

COVID-19 RESPONSE

PURPOSE

IHCA Certification is committed to safeguarding the integrity of our audit and third-party quality certification activities.

This document details the approach that IHCA Certification is taking to respond to current and potential certified and accredited clients during the COVID-19 pandemic.

Due to the nature of the pandemic, this document may be modified from time to time to meet changing environmental requirements.

SCOPE

This document informs the certification operations of IHCA Group during the declaration of the COVID-19 pandemic within Australia and the associated of travel restrictions and social distancing requirements.

APPLICATION

This document applies to employees of IHCA Group and auditors contracted to conduct third-party quality activities on behalf of IHCA Certification.

RESPONSE PLAN

The COVID-19 pandemic has introduced unprecedented disruption through all levels of community. IHCA Certification will adopt a risk-based approach that is consistent with the intent of IAF ID3:2011, all scheme requirements and the JAS-ANZ Policy COVID-19 Certification Bodies Response.

IHCA Certification is accredited by JAS-ANZ to IAF MD4:2019. As such, any and all use of Information and Communication Technology (ICT) will be in accordance with that mandatory document, ensuring the integrity, confidentiality and security of all audit records and information.

Options available to client organisations include:

- If mid-cycle, explore the possibility of postponement for no more than three months or conducting the mid-cycle assessment remotely, increasing the on-site duration at the next scheduled assessment if the audit report indicates this necessary. If the client organisation has been shut down completely for a limited period of time (less than 6 months) the assessment may be postponed until operations have resumed.
- For recertification, if the client organisation has temporarily ceased operations or is otherwise unable to reasonably participate in the assessment, the recertification may be postponed no more than 6 months beyond the original expiry date, resulting in the maintenance of the original certification date. If this is not possible, a certification must be performed.
- New clients seeking initial certification may be postponed as necessary, with relevant information provided to the Scheme Owner.
- However, if agreement of all relevant parties (client organisation, scheme owner, auditor, technical expert, IHCA Certification) has been reached the initial certification may proceed through the application of remote auditing techniques.

IHCA Certification's planned response includes:

Initial audits

In instances where initial audits cannot be conducted onsite due to COVID-19, IHCA certification may undertake a remote assessment in accordance with IAF MD 4:2018 and the principles of IAF ID 3. Remote assessment of the standard must also be in accordance with the position of the scheme and standard owner.

The planning and execution of the assessment is to demonstrate how the remote audit has safeguarded the integrity and robustness of the audit outcome.

The assessment is to include (where necessary and appropriate) interviews with staff and service users. Providing all of the relevant scheme and standard requirements, IHCA Certification may issue a certificate or recommendation.

Recertification audits

Where recertification assessments are to occur using remote audit techniques, IHCA Certification is to document the planning and execution of the audit and demonstrate how the remote audit has safeguarded the integrity and robustness of the audit outcome.

Surveillance / mid-cycle audits

On-site surveillance audits may be replaced by remote audit techniques.

Verification of corrective actions

- Alternate audit techniques may be used to certify and close non-conformances, provided the effectiveness of the procedures selected can be ensured.
- Where an open non-conformity cannot be effectively evaluated by remote audit techniques, IHCA Certification will evaluate the risks to continuing the client's certification and act accordingly. This may lead to escalating the non-conformity to suspension of certification, or extending the time to enable evaluation of the non-conformity (e.g. site audit when possible).
- Where an open non-conformity is evaluated and it cannot be closed, the normal processes for suspension and withdrawal of certification should be followed.

RESPONSIBILITIES

- The Client Manager is responsible for
 - completing the initial risk assessment
 - ensuring that audit plans detail the ICT to be used in completing the audit, and liaising with the client to ensure timely availability
- Auditors are responsible for undertaking remote audits in a manner that complies with IAF MD 4 and ensures the integrity of the audit outcome
- The Certification Manager is responsible for reviewing risk assessments where necessary and ensuring that all audit plans and reports comply with the stated requirements and that a register of all client organisations assessed via remote audit technology during the COVID-19 pandemic is maintained and available for review by JAS-ANZ as required

RELATED DOCUMENTS

IHCA 003 IHCA Business Continuity Management

IHCA 570 Risk Management Framework

Appendix 1 – Risk management COVID-19

REFERENCES

AS ISO 31000:2018 Risk management – Guidelines

IAF ID3:2011 Informative Document for Management of Extraordinary Events to Circumstances Affecting Abs, CABs and Certified Organisations

IAF MD4:2018 IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing Purposes

JAS-ANZ Policy COVID-19 Certification Bodies Response

Relevant scheme requirements

REPORTING

All reports of audits that have been conducted using remote auditing techniques must record the ICT used in the audit process and how this has safeguarded the integrity and robustness of the audit outcome.

RECORDS MANAGEMENT

A register of all assessments undertaken in part or in whole using remote auditing techniques must be maintained.

Each client record must include

- the evidence considered in determining the extent to which the client and traditional audit arrangements are affected by COVID-19;
- the risk level assessed and how this level of risk was determined i.e. risk ranking;

The register must include the risk assessments of all audits, including those where it has been determined that the audit should not proceed remotely due to the high risk ranking.

RISK MANAGEMENT COVID-19

PURPOSE

It is recognised that remote audits will not be appropriate or possible in every circumstance. Due to the need to use remote auditing techniques to evaluate ongoing compliance of certified clients, the following is a framework for managing risks associated with use of remote auditing techniques where remote audits are appropriate.

This Plan has been developed in alignment with, and reference to IAF ID3:2011 Informative Document for Management of Extraordinary Events to Circumstances Affecting ABs, CABs and Certified Organisations and Scheme Requirements.

OBJECTIVES

The objectives for this Risk Management approach to the use of Remote Auditing Techniques are:

1. To adequately manage the risks in maintaining certification of organisations audited remotely.
2. To ensure all staff and contractors are aware of this approach and associated processes and understand how this applies to their role.
3. To appropriately assess and analyse the risk associated with the client organisation and determine the level of threat in maintaining certification.
4. To determine or decide on a course of action to address the risk and monitor the implementation of actions to mitigate identified risks.
5. To monitor and review on a regular basis the risk management process.

CRITERIA

Due to the number of factors impacting the level of risk associated with a remote audit, a risk matrix is not an appropriate tool for determining the level of risk. Rather, the following risk assessment tool is used to assess the risk criteria:

Nature of the services (high risk services, and working with highly vulnerable groups)

Provide high risk services or work with highly vulnerable groups (e.g. child safety placement services, behaviour support, clients with a restrictive practice)	2
Provides medium risk services (e.g. families services, majority of services are medium risk NDIS services)	1
Provides low risk services (e.g. NDIS Annex D services, information/advice/referral services)	0

Number of clients

Less than 50	0
50-250	1
Greater than 250	2

Number of sites

1-2	0
2-4	1
4-8	2
8+	3

Maturity of quality management systems

Has completed an audit cycle	0
Is at their first audit cycle	1

(Where applicable) Based on Key Information provided, the organisation...

Has the same scope as the previous audit, or reduced scope	0
Has some growth/change to their scope since the previous audit	1
Has significant growth/change in their scope since the previous audit	2

Findings of previous audits (where applicable)

One or no nonconformities	0
Nonconformities but no major nonconformities	1
Major nonconformity/ies	3

Where the organisation is at in their audit cycle (certification/surveillance/maintenance/recertification)

Re/Certification	1
Surveillance/Maintenance	0

Risk ranking

	Low	0-4
	Moderate	5-7
	High	8-10
	Very High	11+

The Risk Ranking determines the appropriate response to the risk.

Once analysed each audit will be reviewed to determine whether there is an acceptable level of risk.

Reasons why a risk may be acceptable:

- The level of the risk is so low that specific treatment is not appropriate within available resources.

- The risk is such that there is no treatment available. For example, where conducting an onsite audit would not address the risk associated with the remote audit.

Reasons why a risk may be unacceptable:

- Where an audit conducted remotely threatens the safeguards, integrity and robustness of the outcome.

Unacceptable risks are those which will require treatment.

Risk Treatment

Treating, or managing risks involves identifying and assessing options and determining risk controls. More than one treatment may be determined to manage a risk.

When assessing options for treatment, one of several decision points may be chosen. These include:

- A follow up onsite audit will be conducted within 12 months of recommendation of certification or ongoing certification.
- Requesting an extension from the Scheme Owner to allow for conduct of the audit onsite where there is no/reduced level of risk associated with COVID-19.
- A follow up remote audit may be conducted where Corrective Action Plans are unable to be addressed via this method.

Determining which risk treatment is the most appropriate depends on the circumstances of the individual client.

Where an audit is not low risk, the Certification Manager will determine whether the Risk Treatment adequately addresses the risk.

Where the treatment does not adequately address risk the audit will be postponed, to be conducted onsite as soon as safely possible. The client and scheme owner should be made aware of potential consequences of this action.

Documentation and monitoring

Where an audit is undertaken with remote auditing techniques, IHCA Certification documents the planning and execution of the audit through the audit plan and the audit report. The audit plan includes the risk rating, and the risk treatment, where applicable.

IHCA Certification demonstrates how it has safeguarded the integrity and robustness of the outcome of a remotely conducted audit. This is documented through a statement from the Auditor on the audit report.

All audit reports will contain a statement from the Auditor on the level of risk associated with the remote audit. This will include:

- A statement on any areas of that were not able to be assessed effectively due to not being on site.
 - Any risks associated with not being able to review these areas
- The level of risk associated with remotely undertaking a remote audit of the service, taking into consideration the nature of the services (high risk services, and working with highly vulnerable groups), number of clients, number of sites, maturity of quality management systems, and findings of the audit.

USE OF ICT

Use of Information and Communication Technology (ICT) is to be used in accordance with IAF MD4:2018 IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing Purposes.

This includes ensuring the integrity, confidentiality and security of all audit records and information.

In conducting a remote audit, the same evidence is required as for an onsite audit. This involves site inspection/s, management, staff and client interviews (as per the Standard Requirements), access to client files (as per the Standard Requirements), policies, and other relevant documents and records.

Remote auditing requires a visual inspection of the site using Microsoft Teams, Skype, Zoom or another video teleconferencing platform. The Client Manager will ensure this is arranged before the audit commences, and the choice of ICT will be detailed on the audit plan. Should a remote audit not occur due to ICT issues, the Client Manager responsible for the audit will need to be advised as soon as possible to enable alternate arrangements to be made.

Auditors are to consider appropriate communication methods with the organisation around providing electronic and paper-based information. This could be through Dropbox, Sharepoint access, etc. This access is to be in alignment with IAF MD4:2018 and relevant privacy legislation.

Auditors and Client Managers reiterate client confidentiality and ensure that organisations liaise prior to audit around how we keep client information confidential. Organisations should only use secure platforms to share client information (i.e. not Google drives).

Additionally, the ICT practices used to conduct the remote audit are to be clearly detailed in the audit report.

Process flow chart

