

	Developed by				Policy Title	Risk Management Policy
	Reviewed by					
	Authorisation					

1. PURPOSE OF POLICY

The purpose of this risk management policy is to provide Carers Link management and staff with a framework which applies consistent and comprehensive risk management to all their workplace activities. The policy's procedures provide guidance on how to effectively implement the policy.

2. POLICY

Carers Link works to identify, analyse, evaluate and respond to risks in an ongoing cycle. Risk management strategies are incorporated into all our planning, operations and everyday dealings with stakeholders. Risk management will support us in protecting our business, our staff and contractors, and importantly, our customers.

Application of a consistent and comprehensive risk management framework will:

- Increase the likelihood of us achieving our strategic and business objectives
- Encourage a high standard of accountability at all levels of the organisation
- Support more effective decision making through better understanding of risk exposures
- Create an environment that enables us to deliver timely customer services and meet performance objectives
- Safeguard our assets – human, property and reputation and
- Meet compliance and governance requirements.

We achieve these objectives by employing a preventative risk management approach, which includes:

- Conforming to legislative and regulatory requirements, including the NDIS Practice Standards and the Aged Care Quality Standards
- Identifying hazards and risks related to the business's activities
- Implementing appropriate control measures to remove hazards and minimise risks
- Reviewing outcomes to ensure the control measures remain effective
- Developing and implementing safe work procedures
- Communicating safety information to our employees and contractors and seeking their advice and suggestions
- Training and monitoring the safe work practices of our employees and contractors
- Regularly monitoring and auditing risk management within our operations and policy framework
- Establishing measurable objectives and targets to chart our progress through the Continuous Quality Improvement Team (CQIT) and annual Management Review.

The above measures comply with the *Work Health and Safety (How to Manage Work Health and Safety Risks) Code of Practice 2015*.

The process of risk management set out in the Code involves identifying hazards; assessing risks; controlling risks; and reviewing control measures, all within a framework of regular consultation (see diagram below):



2.1 CH028 - CARERS LINK'S RISK RATING CHART FOR ASSESSING RISK LEVELS ATTACHED TO INCIDENTS

RISK RATING	TYPES OF INCIDENTS
<p>LOW</p>	<ul style="list-style-type: none"> • One-off incident – not recurring; • Incidents where nobody was or was potentially physically or psychologically harmed • Any injuries / illnesses which were very minor – band aid or Panadol was enough to remedy • There was no significant damage to property e.g. perhaps a glass was broken when it slipped out of somebody's hand or a window was broken by a badly aimed cricket ball

RISK RATING	TYPES OF INCIDENTS
<p style="text-align: center;">MEDIUM</p>	<ul style="list-style-type: none"> • A one-off incident which identified an ongoing hazard needing urgent remedy – client injured by incident with wheelchair needing repair / broken shower chair • A recurring incident involving the same client or the same LSW (even if at the lower end of seriousness). Needs closer monitoring and better management • An illness which may have required medical attention / hospitalisation but was not life threatening • Accident resulting in an injury which did not require medical attention / hospitalisation– client may slip in the shower and bruise their arm against the glass screen; a worker might trip a client up because they hadn't been watching where they were walking; a client might accidentally bruise an LSW's leg while practising with a cricket bat; client might accidentally run over an LSW's foot with their wheelchair; or hit a worker's face with their arm when they had an involuntary spasm; • Deliberate acts of aggression which did not result in an injury requiring medical attention / hospitalisation • An incident involving psychological trauma which was dealt with effectively through comforting / counselling & was not ongoing
<p style="text-align: center;">HIGH</p>	<ul style="list-style-type: none"> • Would potentially have required an extreme rating if intervention had not occurred – that is an Incident so serious it had the potential to result in death / serious injury /serious injury requiring hospitalisation / abuse or neglect, etc.
<p style="text-align: center;">EXTREME</p>	<p>1. Reportable Incidents under the NDIS Note: Incidents are reportable under the NDIS even if they are only being alleged</p> <ul style="list-style-type: none"> • Death of a person with disability • Serious injury of a person with disability • Abuse or neglect of a person with disability • Unlawful sexual or physical contact with, or assault of, a person with disability; or • Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity; or • The use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person. <p>Under the NDIS Act 2013 it is not necessary to report unlawful physical contact with a person with disability if the contact with / impact on, the person with the disability is negligible. I do not believe we can assess the impact so we should report all incidents involving unlawful physical contact with a person with disability.</p>

RISK RATING	TYPES OF INCIDENTS
EXTREME (cont.)	<p>2. Critical Incidents Any incident which qualifies as critical by the Qld Department of Child Safety, Youth and Women – i.e.</p> <ul style="list-style-type: none"> • Involving Death • Life threatening injuries • Serious injury resulting in hospitalisation • Abduction • Alleged rape, sexual assault or serious assault of a child under 14 • Attempted suicide of a child or young person in care • missing child whose location is unknown & there are fears for their safety or welfare.

TIMEFRAMES FOR RESOLVING / CLOSING OUT INCIDENTS

None of the timeframes below alter the requirement for the CSE to be notified immediately when an incident occurs.

LOW Within 5 business days

MEDIUM Within 48 hours

HIGH Immediately / within 24 hours depending on the severity

EXTREME Whatever the NDIS Commission or Department of Child Safety, etc., stipulate – ranges from immediate notification to police and coroner to within 24 hours. See table at 5.1 in Carers Link’s [P002 – Incident Management Policy](#).

3. SCOPE

Everyone at Carers Link has a part to play in risk management, with specific risk responsibilities being allocated to different groups and levels within the organisation.

4. DEFINITIONS

Child and Youth Risk Management Strategy - In addition to occupational health and safety concerns, the Carers Link Child and Youth Risk Management Strategy analyses the risk of harm to children and young people who receive support and services from us.

Code of Practice – An approved Code of Practice is a practical guide to achieving the standards of health, safety and welfare required under the *Work Health and Safety Act 2011* and the Work Health and Safety Regulation 2011.

Corrective action – is required when something has gone wrong and needs to be fixed. It may be undertaken in conjunction with preventative action to reduce the likelihood of reoccurrence.

Hazard- means a situation or thing that has the potential to harm a person or impact on their mental or physical health. Hazards at work may include: chemicals not stored safely, unsafe electricity

connections, electrical cords not stowed or taped to the floor to prevent a tripping hazard, office furniture in need of repair, bad lighting, dangerously stored supplies, bullying and intimidation in the workplace.

Preventative action – is a change implemented to address a weakness or minimise the likelihood of a risk occurring or reoccurring.

Risk – is the possibility that harm (trauma, death, injury or illness) might occur when someone is exposed to a hazard.

Risk control – means taking action to eliminate health, safety and business continuity risks so far as is reasonably practicable, and if that is not possible, minimising the risks. Eliminating a hazard will also eliminate any risks associated with that hazard.

5. PROCEDURES

Carers Link Risk Management Framework

Carers Link implements a number of preventative measures that reduce risk to customers, the company, staff and other stakeholders as detailed below.

5.1 Appropriate screening

Blue card

In Queensland, the *Working with Children (Risk Management and Screening) Act 2000* (the Act) requires people working with children under the age of 18 years to undergo a working with children check. Those found to be suitable are issued with a blue card by Blue Card Services, overseen by the Queensland Department of Justice and Attorney General.

Yellow Card Exemption

Where Carers Link staff provide services to both adults and children with disability staff can use their blue card for both services, but must apply for a yellow card exemption issued by the Department of Communities, Disability Services, and Seniors (DCDSS). Applicants can apply for a blue card and yellow card exemption by completing a Blue card application and request for yellow card exemption.

National Criminal History Clearance (Police Check)

In addition to the blue card and the yellow card exemption, Carers Link staff who support aged care customers must undergo a national criminal history check.

Carers Link's executive members, Lifestyle Planning and Support Co-ordinators and office staff must also hold a National Criminal History Clearance (Police Check), a current blue card, and yellow card exemption. To find out more about screening requirements check the relevant Carers Link Policy - [P030 – Criminal History Screening Policy and Procedure](#).

Code of Conduct

All staff, trainees/undergraduates, students and contractors must sign a commitment to comply with our [Code of Conduct](#) on commencement with Carers Link and they should be provided with a

signed copy for their records. The original is to be stored on their staff file. Failure to abide by the Code of Conduct is viewed as a risk to Carers Link's professional governance and may lead to disciplinary action or dismissal.

Compliance Register

The Compliance Officer is responsible for maintaining the compliance register and reports weekly to the Chief Services Executive. The compliance register monitors:

- Qualifications (minimum Certificate III (Individual Support (Ageing, Disability, Home & Community) or Certificate IV in Aged Care or Disability Support or enrolled in an approved trainee program)
- Blue Cards
- Yellow Cards/Yellow Card Exemptions
- Linking a Blue Card applicant/cardholder to Carers Link
- Information from register of engaged persons (linking and confirming Yellow Card/Yellow Card Exemption current status)
- National Criminal History screening
- Manual Handling certificates
- Driver's licences
- Vehicle registrations (including Compulsory Third Party insurance)
- First Aid Certificates
- CPR
- Contracts (Host Home providers)
- Risk assessments (Host Home providers)
- Performance appraisals
- Advices to Blue Card Services of staff exits
- Advices to DCDSS of staff exit.

Carers Link uses an alert in its database to identify areas of non-compliance to reduce the risk of staff operating without their required documents. Further detail on utilising the compliance register and its functions can be found in the [Human Resources Policy and Procedure](#).

5.2 Risk Assessments for Customers

Group home, Sociability, Camp Ability & Host Home Referrals

Individual risk assessments are conducted using the [F093 – Individual Risk Assessment Form](#). This risk checklist is designed to assess the individual customer's needs to ensure supports are provided by suitably skilled staff in the relevant environment.

- Coordinators complete this checklist to determine the suitability of a customer to participate in the requested Carers Link services / programs, noting any special adjustments that may be needed to ensure the safety of participants and staff alike.
- If risks are identified or the coordinator has concerns about the individual participating in the requested Carers Link services or programs, they will notify the Chief Services Executive (CSE).
- Risks will need to be assessed and strategies put in place to mitigate their impact.
- Customers must not commence participating within these programs without the Individual Risk Assessment being signed off by either the CSE or in their absence, the Director.

In-home referrals – Intake and Assessment Form

For In-home referrals from other organisations (e.g. NISQ or Gateway), Coordinators can assess risk from reading the potential customer's profile and utilising the [F007 – Intake and Assessment Form](#).

- Coordinators can gauge whether the referral is appropriate for the Carers Link program and must discuss any concerns with the CSE
- Permission to refuse service can only be provided by either the CSE or Director.

Assessing high risk activities

Where an activity, event or service is considered high risk, the benefits would need to be very significant before Carers Link management would facilitate the participation of valued and vulnerable clients. Nonetheless, in the interests of customers' rights to dignity of risk, the activity would be risk assessed and the input and approval of the customer's family, carer or Guardian sought.

Assessing high risk customers

A customer may be assessed as being high risk because of significant health issues or behaviours of concern. These would be identified at the Intake and Assessment stage and any concerns would be raised with the Chief Services Executive. A decision to use the [F093 – Individual Risk Assessment form](#) may be made by the CSE.

Following discussions, a plan would be formulated to provide the most appropriate support for the customer. If the risks were considered too great for the customer, staff or Carers Link, the CSE or Director may ultimately make the decision to refuse.

5.3 Hazard Identification

When a hazard is identified a [Hazard Form \(F016\)](#) must be completed and forwarded to the responsible coordinator. Lifestyle Support Workers should keep blank hazard reports with them and may request a copy from their coordinator at any time. The hazard will be investigated by the Lifestyle Planning and Support Coordinator with the support of the Chief Services Executive and must be entered into the [R001 – Improvement Register](#). This ensures items are appropriately followed through, closed out and subject to ongoing evaluation. The person responsible for investigating the hazard should:

- complete the remaining sections of the hazard form
- allocate a hazard code which will be used when entering the hazard in the Improvement Register(beginning with the letter H and following on from the last report made e.g. H006)
- register the hazard in the Improvement Register
- allocate an appropriate risk rating utilising the CH028 – Incident Risk Rating Table - substituting the word 'incident' with 'hazard'
- report back either verbally or in writing (depending on severity) to the relevant stakeholders.

5.4 Infection Control

Hand washing

Thorough hand washing is the most important part of all infection prevention and control programs. Proper hand washing procedure is described in [P027 – Workplace Health and Safety Policy and Procedure](#).

Personal protective equipment

Personal protective equipment (PPE) must be worn in the following situations:

- Contact with broken or infected skin including rashes;
- Where there is risk of exposure to blood and other bodily fluids regardless of whether they contain visible blood;
- Contact with mucous membranes.

Our PPE procedure is set out in [P027 – Workplace Health and Safety Policy and Procedure](#).

5.4 Sharps Management

Contaminated sharps pose risk to staff and customers and should be handled with care. The potential for transmission of HIV, Hepatitis B, Hepatitis C and other blood-borne diseases is greatest when needles or scalpels are used.

A sharps management procedure is described in [P027 – Workplace Health and Safety Policy and Procedure](#).

5.5 Food and Nutrition

Planning, shopping and meal preparation is an important part of learning and gaining independence, but shopping and meal preparation do have associated risks. Lifestyle Support Workers will ensure group home residents and customers are given appropriate support to choose, prepare, and consume healthy meals in an enjoyable and safe way. For more information see [P037 – Food and Nutrition Policy and Procedure](#).

5.6 Safety in the Water

Water can pose a threat to the safety of customers, particularly young children and people with disabilities. See [P029 Safety in the Home Policy and Procedure](#) and [P036 – Water Safety Policy and Procedure](#) for more information on mitigating these risks.

5.7 Vaccinations

Immunisation for Hepatitis B and other infectious diseases, and an annual flu shot is recommended for our frontline staff's and customers' protection. This should be discussed with your doctor.

5.8 Vehicle Safety

Staff and customer safety is of the utmost importance and as driving of vehicles is an essential component of many roles, procedures have been written - see [P039 – Vehicle Safety](#) - that cover:

- Management obligations
- Staff obligations
- Vehicle safety and
- How to respond in the instance of a motor vehicle accident or breakdown.

5.9 Insurance

Carers Link maintains the following insurance policies as part of its strategic risk management response:

- Public Indemnity
- Public Liability
- Management Liability
- Workers Compensation.

5.10 Risk management strategy for children and young people

A P026 Child and Youth Risk Management Strategy is maintained in compliance with the requirements of the [Working with Children \(Risk Management and Screening\) Act 2000](#).

5.11 Positive behaviour support and restrictive practices

Carers Link staff work with a variety of customers with a range of behavioural support needs. To support staff in providing therapeutic, appropriate and lawful support to customers with behaviours of concern, we have developed a Policy that details positive behaviour support strategies - [P004 – Positive Behaviour Support](#).

The [P005 – Restrictive Practices Policy and Procedure](#) must be strictly followed when a customer has an *approved* restrictive practice order in place.

5.12 Identifying and responding to abuse, neglect and exploitation

Staff are trained in identifying and responding to suspicions or disclosures of abuse and neglect. An in-depth description of the identification and reporting process can be found in [P001 Abuse, Neglect and Exploitation Policy and Procedure](#).

5.13 Incident reporting

All staff are trained in reporting incidents via Carers Link's incident reporting forms – [F003C for incidents involving customers and F003W for incidents involving workers](#). The relevant Policy also describes requirements for externally notifiable events. See [P002 – Incident Management Policy and Procedure](#) for more detail.

5.14 Emergency procedures

Carers Link has procedures in place for dealing with a range of emergencies including:

- Threats of aggression or violence towards people or property
- Aggression or violence towards people or property
- Fire and natural disaster
- Blackouts
- Supervision
- Medical emergencies
- Unwanted visitors.

For further information see [P021 – Emergency Procedures Policy and Procedure](#). Carers Link also has a [P028 – Seizure Management Policy and Procedure](#) for use in emergencies triggered by customers experiencing seizures.

5.15 Safety in the home

Carers Link recognises that there are potential risks associated with providing services in a customer's or Host Home provider's home. Accordingly, Carers Link has reviewed the guidelines set by peak industry bodies and WH&S legislation to develop a framework on how to provide safe care within the home. See [P029 – Safety in the Home Policy and Procedure](#) for further detail.

5.16 Complaints management

All stakeholders are encouraged to raise any concerns they may have about our services or provide feedback on Carers Link activities, staff and management. Complaints are documented, risk rated, and prioritised for timely action. Customer feedback on our services is sought on a regular basis. See [P003 – Complaints and Feedback Policy and Procedure](#) for more details.

5.17 Privacy and Security of Information

Carers Link manages personal information in a transparent way, maintaining compliance with the Privacy Act 1988 and its 13 [Australian Privacy Principles](#). All personal information is treated confidentially and staff are required to sign a Code of Conduct that demonstrates their commitment to privacy. Customer records are stored and destroyed securely. Computers are password protected and backed up externally. Permission is sought for any disclosure of personal information. For more information see the [P019 – Privacy Policy and Procedure](#).

5.18 Financial Management

Carers Link operates a professionally managed and accountable financial management system. Accurate transaction records are kept in Carers Link's financial system. Carers Link has a Policy which outlines the procedures used to maintain transparent and accountable Carers Link financial management to not only the finance team, but all Carers Link staff and contractors. See [P006 – Financial Management Policy and Procedure](#) for further detail.

5.19 Duty of Care

Carers Link staff must ensure an appropriate level of care is provided to customers in order to minimise their risk of harm, illness, injury, or death. The law says that if it is reasonably foreseeable that someone may suffer harm or loss due to your action or inaction, and they do suffer harm or loss as a result, you may be found liable for negligence. Accordingly, Carers Link hold a policy and procedure to help outline obligations. See [P015 – Duty of Care](#) for further information.

5.20 Conflict of interest

Carers Link aims to protect customers and the company from the risk of perceived, potential or actual unethical behaviour and conflicted agendas. Carers Link services are always provided in the best interest of the customers and are not subject to personal or other agendas. Our policy and procedure [P022 – Conflict of Interest](#) outlines the steps to be taken in declaring an actual or

potential conflict of interest, as well as mechanisms for dealing with conflict of interest when providing plan management and/or support coordination services for customers.

5.21 Medication Support

The [P038 – Medication Management Policy and Procedure](#) outlines Carers Link’s policies and procedures relating to the role of Lifestyle Support Workers in the management of customer medication and related risk management. This policy and procedure details the role Lifestyle Support Workers have in customer medication management and defines the limitation of that role.

Compliance with this policy and procedure reduces the risk of a medication incident occurring and ensures Carers Link staff have the skills and knowledge to support their customers with self-medication or the administration of medication by appropriately trained staff.

5.22 Missing or absent children or young people

Carers Link takes a proactive approach to identifying and preventing risky behaviours such as children or young people regularly absenting themselves. If the consensus is that the risks associated with the young person’s behaviour are unacceptably high they will be referred to a NDIS registered practitioner for the development of a Positive Behaviour Support Plan. Our policy [P031 – Reporting Missing or Absent Children](#) provides guidelines for reporting incidents involving absent or missing children to ensure the safety and wellbeing of children and young people in our care.

5.23 First Aid

Qualifications

All support staff must maintain a current First Aid and CPR certificate. Compliance is monitored by Carers Link’s Compliance Officer through the [R007 – Compliance Register](#).

First aid kits

- A first aid kit is maintained by the Community Linker for use by Camp Ability and Sociability Club.
- A first aid kit is maintained for the Carers Link Office by the Administration Officer.
- First aid kits are provided for the Cashmere group home and for Cashmere’s Emergency Kit. Both are maintained by the House Manager.
- Support staff are supplied with hand sanitiser, gloves, apron and face mask, but may also choose to purchase first aid kits for their vehicles.
- All Host Home providers have first aid kits in their homes and these must be maintained/topped up by the Host Home provider as required.
- When checking and maintaining the contents of first aid kits the [F133 – First Aid Kit Checklist](#) is used to establish firstly, what items and their quantity *should* be in the kit and secondly, what items and their quantity *are* actually in the kit. The latter is recorded against the relevant item on the checklist and the kit’s contents are topped up by purchasing out of stock items.

First aid treatment

First aid treatment provided to customers or staff should be recorded in the [R026 – First Aid Treatment Register](#).