

POL – 1.12 Client Safety Policy

1. Purpose

Accommodation and Care Solutions (hereafter referred to as ACARES) is committed to personal safety and the right of people to live in dignity and security without fear of threat or harm and to be free from exploitation and abuse.

ACARES recognises that the organisation has a duty of care to all staff and Service Users. ACARES will respect the Service Users Dignity of Risk as long as it does not adversely impact upon the organisations duty of care obligations.

ACARES will ensure they fulfil their duty of care to Service Users and staff by ensuring that appropriate working standards and care standards are met.

2. References

Reference	Title & Description
POL-1.2	Human Resource Management Policy
POL-1.4	Safety Screening Policy
POL-1.8	Driving Client Vehicle Policy
POL-1.9	Freedom from Abuse and Neglect Policy
POL-1.16	Use of Support Workers Vehicle to Transport Clients
POL-1.18	Driving of Client Vehicle Policy
POL-3.1	Incident-Accident Policy
POL-3.6	Medication Assistance Policy
FM-22	New Client Risk Assessment
FM-22a	ACARES House Risk Assessment
FM-22b	New Client Risk Assessment - Residential
FM-29	Money Running Sheet
FM-47	Incident Report
FM-48	Incident Register
FM-241	Risk Agreement
	National Safe Transport Principles
	Australian Dietary Guidelines
	Disability Act 2006 (Vic)
	Disability Inclusion Act 2014 (NSW)
	Disability Inclusion Regulation 2014 (NSW)
	National Standards for Disability Services 2013
	Disability Services Act 1993 (SA)
	Human Services Quality Framework
	Disability Services Act 2006 (QLD)
	Child Safe Standards
	Aged Care Act 1997 (Cth)

	Occupational Health and Safety Act 2000
	Aged Care Standards 2018
	Australian Community Industry Standard 2018
	NDIS (Quality Indicators) Guidelines 2018

3. Responsibilities

ACARES will be responsible for:

- ensuring the physical environment is safe
- conducting thorough screening of staff working with vulnerable clients
- assisting and supporting clients to assess and manage risks
- supporting clients to safely and effectively manage medication
- providing all staff with information and training on duty of care
- ensuring staff are educated regarding the adherence to road safety laws and regulations
- ensuring that clients are protected from abuse or neglect as per POL-1.9, and that any incidents of harm are promptly addressed and investigated as per POL-3.1
- providing staff induction and training and regularly review staff levels to ensure appropriate levels of care

4. Process

4.1 Physical environment

It is the responsibility of ACARES to minimise physical risks to clients. The organisation will meet reasonable community standards, and comply with all legal requirements affecting the physical and environmental safety of clients. This includes fire safety, motor vehicle safety, water safety and public health requirements. The organisation will implement an annual review process and update their compliance with community standards and legal requirements.

The organisation will comply with fire risk management guidelines which outline specific requirements relating to building construction, furnishings, smoke detection systems, fire extinguishing equipment, means of exit, fire prevention, fire safety management, evacuation capability, fire and emergency evacuation plans, emergency procedures and maintenance of essential fire safety services. Staff must be trained in relation to these guidelines. It is the responsibility of Senior Managers to ensure that compliance requirements are met.

4.2 Staff screening

Prior to commencing work with clients, all staff and volunteers, will undergo a comprehensive screening process which will include criminal record check, referee

checks and interviews. The findings of the screening are to be documented in the personnel files of staff and volunteers. Refer to POL-1.4 Safety Screening Policy for further information.

4.3 Risk assessment

A risk assessment will be undertaken by staff jointly with clients at each stage of care (FM-22, FM-22a or FM-22b).

Clients will be supported to identify and manage risks in their own environment and in any activities, they undertake by working closely with coordinator/team leaders. Clients will be provided with easy to read information regarding risks and how they can be reported to the organisation in order to be eliminated or mitigated.

Similar information may also be made available to client guardians/advocates to assist in the identification process, where clients do not have the capacity to understand risks to their personal safety.

4.4 Suicide and self-harm

All clients presenting with suicidal and or self-harming behaviour will be assessed by their team of Therapists to determine the level and immediacy of suicide and/or self-harm risk. If a client is assessed as being at risk of suicide and/or self-harm, intervention strategies to decrease the risk are to be developed by Therapist and provided as part of Service User Care Needs.

Where staff members are concerned about a client's immediate suicide or self-harm risk, the client's physical safety should be addressed without delay.

4.5 Risk management

Where risks of harm are identified, a range of harm minimisation strategies will be discussed with the client and family (where relevant). Agreed actions will then be documented in the client file.

Risk management and harm minimisation strategies will minimise and wherever possible eliminate the need for restraint.

All risk assessments and harm minimisation plans including Risk Agreements (FM-241) will be documented and included in the client's file.

4.6 Medication management

Staff involved in the storage, transportation, administration or prompting of medication will be trained in ACARES medication policy (POL-3.6) and procedures and assessed as competent prior to undertaking any medication function.

4.7 Transport of clients

All clients will be transported in accordance with the National Safe Transport principles. For further information regarding use of a client's vehicle for transportation, please refer to POL 1.18 Driving of Client Vehicle Policy. Alternatively, for information regarding the use of a Support Worker's vehicle for transporting clients, refer to POL-1.16.

4.8 Abuse and neglect risks and reporting and management procedures

ACARES has a duty of care to implement prevention strategies that include suitable recruitment screening processes and protocols for identifying the risk indicators for abuse and neglect. It is the responsibility of the organisation to minimise the risk of abuse (sexual assault, physical, emotional, financial) and neglect to clients.

Any suspected or reported allegations of abuse or neglect will be dealt with promptly within a 24 hour timeframe and investigated and responded to in accordance with the Freedom from Abuse and Neglect/Feedback and Complaints Policies (POL-1.9).

4.9 Incident Management and Record Keeping

In the case of any accident or incident causing harm to a client, a detailed incident report (FM-47) will be completed within 24-48 hours depending on the incident category as stipulated by the relevant funding body. As per (POL-3.1) the report should include:

- description of the nature and extent of the incident
- the name and contact details of all those involved, including any witnesses to the incident
- action taken
- the date and signature of the person making the report
- any on-going or follow up action

All incident related records will be recorded on the Incident Register (FM-48) and with electronic records stored securely and only accessed by management personnel with a legitimate reason.

4.10 Staff induction and training

All staff and volunteers will participate in an induction program prior to commencement as per POL-1.2 HRM Policy. The induction program will include training on duty of care, risk assessment and management, professional boundaries, medication, fire safety, infection control, complaints management and ethical behaviour.

Staff will be required to participate in client specific training prior to the commencement of shifts. Such training will include training with regards to the clients daily routine in addition to the use of all equipment used to fulfil the clients

daily care needs. Training will be undertaken as per the clients preferences and may be conducted with a senior support worker or with members of the clients allied health team.

Staffing levels will be reviewed every quarter though these may also be reviewed at the following times: during school holiday periods, following high volume client intake periods, upon staff request and prior to the launch of any new service.

Staff training/in-service on duty of care and client safety will occur every year.

The staff training program will be reviewed regularly and be responsive to enable any emerging issues impacting on client safety and security to be addressed as a matter of priority.

4.11 Money Handling

All staff and volunteers will act with probity and efficiency in handling service user's finances and assets. Where a service user requires assistance with financial management, such tasks must be identified on a Participant Profile. It is to be noted that ACARES staff are not to provide service user's with financial advice or information beyond what would be identified in the Participant Profile.

Upon accessing stored cash belonging to a service user to assist with budget management, shopping, payment or bills and other financial matters, all staff are obliged to:

- count the cash and check that it matches the recorded current balance in the running sheet every time cash storage is accessed.
- make complete and accurate entries into the running sheet
- report to another staff member on duty immediately if a discrepancy is found, or if no other person is on duty, report at the next shift change/to the allocated Care Coordinator.
- if there is a discrepancy, write the event into the running sheet/daily log book.

Staff must obtain a receipt for every transaction. When a receipt is not given details of the purchase must be written on paper and filed as a receipt. Staff are responsible for the security of cash and items of a personal nature taken on outings with a service user. Staff may be required to replace cash or items lost whilst on outings with service users if it is established that the loss was contributed to by act or omission of the staff member on duty.

Where a service user may wish to undertake an activity whereby a companion card may not be used to obtain entry for staff, this must be discussed with the allocated Care Coordinator who may seek management assistance on the matter. Prior to the activity being undertaken, written acknowledgment between the service user and ACARES must be documented regarding who will be responsible for associated costs.

In the event that a service user may need to be reimbursed for costs incurred during

the course of care delivery, this must be discussed with ACARES management prior and documented in writing. Once agreed to by both parties, the service user must then submit receipts to their allocated Care Coordinator who will forward the reimbursement request to the ACARES Accounts department. Reimbursements will be made within 7 business days; however in the event that a discrepancy in costing may arise, this will need to be investigated prior to any reimbursements taking place.

4.12 Health and Well Being

At ACARES staff recognize that being healthy enables people to participate in family and community life and that health is a complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity. As a result ACARES adopts a person centred active support approach to ensure that all clients have the opportunity to be involved in healthy lifestyles.

As such ACARES aims to promote and improve the health and well being of all clients by:

- promoting physical activity and active communities
- promoting accessible and nutritious food in line with the Australian Dietary Guidelines
- promoting mental health and wellbeing
- reducing and minimising harm from alcohol and other drugs
- providing safe environments to prevent unintentional injury
- encouraging clients to participate in regular health checks (including undertaking annual medical checks for clients in all homes)
- monitoring known health conditions to reduce hospital admissions and illness.

Whilst promoting the health and wellbeing of all clients, staff at ACARES recognise that dignity of risk must be respected for each client. At the same time, the health and wellbeing of staff must not be compromised. Duty of Care will take precedence over the right of clients to take calculated risks where that risk may pose a threat to the health and/or safety of the client and/or others. Staff will be expected to use their professional skills and experience to decide on what actions they should take in each situation of potential harm.

In instances whereby clients wish to smoke or utilise drugs and alcohol, ACARES respects their right to undertake such activities in private. Clients are to refrain from these activities whilst staff are present on shift. In the event that such activity takes place whilst staff are present on shift, staff have the right to remove themselves from the environment and must contact the ACARES head office to advise of the situation and subsequently complete an incident report. By removing themselves from the environment, staff are not considered to be abandoning their duty of care. The allocated Care Coordinator will report such activity to the clients funding body/ Case Manager.

Further staff are not permitted to acquire illicit substances nor are they permitted to assist clients in the use of such substances. Any request to assist in the acquisition or

use of illicit substances and any requests or attempts to use/acquire illicit substances whilst in the presence of staff results in an immediate report to ACARES and the relevant funding body/Case Manager.

5. Document Review

Page No.	Context	Revision	Date
All	Initial Release	1	Mar-13
All	Annual review	1	Mar-14
All	Annual review	1	May-15
All	Annual review	1	Mar-16
4	Inclusion of 4.11 Money Handling from Carer's Induction Manual	2	Jul-16
4	Update to 4.11 to include client reimbursement timelines, procedure by which consent is obtained from the client to pay for staff expenses, and how discrepancies are managed	3	Dec-16
All	Annual review	3	Mar-17
5/6	Update to 4.12 to include procedure involving substance abuse whilst staff are present on shift.	4	Nov-17
All	Update to policy purpose and 4.12 to include further information on duty of care, dignity of risk and medical checks.	5	Feb-18
3	Update to 4.5 Risk Management -	6	May-18
All	Annual Review	6	Apr-19