review, notifies bank/insurer/authority where appropriate and recovers funds lawfully.



PART V - PRIVACY, PEOPLE AND RESOURCES

POLICY 28

PROCUREMENT, VENDORS, INVENTORY, ASSETS AND MAINTENANCE

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Procurement Principles

Purchases must be necessary, specified, budgeted or exceptionally approved, competitively evaluated, conflict-free and supported by documentation. Best value includes quality, safety, durability, service, accessibility and lifecycle cost, not price alone.

Purchase Planning and Approval

The requester describes purpose, specification, quantity, budget, urgency, safety and required delivery. A person must not design a specification solely around a favored vendor without documented necessity.

Approval limits are set by the Board. High-value, long-term, related-party, single-source, property, vehicle, IT, clinical, electrical, fire or construction purchases receive enhanced review.

Quotations and Selection

Obtain the required number of comparable written quotations according to value. Verify vendor identity, address, tax or registration status where applicable, references, ownership and bank account. Evaluate against recorded criteria.

Single-source procurement requires written reason such as genuine emergency, compatibility, unique specialist service or absence of alternatives. Poor planning is not routinely treated as emergency.

Conflicts and Related Parties

All participants disclose family, financial or business connections. A conflicted person withdraws from evaluation and approval. Related-party transactions require independent board approval and evidence of fairness.

Purchase Order and Receipt

A formal order or contract states specification, quantity, price, taxes, delivery, warranty, installation, training, safeguarding, confidentiality and acceptance. Goods are checked by someone other than the sole purchaser where practical. Differences, damage or quality failures are recorded before payment.

Clinical and Therapy Equipment

The Clinical and Safety Leads approve suitability, user group, contraindications, weight/load, installation, cleaning, maintenance, training and emergency risk. Donated or second-hand equipment meets the same standard. Manufacturer instructions and warranty are retained.

Inventory and Asset Register

Assets receive a unique number and register entry with description, serial, cost, funding source, location, custodian, condition, warranty, maintenance and disposal. Portable and attractive items receive periodic count. Movement between rooms is authorized.

Consumable stock uses minimum/maximum levels, expiry and first-expiry-first-out where relevant. Medication is controlled under its separate procedure.

Maintenance

Preventive maintenance is scheduled. Users report defects immediately. Unsafe items are tagged and isolated. Only competent persons repair electrical, structural or specialized equipment. Maintenance records include work, parts, test and return-to-service approval.



Disposal and Loss

Disposal is approved, documented and safe. Client data is removed from devices. Sale or transfer is transparent and conflicts managed. Lost, stolen or deliberately damaged property is reported and investigated; recovery from an individual follows fair review and law.

Vendor Review

Performance is reviewed for quality, delivery, safety, response, ethics and price. Serious or repeated failure leads to corrective action, suspension or exclusion.



POLICY 29

DONATIONS, FUNDRAISING, ZAKAT, SPONSORSHIP AND ETHICAL COMMUNICATIONS

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Ethical Fundraising

Fundraising must be truthful, dignified, voluntary and consistent with ETKO's purpose. Children, persons with disabilities and families are not displayed as objects of pity, pressured to disclose private stories or promised benefits in return for publicity.

Campaign Approval

Every campaign has an approved purpose, target, budget, method, duration, responsible person, data/media plan, receipt process and reporting. Statements about need, number of beneficiaries, cost, outcomes and tax or charity status are verified. Restricted funds are accepted only when ETKO can honor the restriction lawfully and safely.

Donation Acceptance

ETKO may refuse a donation that is illegal, unsafe, discriminatory, reputationally harmful, excessively burdensome, tied to improper access or influence, or inconsistent with client rights. Anonymous and high-value donations receive risk-based due diligence.

Cash and online donations go directly through official channels and receive a receipt. Staff and volunteers do not use personal accounts. In-kind items are inspected for need, safety, expiry, storage and disposal cost.

Restricted Funds and Zakat

Restricted funds are coded separately and spent only for the approved purpose. Zakat or other religiously restricted funds are administered according to Board-approved criteria and qualified advice, with eligibility, distribution and reporting records. Staff do not make personal beneficiary selections outside process.

Unused or impracticable restricted funds are handled with donor consent and lawful advice, not silently repurposed.

Sponsorship and Donor Recognition

Recognition does not imply control over admission, clinical decisions, employment, procurement or client information. Naming, logo, event and publicity rights are documented. Sponsorship from unsafe or incompatible industries is reviewed by the Board.

Client Stories and Images

Use requires separate specific consent that is not a condition of service. The person and guardian understand audience, platform, duration, editing and withdrawal limits. Avoid full names, addresses, school, diagnosis or other identifiers unless genuinely necessary and authorized.

Consent may be withdrawn prospectively, but removal from third-party sharing cannot be guaranteed. ETKO acts promptly on its own channels. Images never show intimate care, distress, restraint, humiliating condition or sensitive documents.

Fundraising Events

Risk assessment covers venue, crowd, child participation, transport, media, money, food, security, emergency and accessibility. Donors and guests remain supervised and cannot privately approach children.

Reporting

Reports distinguish amount raised, costs, restricted balance and use. Donor reports protect confidentiality and avoid invented outcomes. The Board reviews fundraising complaints, media incidents, restricted funds and campaign efficiency.



POLICY 30

INCIDENT REPORTING, INVESTIGATION AND CORRECTIVE ACTION

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Reportable Events

Report injury, medical emergency, medication error, safeguarding concern, missing child, aggression, restrictive intervention, fall, choking, equipment or electrical failure, infection exposure, privacy breach, security threat, workplace injury, property loss, complaint-related event and near miss.

A near miss is reported because the absence of harm may be luck, not proof of safety.

Immediate Priorities

Protect life and safety, provide first aid, call emergency services, remove hazards, maintain supervision, preserve evidence and notify relevant leads. Form completion never delays emergency action.

Reporting Times

Critical events are reported to management and the relevant specialist lead immediately. A written report is completed before the end of shift or as soon as the reporter is medically able. Delayed reporting includes the reason. Staff may report directly outside the line where a manager is implicated.

Factual Record

Record who, what, when, where, witnesses, conditions, actions, notifications and outcome. Separate observation from interpretation. Use exact words for disclosures. Do not coordinate accounts, blame, erase, backdate or add facts not personally known.

Severity and Notification

Management classifies severity and determines parent, DSL, clinical lead, Board, insurer, regulator, police, emergency, professional body and legal notification. Deadlines are tracked. Parent communication is prompt and humane, but does not prejudice safeguarding or criminal advice.

Investigation

The appointed investigator has suitable competence and independence. Terms of reference define questions, evidence, interviews, timeline and authority. Evidence may include records, CCTV, equipment, environment, staffing, training, workload and prior events.

Investigation asks not only who acted, but why controls permitted the event. Human error, risky shortcut, reckless conduct, system design and deliberate violation are distinguished to support fair accountability.

Root Cause and CAPA

Corrective action addresses the specific problem. Preventive action addresses wider recurrence. Actions may include urgent hazard removal, plan change, supervision, training, staffing, equipment, policy, vendor, system permission, communication or disciplinary response.

Each action has owner, due date, evidence and effectiveness review. "Staff reminded" is not sufficient for a serious recurring issue without stronger analysis.

Serious Incident Review

Critical incidents receive executive and board review. The Board confirms external reporting, family support, staff support, legal/insurance advice, service continuity, communication and systemic learning. Public statements are authorized and protect privacy.



Learning Culture

Good-faith reporting of mistakes is encouraged. Concealment, reckless disregard, deliberate violation and abuse remain accountable. Lessons are shared in anonymized form and incorporated into risk assessments and training.



PART VI - QUALITY, INCIDENTS AND CENTER RULES

POLICY 31

RISK MANAGEMENT, QUALITY ASSURANCE, AUDIT AND POLICY REVIEW

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Risk Framework

ETKO identifies threats to safety, rights, service quality, finance, people, information, reputation and continuity. Every significant activity has an owner and controls. Risk is assessed by likelihood and impact, including harm to children and vulnerable persons.

Risk Register

The register records risk statement, causes, consequences, existing controls, score, additional action, owner, due date and residual risk. Critical and high risks are reported to the Governing Body. Risks are reviewed at least quarterly and after incidents or change.

Risk acceptance must be explicit and within authority. A manager cannot accept a risk that violates law, exceeds insurance, exposes persons to foreseeable serious harm or lacks board authority.

Quality Standards

Services are evaluated for safety, effectiveness, person-centeredness, timeliness, equity, accessibility and efficiency. Indicators may include:

- safeguarding reports and response time;
- incidents, injuries, medication errors, infection and restraint;
- consent, assessment, plan and progress-review completion;
- attendance, discharge, referral and waiting;
- staffing, qualifications, training and supervision;
- complaints, satisfaction and accessible participation;
- documentation, equipment, premises and emergency readiness;
- finance, procurement and data-security controls.

Targets are used for improvement, not manipulation or suppression.

Internal Audit

An annual risk-based audit plan covers governance, legal compliance, safeguarding, admission, clinical records, medication, safety, HR, finance, procurement, data and complaints. Auditors are independent of the work where practicable. Samples and findings are documented.

Findings are rated, assigned and tracked. Management provides evidence; the auditor verifies closure. Repeated overdue actions are escalated.

Management Review

At least quarterly, management reviews performance, risk, incidents, complaints, audits, client feedback, staffing, resources, legal changes and improvement. Decisions and actions are recorded. The Governing Body receives a balanced report that includes unresolved problems.

Client and Family Feedback

Feedback is collected through accessible surveys, interviews, focus groups, complaint data and child-friendly methods. Participation is voluntary and does not affect service. Results are analyzed by service and accessibility needs while protecting identity.

Policy Development and Control

Every policy states owner, version, approval, effective date, review, scope and related forms. Changes are reviewed by affected disciplines, safeguarding, legal/compliance and the Governing Body according to risk. Superseded versions are marked withdrawn and archived.



Staff are trained on material changes and sign acknowledgement. A document is not "implemented" merely because it is uploaded or printed.

External Review

ETKO cooperates with regulators, auditors, professional supervisors, insurers and legal advisers. External recommendations are assessed and tracked. The Organization does not alter evidence for inspection.

Annual Assurance Statement

The President & CEO and responsible leads present a signed statement covering material compliance, unresolved high risks, serious incidents, licensing, insurance, financial control and improvement priorities. The Board records its challenge and decision.



PART VI - QUALITY, INCIDENTS AND CENTER RULES

POLICY 32

CENTER-WIDE RULES AND REGULATIONS

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Staff Rules

33. Wear official identification and report fit for duty, on time and in role-appropriate dress.
34. Treat every person with dignity. Hitting, shouting, humiliation, threats, forced compliance, corporal punishment, grooming and unlawful restraint are prohibited.
35. Never work outside verified competence or professional scope. Ask for supervision and refer when needed.
36. Maintain visibility and approved supervision. Do not create secret, locked or isolated contact.
37. Obtain consent and assent, explain activities, respect non-emergency refusal and protect privacy.
38. Use official records and communication channels. Do not store or post client information on personal accounts.
39. Complete attendance, session notes, medication, incident and required logs accurately and on time.
40. Report safeguarding, safety, medical, privacy, fraud and professional concerns immediately. Do not investigate or conceal.
41. Follow authorized pickup, visitor, transport, medication, emergency and infection-control procedures.
42. Do not accept unofficial money, solicit clients, borrow, lend, seek gifts or direct donations to personal accounts.
43. Smoking, intoxication, illegal drugs, weapons, harassment, violence and sexually inappropriate material are prohibited.
44. Return keys, ID, property, records and access on request or separation. Confidentiality continues after duty ends.

Parent and Guardian Rules

45. Provide accurate and complete medical, behavioural, communication, medication, allergy, seizure, custody, pickup and emergency information, and update changes immediately.
46. Use respectful communication. Threats, harassment, abusive language, violence, trespass and unauthorized recording are prohibited.
47. Deliver and collect the child through formal handover. Notify absence and pickup changes through verified channels.
48. Send medication only under the Medication Policy. Do not place loose tablets or unapproved items in bags.
49. Keep a contagious or medically unstable child home and follow medical-clearance guidance.
50. Pay approved fees through official channels and obtain receipts. Do not offer side payments or gifts to influence service.
51. Respect privacy of other clients and staff. Do not photograph, record or publish them.
52. Participate in reviews and home recommendations realistically, and communicate concerns early.
53. Use the complaint process. Good-faith complaints are protected, but deliberate threats, false evidence or online disclosure of confidential information may be addressed lawfully.
54. Understand that ETKO provides agreed rehabilitation and education services, does not guarantee cure or specific outcomes, and may refer or pause service when needs exceed safe capacity.

Child and Client Rules

Rules are explained according to age, understanding and communication. Disability-related behaviour is supported, not punished.

55. Everyone has the right to be safe, respected and heard.
56. Tell a trusted adult if someone hurts, frightens, touches or asks for secrecy in an unsafe way.
57. Try to keep hands, feet and objects safe; staff will help with communication and calming.
58. Use therapy, sensory, play and mobility equipment with the agreed supervision.
59. Do not enter roof, stairs, storage, office, kitchen, electrical or other restricted areas alone.
60. Respect other people's body, communication, belongings and privacy.
61. Ask for a break, help, toilet, water or communication support. Essential needs are never withheld as punishment.

Visitor Rules

62. Sign in, show identification where required, wear a visitor badge and remain with the authorized host.
63. Do not enter therapy, classroom, records, medication, toilet or staff-only areas without permission.
64. Do not photograph, record, touch, gift, interview or privately contact clients.
65. Follow emergency, infection, confidentiality and safeguarding instructions.
66. Weapons, intoxication, drugs, smoking, threats, violence and disruption are prohibited.
67. Management may refuse or end a visit when safety, privacy or service is affected.



Enforcement

Rules are enforced fairly and with reasonable accommodation. Immediate safety action may precede investigation. Consequences may include guidance, warning, restricted access, service review, removal, discipline, termination, recovery of loss or external referral. A rule is not used to retaliate against a complaint or disability-related need.



POLICY 33

COMMUNICATIONS, SOCIAL MEDIA, PUBLIC STATEMENTS, BRANDING AND INTELLECTUAL PROPERTY

Policy Owner: _____ | Operational Lead: _____ | Review Date: _____

Authorized Communication

Only designated persons speak officially for ETKO, approve press releases, respond to media or make public statements about incidents, partnerships, government relations, fundraising, clinical services or legal matters. Staff may identify their employment but must make clear when personal views are not official and must still protect confidentiality and reputation lawfully.

Accuracy and Claims

Public material must be accurate, current and supported. ETKO does not claim guaranteed cures, fabricated success rates, nonexistent licences, unverified professional titles, false partnerships, government endorsement, misleading donor figures or services not actually available.

Clinical and educational content is reviewed by a competent professional. Legal or crisis communication is reviewed by authorized management and advisers.

Official Brand

The approved Elite: The Kingdom Organization logo, name, tagline and visual identity are used without unauthorized alteration. Files are controlled and provided to approved designers. Staff, vendors and partners may not register confusing names, domains, pages or accounts or use the brand for private business.

Contracts define permission, duration, quality and removal. On completion or breach, the other party stops use and returns files.

Social Media Governance

Official accounts use strong security, multiple authorized administrators, content approval and access review. Personal passwords are not shared. Departing staff are removed immediately.

Posts must protect dignity, confidentiality, consent and safeguarding. No content shows intimate care, distress, restraint, injury, identifiable records, unauthorized children, humiliating before/after comparisons or real-time location that creates risk.

Photography, Video and Testimonials

A specific written consent states purpose, media, audience, duration and withdrawal. The child or client is also asked for assent. Refusal does not affect admission or service. Consent is checked again for a materially different campaign.

Staff do not use personal phones unless formally authorized for a specific purpose with secure transfer and deletion. Raw files are stored in approved systems. A testimonial is presented accurately and not edited to create a false claim.

Public Events and Media Visits

Events have a media zone, consent list, badges, supervision and briefing. Photographers cannot roam or direct children into contact. Parents and visitors are reminded not to capture others. Interview questions and publication details are appropriate and voluntary.

Crisis Communication

During serious incidents, one authorized spokesperson provides verified minimum information, expresses concern without speculation, protects identities, coordinates with authorities and corrects material errors. Staff do not post commentary, screenshots or rumors.



Websites, Domains and Online Forms

The website displays correct contact, service, complaints and privacy information. Online forms collect only necessary data and use secure storage. Accounts, domains and hosting are registered in the Organization's name with recovery information controlled by governance.

Intellectual Property and Records

Materials created within employment or paid contracts belong to ETKO according to contract and law. Staff respect third-party copyright and licences and do not copy texts, images, books, software or training without permission. Client-created work remains respected and is published only with authorization.

Breach

Unauthorized account creation, logo misuse, false public claim, confidential disclosure or harmful post is removed and reported immediately. ETKO preserves evidence, changes credentials, contacts platforms or authorities where needed and applies corrective or disciplinary action.



90-DAY IMPLEMENTATION PLAN

The Manual should be introduced in controlled phases. The Governing Body may extend timelines where necessary, but no high-risk child-facing service should commence without essential safeguarding, staffing, emergency and premises controls.

Days 1-15 - Governance and legal readiness

- Approve the Manual provisionally; nominate policy owners, Designated Safeguarding Lead, Deputy DSL, Complaints Officer, Quality/Risk Lead, Fire Wardens and First Aiders.
- Confirm registration, licensing, professional-registration, insurance, building, fire, workplace, charity and data requirements with competent advisers and authorities.
- Map all services, rooms, equipment, staffing, transport and high-risk activities. Suspend any service that lacks lawful authority or safe capacity.
- Create controlled-document register and secure records system.

Days 16-30 - People and premises readiness

- Complete staff files, CNIC and qualification verification, references, role-specific vetting, contracts, job descriptions, declarations and supervision arrangements.
- Conduct building, electrical, fire, accessibility, rooftop/play area, hygiene, medicine storage, CCTV, first-aid and equipment risk assessments.
- Display emergency routes, staff-only referral contacts, visitor controls, complaint routes and child-friendly safety messages.
- Create incident, visitor, medication, pickup, attendance, maintenance, cleaning and training registers.

Days 31-60 - Training and controlled launch

- Deliver induction and competency checks on safeguarding, disclosures, professional boundaries, emergency response, positive behaviour support, infection control, privacy and documentation.
- Review every admitted client for consent, medical risk, communication, mobility, behaviour, elopement, pickup, medication and emergency-planning needs.
- Run fire, medical emergency, missing child and safeguarding disclosure drills.
- Start services in phases with daily management review of incidents, staffing, capacity and family feedback.

Days 61-90 - Assurance and improvement

- Conduct an internal audit of personnel files, consent, clinical notes, safeguarding, medication, premises, finance, procurement and data security.
- Review incidents, complaints, near misses, attendance and progress indicators; assign corrective actions with owners and dates.
- Consult children, families and staff through accessible feedback methods.
- Present implementation status and unresolved risks to the Governing Body for documented decisions.



MASTER POLICY REGISTER AND CROSSWALK

The following 205 policy subjects are governed by the integrated chapters of this Manual. Management may issue a separate controlled policy or procedure when operational complexity, law, risk or scale requires greater detail. The register should record owner, version, approval and review status for each separate document.

Governance and Legal

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
1	Constitution and Organizational Bylaws	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
2	Governing Body and Board of Directors Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
3	Roles, Powers and Delegation of Authority Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
4	Conflict of Interest Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
5	Code of Ethics Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
6	Anti-Fraud and Anti-Corruption Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
7	Whistleblowing Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
8	Legal and Regulatory Compliance Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
9	Policy Approval and Review Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
10	Record Retention and Destruction Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
11	Partnership and Memorandum of Understanding Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
12	Government Inspection and Regulatory Cooperation Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
13	Use of Organization Name, Logo and Intellectual Property Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
14	Branch Opening and Expansion Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
15	Suspension or Closure of Services Policy	Policies 1-4 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved

Child Protection and Safeguarding

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
16	Child Protection and Safeguarding Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
17	Child Safeguarding Code of Conduct	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
18	Child Abuse Identification and Reporting Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
19	Zero-Tolerance Policy for Physical, Sexual and Emotional Abuse	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
20	Neglect and Exploitation Prevention Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
21	Prohibition of Corporal Punishment Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved



ELITE: THE KINGDOM ORGANIZATION POLICY AND PROCEDURES MANUAL

**CONTROLLED
DOCUMENT**

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
22	Child Sexual Abuse Prevention Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
23	Grooming and Inappropriate Relationship Prevention Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
24	Safe Touch and Personal Care Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
25	Toileting, Changing and Intimate Care Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
26	One-to-One Therapy Safety Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
27	Closed-Door Sessions and Room Visibility Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
28	Staff-to-Child Communication Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
29	Child-to-Child Bullying and Abuse Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
30	Online Child Safety and Cyber Protection Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
31	Missing Child and Unauthorized Departure Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
32	Child Handover and Authorized Pickup Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
33	Child Protection Complaint and Investigation Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
34	Safeguarding Referral and Emergency Reporting Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
35	Protection from Retaliation Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
36	Safeguarding of Vulnerable Adults Policy	Policies 5-10 and 30-32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved

Disability Rights and Inclusive Education

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
37	Equality, Inclusion and Non-Discrimination Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
38	Rights of Persons with Disabilities Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
39	Reasonable Accommodation Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
40	Accessibility and Universal Design Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
41	Inclusive Education Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
42	Individualized Education Plan Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
43	Individualized Therapy Plan Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
44	Child Participation and Choice Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
45	Dignity and Respect Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
46	Communication Support Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved



No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
47	Assistive Devices and Technology Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
48	Educational Assessment and Progress Review Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
49	Classroom Placement and Transition Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
50	Vocational Training and Adult Programme Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
51	Community Inclusion Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
52	Anti-Stigma and Respectful Language Policy	Policies 3, 11-15 and 32	☐ Integrated ☐ Separate ☐ Draft ☐ Approved

Clinical and Therapy

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
53	Admission and Initial Screening Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
54	Clinical Assessment Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
55	Scope of Practice Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
56	Informed Consent and Child Assent Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
57	Treatment Planning Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
58	Therapy Session Documentation Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
59	Progress Notes and Review Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
60	Multidisciplinary Team Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
61	Referral to Doctors and Specialists Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
62	Discharge and Transfer Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
63	Physiotherapy Safety Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
64	Occupational Therapy and Sensory Integration Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
65	Speech and Language Therapy Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
66	ABA and Behaviour Therapy Ethics Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
67	Psychological Assessment Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
68	Psychotherapy and Counselling Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
69	Special Education Intervention Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
70	Parent Training and Home Programme Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
71	Therapy Equipment Safety Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved



No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
72	Clinical Supervision Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
73	Professional Qualification and Registration Verification Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
74	Teletherapy and Online Consultation Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
75	Home Visit Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
76	Clinical Record Correction Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
77	Consent Withdrawal and Refusal of Treatment Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
78	Second Opinion and External Referral Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
79	Service Limitation and High-Risk Case Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
80	Evidence-Based Practice Policy	Policies 11-17 and 21-22	☐ Integrated ☐ Separate ☐ Draft ☐ Approved

Behaviour Management

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
81	Positive Behaviour Support Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
82	Behaviour Assessment Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
83	Behaviour Intervention Plan Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
84	Crisis Prevention and De-escalation Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
85	Challenging Behaviour Management Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
86	Self-Injury and Aggression Management Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
87	Physical Intervention and Restraint Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
88	Seclusion Prohibition Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
89	Prohibited Punishment and Humiliation Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
90	Reward and Reinforcement Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
91	Behaviour Incident Recording Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
92	Parent Notification Following Behavioural Incidents Policy	Policy 15	☐ Integrated ☐ Separate ☐ Draft ☐ Approved

Health, Safety and Emergency

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
93	Occupational Health and Safety Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
94	Fire Prevention and Evacuation Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved



ELITE: THE KINGDOM ORGANIZATION POLICY AND PROCEDURES MANUAL

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DOCUMENT

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
95	Emergency Response Plan	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
96	First Aid Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
97	Medical Emergency Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
98	Seizure Management Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
99	Choking and CPR Response Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
100	Falls and Injury Prevention Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
101	Infection Prevention and Control Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
102	Cleaning and Disinfection Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
103	Medication Administration Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
104	Medication Storage and Record-Keeping Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
105	Food Allergy and Anaphylaxis Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
106	Food Safety and Drinking Water Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
107	Safe Environment and Hazard Inspection Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
108	Electrical Safety Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
109	Therapy Equipment Inspection Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
110	Rooftop and Play Area Safety Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
111	Earthquake, Flood and Disaster Response Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
112	Communicable Disease and Sick Child Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
113	Waste Disposal Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
114	Pest Control Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
115	No-Smoking and Substance-Free Premises Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
116	Staff Injury and Workers Compensation Policy	Policies 16-20 and 30-31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved

Human Resources and Staff

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
117	Human Resource Management Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
118	Equal Employment Opportunity Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
119	Safe Recruitment Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved



ELITE: THE KINGDOM ORGANIZATION POLICY AND PROCEDURES MANUAL

**CONTROLLED
DOCUMENT**

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
120	CNIC, Qualification and Licence Verification Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
121	Police and Background Verification Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
122	Reference Check Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
123	Job Description and Scope of Duty Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
124	Employment Contract Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
125	Probation and Confirmation Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
126	Staff Attendance and Punctuality Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
127	Working Hours and Break Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
128	Leave Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
129	Salary and Payroll Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
130	Minimum Wage Compliance Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
131	Performance Appraisal Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
132	Staff Training and Development Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
133	Mandatory Safeguarding Training Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
134	Clinical Supervision Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
135	Staff Dress Code and Identification Card Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
136	Mobile Phone Use Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
137	Employee Confidentiality Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
138	Staff Social Media Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
139	Staff Discipline Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
140	Misconduct Investigation Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
141	Suspension and Termination Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
142	Resignation and Clearance Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
143	Staff Grievance Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
144	Workplace Harassment Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
145	Maternity and Parental Benefits Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
146	Employee Health and Fitness Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved



No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
147	Volunteers and Interns Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
148	Professional Boundaries and Personal Relationships Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
149	Gifts, Tips and Benefits Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
150	Outside Employment and Private Practice Policy	Policies 6-8 and 23-26	☐ Integrated ☐ Separate ☐ Draft ☐ Approved

Privacy, Records and Media

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
151	Client Confidentiality Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
152	Child and Family Data Protection Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
153	Medical and Therapy Records Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
154	Educational Records Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
155	File Access and Authorization Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
156	Record Retention Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
157	Digital Data and Password Security Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
158	CCTV Operation and Access Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
159	Photography and Video Consent Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
160	Social Media Publication Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
161	Website Privacy Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
162	WhatsApp Communication Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
163	Parent and Staff Communication Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
164	Data Breach Reporting Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
165	Research and Case Study Consent Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
166	Use of Testimonials Policy	Policies 20-22 and 33	☐ Integrated ☐ Separate ☐ Draft ☐ Approved

Finance and Administration

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
167	Finance and Accounting Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
168	Annual Budget Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
169	Cash Handling Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved



No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
170	Bank Account and Authorized Signatory Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
171	Payment Approval Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
172	Procurement and Purchasing Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
173	Vendor Selection and Quotation Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
174	Petty Cash Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
175	Expense Reimbursement Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
176	Asset and Inventory Management Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
177	Donation Acceptance Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
178	Zakat and Restricted Donation Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
179	Fundraising Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
180	Donor Reporting Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
181	Fee Collection Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
182	Fee Concession and Scholarship Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
183	Refund and Cancellation Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
184	Payroll Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
185	Financial Audit Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
186	Fraud Reporting Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
187	Vendor Code of Conduct	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
188	Stock Issuance and Equipment Register Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
189	Lost or Damaged Property Policy	Policies 27-29	☐ Integrated ☐ Separate ☐ Draft ☐ Approved

Quality, Complaints and Risk

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
190	Quality Assurance Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
191	Clinical Governance Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
192	Risk Management Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
193	Incident Reporting Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
194	Serious Incident Investigation Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved



ELITE: THE KINGDOM ORGANIZATION POLICY AND PROCEDURES MANUAL

**CONTROLLED
DOCUMENT**

No.	Policy Subject	Integrated Manual Coverage	Separate Document Status
195	Complaint Management Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
196	Parent Appeal Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
197	Service Feedback Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
198	Corrective and Preventive Action Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
199	Internal Audit Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
200	Management Review Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
201	Client Satisfaction Survey Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
202	Staff Feedback Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
203	Regulatory Inspection Readiness Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
204	Policy Review and Revision Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved
205	Annual Safeguarding Audit Policy	Policies 8, 30 and 31	☐ Integrated ☐ Separate ☐ Draft ☐ Approved



ANNUAL COMPLIANCE AND ASSURANCE CALENDAR

Frequency	Required Activity	Owner	Evidence	Board / Management Review
Daily	Attendance, handover, medication, cleaning, premises opening/closing, incident and staffing checks	Department Leads	Registers / logs	Exception escalation
Weekly	High-risk case review, medication stock, equipment defects, safeguarding and complaints review	Clinical / DSL / Manager	Meeting notes / action log	Management summary
Monthly	Fire and first-aid equipment checks; petty cash and bank reconciliation; staffing and training status; incident trends	Admin / Finance / Safety / HR	Checklists / reconciliations	Management meeting
Quarterly	Risk register; vendor and asset review; quality indicators; file sampling; family and staff feedback	Quality / Department Heads	Dashboard / audit sample	Executive Committee
Six-monthly	Emergency drills, data recovery test, supervision and competence review, consent and care-plan audit	Safety / IT / Clinical	Drill and audit reports	Corrective action review
Annually	Policy review, safeguarding audit, legal/licensing verification, insurance review, financial audit/budget, building and accessibility review	Board / CEO / Leads	Board pack / certificates	Formal board approval
Event-driven	Serious incident, allegation, legal change, new service/branch, major equipment or building change	Relevant Owner	Risk assessment / investigation / approval	Immediate board escalation as required



RECORD RETENTION SCHEDULE - BOARD APPROVAL REQUIRED

Retention periods must be finalized with Pakistan-qualified legal counsel, insurers, regulators and professional standards. The periods below are risk-based internal starting points, not a statement of statutory limitation. A legal hold overrides routine destruction.

Record Class	Minimum Internal Starting Point	Security / Disposal	Notes
Child / client clinical, education and consent records	Until at least 7 years after the person reaches 18 or last service, whichever is later, subject to legal/professional review	Restricted access; secure destruction	Longer for serious incidents, litigation, disability support history or regulator/insurer requirement
Safeguarding allegations and serious incident records	Long-term / permanent risk record as advised; never routine-destroy while risk or legal hold exists	Highest restriction; access log	Separate from routine personnel or client files where appropriate
Medication and health logs	At least 7 years, subject to clinical requirements	Secure clinical archive	Link to client record and incident files
Personnel and recruitment records	At least 7 years after separation; safeguarding suitability records may require longer	Restricted HR archive	Keep selection evidence, contracts, performance, training and clearances
Finance, tax, payroll, procurement and donation records	At least the statutory period and normally no less than 7 years	Secure finance archive / approved destruction	Verify tax, charity, audit and donor requirements
CCTV	Shortest period necessary, normally 30-90 days unless incident, complaint or legal hold	Restricted system; overwrite schedule	Preserve relevant footage immediately
Visitor, pickup, transport and attendance logs	Risk-based, normally 3-7 years	Secure archive	Longer when linked to incident or safeguarding case
Policy versions, approvals, audits and board minutes	Permanent organizational record	Controlled archive	Retain superseded versions with withdrawal date



EMERGENCY AND REFERRAL CONTACT SCHEDULE

Verify every number at opening, at least quarterly and after any unsuccessful call. Post a staff-only copy near reception, clinical areas and the emergency bag. Do not rely solely on this printed page.

Service / Role	Contact	When to Use	Verification Date / Initials
Rescue / Ambulance / Fire	1122	Medical emergency, rescue or fire response	
Police Emergency / Madadgar	15	Immediate threat, crime, missing child or police assistance	
Ministry of Human Rights Helpline	1099	Legal advice / human-rights support; confirm current operating hours	
Nearest Emergency Hospital	Name: _____ Phone: _____	Emergency transfer	
Sindh Child Protection Authority / Local Unit	_____	Child-protection referral / case coordination	
Sindh Healthcare Commission	_____	Healthcare establishment regulation / complaint as applicable	
Legal Adviser	_____	Urgent legal advice, reporting, court orders	
Insurance / Broker	_____	Incident notification and claims guidance	
Designated Safeguarding Lead	_____	All safeguarding concerns and allegations	
Deputy Safeguarding Lead	_____	When DSL unavailable or conflicted	
First Aider / Fire Warden	_____	On-site response	
President & CEO / Board Contact	_____	Critical incident or senior-person allegation	



POLICY ACKNOWLEDGEMENT AND COMMITMENT

ETKO-GOV-FRM-001

Each employee, volunteer, consultant and relevant contractor signs before commencing duties and again after material policy changes.

Full name	
CNIC / ID	
Role / Department	
Employment / Engagement Type	
Date of Induction	
Manual Version Received	1.0

Declaration

- ☐ I have received access to the current Policy and Procedures Manual and know where to obtain the controlled version.
- ☐ I understand my duty to protect children and vulnerable persons, report concerns immediately, maintain professional boundaries and cooperate with investigations.
- ☐ I will not use corporal punishment, humiliation, threats, grooming, exploitation, retaliation, unlawful restraint, forced compliance or concealment.
- ☐ I will protect confidentiality, maintain accurate records and use information only for authorized purposes.
- ☐ I understand that serious or repeated breach may lead to removal from duty, discipline, termination, regulatory referral or legal action.

Employee / Volunteer Signature	
Date	
Witness / Induction Officer	
Signature / Date	



SAFEGUARDING CONCERN / DISCLOSURE REPORT

ETKO-SG-FRM-001

Complete as soon as possible using the person's own words. Do not investigate, promise secrecy, confront the alleged person or delay immediate protection. Send directly to the Designated Safeguarding Lead.

Date / Time Reported	
Reporter Name / Role / Contact	
Child / Client Name / ID	
Age / DOB	
Location	
Immediate Danger?	☐ No ☐ Yes - emergency action taken: _____
Type	☐ Disclosure ☐ Observation ☐ Injury ☐ Digital ☐ Missing ☐ Other

Exact words, signs or observations

Immediate safety and medical actions

Persons informed and evidence preserved

Received by DSL / Deputy	
Date / Time	
Risk Level	☐ Critical ☐ High ☐ Moderate ☐ Low
External Referral	☐ Police ☐ Child Protection ☐ Hospital ☐ Regulator ☐ Legal / Insurer ☐ Not yet
Case Reference	



INCIDENT / ACCIDENT / NEAR-MISS REPORT

ETKO-QA-FRM-001

Use for injury, medical event, medication error, aggressive incident, equipment failure, privacy breach, security concern, visitor issue, property loss or near miss. Safeguarding concerns also require the safeguarding form.

Incident Date / Time	
Report Date / Time	
Location / Service	
Person(s) Involved	
Reporter / Witnesses	
Category	☐ Injury ☐ Medical ☐ Behaviour ☐ Medication ☐ Equipment ☐ Security ☐ Privacy ☐ Near Miss ☐ Other
Severity	☐ Critical ☐ Major ☐ Moderate ☐ Minor

What happened - factual sequence

Immediate response, first aid and notifications

Contributing factors and corrective actions

Manager Review	
Parent / Guardian Notified	☐ N/A ☐ Yes - date/time: _____ ☐ Pending
External Notification	
CAPA Owner / Due Date	
Closure Approval / Date	



MEDICATION AUTHORIZATION AND ADMINISTRATION RECORD

ETKO-CLN-FRM-001

Medication is accepted only under the approved Medication Policy, in the original labelled container, within expiry, with clear written instructions and trained authorization.

Client Name / ID	
DOB / Weight if relevant	
Allergies / Reactions	
Prescriber / Contact	
Medication / Strength / Form	
Dose / Route	
Time / Frequency	
Start / Stop Dates	
Reason / Special Instructions	
Storage	☐ Room temperature ☐ Locked ☐ Refrigerated ☐ Emergency carry
Parent / Guardian Name	
Signature / Date	
Authorized Clinical Reviewer	
Signature / Date	

Administration Record

Date	Scheduled	Given	Dose / Route	Initials	Outcome / PRN reason	Omission / Error Action



INDIVIDUAL EMERGENCY AND HEALTH ACTION PLAN ETKO-HS-FRM-001

Required for known seizure, anaphylaxis, diabetes, cardiac, respiratory, swallowing/choking, mobility or other significant health risks.

Client Name / ID	
Condition / Risk	
Baseline Presentation	
Known Triggers	
Early Warning Signs	
Emergency Signs	
Immediate Actions - Step 1	
Step 2	
Step 3	
Emergency Medication	
When to Call 1122 / Transfer	
Parent / Guardian Contacts	
Doctor / Hospital	
Equipment / Positioning	
Do Not Do	
Plan Review Date	
Parent / Guardian Signature	
Clinical Lead Signature	
Staff Briefed / Date	



POSITIVE BEHAVIOUR SUPPORT PLAN

ETKO-BHV-FRM-001

Plan must be person-centered, based on assessed function and communication needs, and focused on prevention, teaching and environmental support - not punishment or forced compliance.

Client Name / ID	
Team / Lead	
Date / Review Date	
Strengths / Preferences / Communication	
Priority Behaviour Defined Observably	
Frequency / Duration / Severity Baseline	
Likely Function / Unmet Need	
Medical / Sensory / Environmental Factors	
Early Signs	
Prevention and Environmental Adjustments	
Skills to Teach / Replacement Communication	
Reinforcement and Motivation Plan	
De-escalation Steps	
Emergency Safety Actions	
Data Collection Method	
Parent / Client Participation	



PROTECTIVE PHYSICAL INTERVENTION REPORT

ETKO-BHV-FRM-002

Any physical intervention must be necessary, proportionate, least restrictive, for the shortest possible time and solely to prevent imminent serious harm. Seclusion, pain, prone restraint, airway restriction and punishment are prohibited.

Client / Date / Time / Location	
Immediate Serious Risk	
Prevention and De-escalation Tried	
Intervention Used / Staff	
Start / End Time	
Monitoring of Breathing, Color, Distress	
Injury / Medical Review	
Child / Client Debrief	
Staff Debrief	
Parent Notification Date / Time	
DSL / Clinical / Management Review	
External Notification if Required	
Plan Changes / CAPA	

Detailed factual account



AUTHORIZED PICK-UP AND HANDOVER RECORD ETKO-ADM-FRM-001

Release only after identity verification. Court orders, custody restrictions and changes must be documented. Verbal changes are accepted only under the emergency verification procedure and are recorded.

Client Name / ID					
Parent / Guardian					
Primary Contact					
Custody / Court Restrictions					
Authorized Person	Relationship	CNIC / ID	Mobile	Photo Verified	Usual Days / Notes
Parent / Guardian Signature					
Authorized by Center					
Effective / Review Date					



MISSING CHILD / ELOPEMENT RESPONSE RECORD

ETKO-SG-FRM-002

Immediate search and emergency action take priority over form completion. Do not delay police/emergency notification where risk is significant.

Child / Client	
Last Seen Date / Time / Place	
Clothing / Description / Photo Available	
Known Risks / Likely Destinations	
Search Lead	
Premises Secured and Attendance Verified	
Parent / Guardian Called	
Police 15 / Rescue 1122 Called	
Child Protection / Other Authority	
CCTV Preserved	
Found Date / Time / Location	
Condition / Medical Review	
Debrief / Plan Changes	
Manager / DSL Closure	



COMPLAINT, FEEDBACK OR APPEAL FORM

ETKO-QA-FRM-002

Complaints may be submitted verbally, in writing, through accessible communication, by a supporter or anonymously where practicable. Good-faith complaints will not result in retaliation or loss of service.

Complainant / Anonymous	
Relationship / Contact	
Client / Service Involved	
Date / Time / Location	
Preferred Communication / Accessibility Support	
Urgent Safety or Safeguarding Issue?	☐ No ☐ Yes - immediate escalation completed

Concern and desired outcome

Received By / Date	
Acknowledgement Date	
Investigator / Conflict Check	
Outcome / Response Date	
Appeal Requested	☐ No ☐ Yes
Closure / Learning / CAPA	



STAFF GRIEVANCE / WORKPLACE HARASSMENT REPORT

ETKO-HR-FRM-001

Reports are handled confidentially, fairly and without retaliation. Alleged criminal, safeguarding or urgent safety matters are escalated through the relevant procedure in addition to the workplace process.

Complainant / Role / Contact	
Respondent / Role	
Dates / Locations	
Witnesses / Evidence	
Immediate Safety / Interim Measures	

Detailed complaint in your own words

Received By	
Inquiry Committee / Investigator	
Conflict of Interest Check	
Outcome / Recommendations	
Appeal / Review	
Non-Retaliation Monitoring	



PROGRAM / ACTIVITY / PREMISES RISK ASSESSMENT ETKO-RM-FRM-001

Complete before new services, rooms, equipment, events, outings, transport, home visits, media work or major operational change. Review after incidents and at least annually.

Activity / Location						
Assessment Date / Team						
Persons at Risk						
Existing Controls						
Hazard / Scenario	Who may be harmed	Likelihood 1-5	Impact 1-5	Risk	Additional Controls / Owner	Due / Residual Risk
Approved By						
Review Date						
Communicated to Staff						



FIRE / EVACUATION / EMERGENCY DRILL REPORT

ETKO-HS-FRM-002

Drills must include reasonable accommodation for mobility, sensory, communication, behavioural and medical needs. A real emergency always takes priority.

Drill Type / Scenario	
Date / Start / End Time	
Participants / Rooms	
Alarm and Communication Method	
Assembly Point	
Time to Account for All Persons	
Mobility / Medical Assistance Used	
Problems / Delays / Near Misses	
Corrective Actions / Owner / Due Date	
Drill Lead / Management Review	



DAILY CLEANING AND DISINFECTION LOG

ETKO-IPC-LOG-001

Use approved products, dilution, contact times and PPE. Keep chemicals locked and separate from children, food, medication and therapy materials.

Date / Shift	Area / Item	Cleaned / Disinfected	Product / Dilution	Staff Initials	Supervisor / Exception



THERAPY EQUIPMENT AND PREMISES INSPECTION LOG

ETKO-HS-LOG-001

Remove unsafe equipment from use immediately, label it, prevent access and arrange qualified repair or disposal.

Date	Asset / Location	Inspection / Test	Condition	Action / Tag	Owner / Due	Closed / Verified



STAFF / VOLUNTEER INDUCTION CHECKLIST

ETKO-HR-CHK-001

No unsupervised contact with children or vulnerable persons before required identity, qualification, reference, professional-registration and safeguarding clearances and induction are complete, unless a lawful documented time-limited supervised arrangement is approved.

- ☐ Identity and CNIC verified Date: _____ Trainer Initials: _____
- ☐ Qualifications and professional registration verified Date: _____ Trainer Initials: _____
- ☐ References and employment gaps reviewed Date: _____ Trainer Initials: _____
- ☐ Role-appropriate police / character check completed or documented Date: _____ Trainer Initials: _____
- ☐ Contract, job description and probation explained Date: _____ Trainer Initials: _____
- ☐ Safeguarding policy and reporting flow taught Date: _____ Trainer Initials: _____
- ☐ Code of conduct and professional boundaries signed Date: _____ Trainer Initials: _____
- ☐ Emergency, fire and evacuation procedures practiced Date: _____ Trainer Initials: _____
- ☐ First aid, medication and health-risk responsibilities explained Date: _____ Trainer Initials: _____
- ☐ Positive behaviour support and restrictive-intervention rules explained Date: _____ Trainer Initials: _____
- ☐ Confidentiality, records, CCTV, media and device rules explained Date: _____ Trainer Initials: _____
- ☐ Authorized pickup, visitor, transport and missing-child procedures explained Date: _____ Trainer Initials: _____
- ☐ Infection prevention and equipment safety explained Date: _____ Trainer Initials: _____
- ☐ Complaints, whistleblowing and non-retaliation routes explained Date: _____ Trainer Initials: _____
- ☐ Supervision, training plan and performance expectations agreed Date: _____ Trainer Initials: _____

Staff / Volunteer Name and Signature	
Induction Lead Signature	
Manager Authorization for Duty	
Restrictions / Supervision Required	



TRAINING AND COMPETENCY MATRIX

ETKO-HR-LOG-001

Attendance alone does not prove competence. Use tests, scenarios, observed practice and supervision sign-off where the role requires it.

Name / Role	Safeguarding	First Aid / CPR	Fire / Evac.	IPC	PBS / De-escalation	Role Specific	Expiry / Action



CONFLICT OF INTEREST AND GIFTS DECLARATION

ETKO-GOV-FRM-002

Disclose actual, potential or perceived conflicts before participating in a decision. Disclosure is not automatically misconduct; concealment and improper influence may be.

Name / Role	
Matter / Decision / Vendor / Relationship	
Nature of Interest	☐ Family ☐ Financial ☐ Outside Role ☐ Gift / Benefit ☐ Other
Details and Estimated Value	
Date Disclosed	
Proposed Management	☐ Recusal ☐ Independent Review ☐ Divest / Return ☐ Record Only ☐ Other
Approving Authority Decision	
Review / Closure Date	



DATA, PRIVACY OR CYBERSECURITY INCIDENT REPORT ETKO-IT-FRM-001

Immediately contain the incident without deleting evidence. Notify the authorized privacy / IT lead and Safeguarding Lead where children or vulnerable persons may be affected.

Date / Time Detected	
Reporter	
System / Device / Record	
Type	☐ Loss ☐ Unauthorized Access ☐ Wrong Recipient ☐ Malware ☐ Social Media ☐ CCTV ☐ Other
Information Involved	
Persons Affected	
Containment Actions	
Evidence Preserved	
Risk of Harm	
Notifications / Advice	
Root Cause / CAPA	
Closure Approval	



PETTY CASH VOUCHER AND REGISTER

ETKO-FIN-LOG-001

No payment without purpose, approval, supporting evidence and receipt, except documented exceptional circumstances approved under the Finance Policy.

Voucher No. / Date						
Payee / Department						
Purpose / Account Code						
Amount PKR						
Supporting Receipt / Invoice			☐ Attached ☐ Exception Approved			
Requested By						
Approved By						
Paid By / Received By						
Balance / Register Reference						
Date	Voucher	Description	Receipt	In	Out	Balance / Initials



PURCHASE REQUEST, QUOTATION AND VENDOR EVALUATION ETKO-FIN-FRM-001

Procurement must be necessary, budgeted or exceptionally approved, transparent, conflict-free and proportionate to value and risk. Clinical, electrical, fire, food and child-contact vendors require enhanced due diligence.

Requesting Department / Date						
Item / Service / Specification						
Purpose / Beneficiary						
Budget Code / Estimated PKR						
Urgency / Consequence of Delay						
Safeguarding / Safety / Quality Requirements						
Vendor	Quoted PKR	Quality / Compliance	Delivery	References / Conflict	Score	Recommended
Selection Rationale						
Requested By						
Finance Review						
Approving Authority						
Purchase Order / Asset Register Ref.						



CORRECTIVE AND PREVENTIVE ACTION TRACKER

ETKO-QA-LOG-001

Use for audit findings, complaints, incidents, risk reviews, inspections and recurring performance issues. Closure requires evidence of effectiveness, not merely an action promise.

Ref.	Source / Finding	Risk	Root Cause	Action / Owner	Due	Evidence	Verified / Closed



LEGAL AND PROFESSIONAL REFERENCE FRAMEWORK

The following framework informed the Manual. Titles and requirements must be verified against current official versions before adoption. The list is not exhaustive and does not constitute legal advice.

Pakistan and Sindh

- Constitution of the Islamic Republic of Pakistan.
- Sindh Child Protection Authority Act, 2011; Sindh Child Protection Authority Rules, 2016; and applicable amendments.
- Sindh Prohibition of Corporal Punishment Act, 2016.
- Sindh Empowerment of Persons with Disabilities Act, 2018.
- Sindh Healthcare Commission Act, 2013 and applicable rules, registration, licensing and service-delivery standards.
- Sindh Occupational Safety and Health Act and applicable workplace safety rules.
- Protection Against Harassment of Women at the Workplace Act, 2010, as amended, and applicable inquiry-committee / code-of-conduct requirements.
- Sindh Charities Registration and Regulation Act, 2019, where applicable.
- Applicable employment, minimum wage, social security, workers compensation, taxation, criminal, evidence, cybercrime, building, fire and local-government requirements.

International and professional

- United Nations Convention on the Rights of the Child.
- United Nations Convention on the Rights of Persons with Disabilities.
- UNICEF Safeguarding Policy and disability-inclusive child-protection guidance.
- Keeping Children Safe - International Child Safeguarding Standards.
- World Health Organization guidance on quality of care, rehabilitation, infection prevention and control, hand hygiene, patient safety and rights-based mental-health / restraint reduction.
- Applicable professional codes, registration requirements and evidence-based practice guidance for psychology, special education, speech and language therapy, occupational therapy, physiotherapy, behaviour support, counselling and allied health.

Legal effect: No policy, consent form, indemnity, disclaimer or parent signature can excuse abuse, gross negligence, wilful misconduct, unlawful discrimination, concealment, failure to report where required, or any duty or right that law does not permit the Organization to exclude.



FINAL ADOPTION AND CONTROL CERTIFICATE

The Governing Body certifies that it has reviewed this Manual, resolved material legal and operational gaps, appointed responsible officers, allocated adequate resources, approved an implementation and training plan, and required compliance by all covered persons.

Role	Name / Signature	Date
President & CEO		
Executive Committee / Board Representative		
Designated Safeguarding Lead		
Clinical / Rehabilitation Lead		
Administration / HR / Compliance Lead		

Controlled Copy Register

Copy No.	Holder / Location	Format	Issue Date	Returned / Replaced

END OF CONTROLLED MANUAL