

CLIENT SAFETY POLICY

Applies to: All EC-PMH staff and Clients	Version: 2
Specific responsibility: Management and staff	Date approved: 30.07.2019
	Next review date: July 2021

Policy context: This policy relates to	
Legislation or other requirements	National Disability Insurance Scheme Act 2013 National Disability Insurance Scheme Guidelines (Quality Indicators) 2018 National Disability Insurance Scheme (Incident Management & Reportable Incidents) Rules 2018 National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 NDIS Terms of Business for Registered Providers NDIS Quality and Safeguards Framework, 2016 NDIS Code of Conduct for Workers 2018 United Nations Convention on the Rights of Persons with Disabilities (CRPD) Children and Young Person (Care and Protection) Act 1998 (State) Work Health & Safety Act 2011 (State) Work Health & Safety Regulations 2011 (State) Australian Standards for Portable fire extinguishers and fire blankets.(AS 1851-2005) Australian Human Rights Commission Act 1986
Contractual obligations	Employment Agreements NDIS Service Registered Service Provider obligations DoE (Sector Capacity Building project contract) Funding Terms and Conditions (Funding Agreement)

POLICY STATEMENT

Early Connections-Port Macquarie/Hastings (EC-PMH) 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. EC-PMH is committed to actively preventing violence, abuse, neglect, exploitation or discrimination of all people, especially those with disabilities.

The organisation will:

- ensure the physical environment is safe
- conduct thorough screening of staff working with vulnerable clients
- assist and support clients' families to assess and manage risks
- provide all staff with information and training on duty of care
- ensure that clients are protected from abuse or neglect, and that any incidents of harm are promptly addressed and investigated
- provide staff induction and training and regularly review staff levels to ensure appropriate levels of care
- ensure that all participants and service users are provided with information regarding independent advocacy and facilitate access to independent advocacy support.

PROCEDURES

1. Physical environment

It is the responsibility of EC-PMH to minimise physical risks to clients. The organisation will meet all standards to ensure compliance with all legal requirements affecting the physical and environmental safety of clients. This includes fire safety, first aid, ventilation, lighting and heating, hot water, fencing, glass, cleanliness and maintenance/repairs and public health requirements. The organisation will undergo regular reviews and inspections as deemed appropriate by government departments.

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. Fire/emergency drills will be carried out 4 times per year and each of these drill will be recorded and evaluated. It is the responsibility of Director to ensure that compliance requirements are met.

2. Staff screening

Prior to commencing work with clients, all staff and volunteers, will undergo a comprehensive screening process which will include a Working with Children Check/Verification, referee checks and interviews. On employment a full Police Criminal Record Check will be carried out. These two certificates will be kept in the staff's individual personnel file and a copy in the "Employment Screening Register".

3. Risk assessment

A risk assessment will be undertaken by staff jointly with families of children with high needs or those that present with difficult behaviours on enrolment. Medical conditions and other physical care requirements will be identified and action plans for the management of any risks put in place. Positioning techniques and recommendations will be sourced from Physiotherapists and Occupational Therapists working with the child and/or the caregiver's and these recommendations will be included into the child's plans. Staff are encouraged to be vigilant in observing and identifying risks or hazards to the safety of both staff and children and recording these on the Risk/Hazard Notification Form in the W,H&S Folder.

4. Risk management

Where risks of harm are identified, a range of harm minimisation strategies which may include

- Visits to have two staff members present.
- Identification and avoidance of triggers.
- Use of calming activities.
- Use of a range of alternative communication systems. Eg visuals, signing, timers
- Use of medical plans as discussed above.

will be discussed with the client's family and agreed actions will then be documented in the client file. Evaluation and reviews of these strategies will be ongoing and also occur during scheduled review or case discussion meetings with families/carers.

Risk management and harm minimisation strategies will be implemented to minimise and wherever possible eliminate the need for restraint. Whenever staff are required to use restraint to prevent harm to the client or others, this will be reported to the child's caregiver, documented on the client file and an incident report on the EC-PMH Incident Report Form will also be completed. An investigation of the incident and the response will be undertaken and a report prepared outlining whether any further action is required. Please refer to the Restrictive Practice, Positive Guidance and Behaviour policy for further information regarding this.

All risk assessments and harm minimisation plans will be documented and included in the client's file.

5. Restrictive Practices

'Restrictive practice' means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Restrictive practices include using restraint (physical, chemical, mechanical and environmental) and seclusion, as well as other ways to prevent an individual from exercising their rights.

EC-PMH will follow the NDIS National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. Please refer to the Restrictive Practice, Positive Guidance and Behaviour policy for further information regarding this.

6. Medication management

Staff are not involved in the storage and administration of medication to any participant.

7. Transport of clients

No transportation of clients will be conducted by EC-PMH staff.

8. Abuse and neglect risks and reporting and management procedures

EC-PMH 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 and investigated and responded to in accordance with the EC-PMH policies and procedures for reporting abuse and neglect.

The National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 will be implemented and followed. As per the rules, EC-PMH *“must report to the NDIS Commission serious incidents (including allegations) arising in the context of NDIS supports or services, including:*

- *the death of an NDIS participant*
- *serious injury of an NDIS participant*
- *abuse or neglect of an NDIS participant*
- *unlawful sexual or physical contact with, or assault of, an NDIS participant*
- *sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity*
- *the unauthorised use of a restrictive practice in relation to an NDIS participant.*

Most reportable incidents must be notified to the NDIS Commission within 24 hours of a provider's key personnel being made aware of it, with a more detailed report about the incident and actions taken in response to it to be provided within 5 business days.

The unauthorised use of restrictive practice must be notified to the NDIS Commission within 5 business days of a provider's key personnel being made aware of it. If there is harm to a participant, it must be reported within 24 hours.

A final report may also be required within 60 business days of submitting the five-day report. The NDIS Commission will advise providers whether a final report is required.

In all cases, providers must assess:

- *the impact on the NDIS participant*
- *whether the incident could have been prevented*
- *how the incident was managed*
- *what, if any, changes are required to prevent further similar events occurring.*

Registered providers must make their records available to auditors as part of their quality assurance process, and contribute to NDIS Commission investigations relating to incidents.”

The relevant NDIS Commission’s ‘Reportable Incident’ forms will be used to notify the NDIS Commission.

Reporting obligations also extend to reporting suspected crimes to the police and other relevant authorities.

9. Record keeping

EC-PMH will record all incidents (not just reportable incidents) and actions will be taken to respond to them and prevent such incidents from happening again.

In the case of any accident or incident causing harm to a client whilst receiving services from EC-PMH staff, a detailed written report on the EC-PMH Accident and Illness Form will be completed. The report includes:

- description of the nature, position and extent of the incident
- the name 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
- signature of caregiver to indicate they have been notified.

Records must be stored securely in a locked file in the Director’s office and only accessed by relevant staff or other person’s with a legitimate reason.

10. Staff induction and training

All staff will participate in an induction program prior to commencement. The induction program will include training on duty of care, risk assessment and management, professional boundaries, restrictive practices and ethical behaviour. Ongoing professional training on behaviour management strategies will be offered and the holding of a Senior First Aid Certificate recommended for employment at EC-PMH.

Staff training/in-service on duty of care and client safety will occur throughout the year at Staff Meetings and further training opportunities will be provided to staff in relation to these matters.

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

DOCUMENTATION

Documents related to this policy	
Related policies	Client Rights and Service Charter Client Decision Making and Choice, Child Protection Policies, W,H &S Policy

Early Connections-Port Macquarie/Hastings: Client Safety

Forms, record keeping or other organisational documents	Incident Report Form, Risk/Hazard Notification Form NDIS Code of Conduct for workers brochure NDIS Reportable Incident Form EC-PMH Code of Ethics and Code of Conduct
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Reviewing and approving this policy		
Frequency	Person responsible	Approval
2 years	Director	Management Committee

Policy review and version tracking			
Review	Date Approved	Approved by	Next Review Due
1	13-5-14	Management Committee	May 2015
2	30.07.2019	Management Committee	July 2021
3			

Management Committee:



Signed:

Name: Tiama Pride

Position: President

Date: 30.07.2019