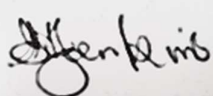


## AGED SERVICES: RISK GOVERNANCE POLICY

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	Chairperson, Suzanne Jenkins



## AGED SERVICES: RISK GOVERNANCE POLICY

Internal ECS References	
<b><i>In S:\0 CURRENT POLICY &amp; PROCEDURES:</i></b>	<b><i>In S:\1 CURRENT FORMS:</i></b>
<i>Aged Services: Client Files Policy</i>	<i>Volunteer Worksheet</i>
<i>Workforce Policy</i>	<i>Incident Report</i>
<i>WHS Policy</i>	
<i>Duty Of Care Policy</i>	<i>client information in S:\0 current data base, S:\2 current AGED SERVICES TEAM\CLIENT FILES</i>
<i>Aged Services: Social Support Policy</i>	<i>individual job descriptions in H:\</i>
<i>Aged Services: Activity Continuity Policy</i>	
<i>COVID Management Plan</i>	

External References	
<a href="https://www.health.gov.au/resources/publications/common-wealth-home-support-programme-chsp-manual">https://www.health.gov.au/resources/publications/common-wealth-home-support-programme-chsp-manual</a>	<i>Aged Care Quality Standards at</i> <a href="https://www.agedcarequality.gov.au/providers/standards">https://www.agedcarequality.gov.au/providers/standards</a>

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**1. POLICY STATEMENT**

ECS is committed to providing high quality services and protecting the safety, health and wellbeing of our clients, workers and contractors. ECS has developed this policy to govern leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that are implemented in response to the clinical care needs of individual Social Support clients, if/when they present at ECS.

<b>1.1</b>	<b>Definitions</b>
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abuse = older people who are living in their own homes and may be experiencing mistreatment by persons they should be able to trust, such as family, friends or care workers

client = term used across ECS programs and policy documents instead of “consumer”, which is specific to Aged Care

clinical governance = set of relationships and responsibilities established by a health service organisation between its governing body, executive, workforce, patients, consumers and other stakeholders to ensure good clinical outcomes

ECS workers = anyone who carries out work on behalf of ECS, including staff, volunteers [including management committee members], contractors and students on placement

<b>1.2</b>	<b>Acronyms</b>
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CHSP = Commonwealth Home Support Programme

ECS = Engadine Community Services

**2. GENERAL POLICY**

Engadine Community Services (ECS) is a service provider of social support to people frail from age through the Commonwealth Home Support Programme (CHSP). The CHSP delivers the entry-level tier of support in Australia’s current aged care service system, and furthermore, ECS only provides Social Support services.

The Aged Care Standards call for clinical governance systems, where appropriate. CHSP Social Support services do not include personal or clinical care of any kind, nor are the ECS Aged Services workforce engaged as clinicians; our exercise instructors are contracted to conduct specific classes only. However, ECS workers may observe an unexplained change in the behaviour or appearance of individual clients which may indicate that the client is sick or at risk of escalated problems, and ECS cannot safely continue to provide service and meet duty of care obligations to ECS clients or workers.

**3. PARAMETERS OF RISK**

ECS believe that when workers report any changes they notice, however small, this is in the best interests of the client. ECS workers, who are mostly volunteers, are supported and encouraged to feel safe to speak up about any changes regarding a client’s health and safety, so things are picked up early and monitored. There are several ways for volunteers to give feedback:

- *Volunteer Worksheet* following Individual Social Support [shopping, home visits]
- additions to *Client Notes* on the ECS shared drive, either directly by staff in the office or with remote access
- by email or text when ECS workers are calling from private mobile phones [bus outings, friendly phone calls], including during periods when ECS workers are not in the office, such as pandemics

These issues are reported to the Aged Services Coordinator, or in their absence the ECS Manager, for documentation and action before recommencement of service, to reduce the risk to the client and ECS. Concerns can be monitored and then escalated, as needed [see below]. If there is a need of escalation, referral pathways are put in place to support the changing needs of the client after speaking to next of kin, where appropriate. This may include appropriate referrals to clinical care providers via My Aged Care.

**4. RESPONDING TO CLIENTS REQUIRING CLINICAL CARE**

The following table is a guide for ECS staff [ie. Coordinator or ECS Manager] to respond to the typical range of clinical care needs that may occur in clients and exceed ECS service delivery. Every situation is unique and ECS focus is always on individual clients. Each action may proceed in a slightly different way, but always includes a record in relevant Client Notes:

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<b>Observation of concern</b>	<b>Recommended action/communication with client</b> [eg. monitoring, talk to client, emergency contact, referral]	<b>Organisational response</b> [eg. policy, workforce, documentation, external reporting]
Non response to friendly phone calls	<ol style="list-style-type: none"> <li>1. Call client again</li> <li>2. Call next of kin/emergency contact</li> <li>3. Call ambulance, if client is located and found to be injured</li> <li>4. Call police, if no contact/can't find client</li> </ol>	Callers are trained to leave a message on answering machines: "call back to the office so we know you are okay"
Non response to home visits	<ol style="list-style-type: none"> <li>1. Call client again</li> <li>2. Call next of kin/emergency contact</li> <li>3. Call ambulance, if client found injured</li> <li>4. Call police, if no contact/can't find client</li> </ol>	see <b>WHS Policy</b> re impact on ECS worker
Unexplained serious injuries eg. bruises	<ol style="list-style-type: none"> <li>1. Call ambulance, if uncontrolled bleeding or head injury</li> <li>2. Suggest client seeks medical advice</li> <li>3. Monitor</li> <li>4. If condition is not explained/controlled by the client, call next of kin/emergency contact <i>or consider if abuse</i></li> </ol>	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc see <b>Duty Of Care Policy</b> in responding to suspected abuse
Untreated wounds eg. skin tears, burns	<ol style="list-style-type: none"> <li>1. Call ambulance, if uncontrolled bleeding</li> <li>2. Suggest client seeks medical advice</li> <li>3. Monitor for recurrence during ECS service delivery</li> <li>4. If condition is not explained/controlled by the client, call next of kin/emergency contact <i>or consider if abuse</i></li> </ol>	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc see <b>Duty Of Care Policy</b> in responding to suspected abuse
Signs of depression	<ol style="list-style-type: none"> <li>1. Call ambulance if injured</li> <li>2. Monitor for recurrence during ECS service delivery</li> <li>3. Suggest client seeks medical advice</li> <li>4. Monitor</li> <li>5. If condition is not explained/controlled by the client, call next of kin/emergency contact <i>or consider if abuse</i></li> </ol>	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc see <b>Duty Of Care Policy</b> in responding to suspected abuse
Memory loss or confusion	<ol style="list-style-type: none"> <li>1. Call ambulance, if sudden</li> <li>2. Monitor for recurrence during ECS service delivery</li> <li>3. Suggest client seeks medical advice</li> <li>4. Monitor for recurrence during ECS service delivery</li> <li>5. If condition is not explained/controlled by the client, call next of kin/emergency contact <i>or consider if abuse</i></li> <li>6. If dementia, refer to My Aged Care for reassessment</li> </ol>	see <b>Duty Of Care Policy</b> in responding to suspected abuse
Negative impacts of alcohol consumption eg. sick, lack of balance	<ol style="list-style-type: none"> <li>1. Call ambulance, if poisoning suspected</li> <li>2. Monitor for recurrence during ECS service delivery</li> <li>3. Suggest client seeks medical advice</li> <li>4. Monitor for recurrence during ECS service delivery</li> <li>5. If condition is not explained/controlled by the client, call next of kin/emergency contact <i>or consider if abuse</i></li> <li>6. If addiction, refer to My Aged Care for reassessment</li> </ol>	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc see <b>Duty Of Care Policy</b> in responding to suspected abuse
Constipation	<ol style="list-style-type: none"> <li>1. Suggest client seeks medical advice</li> <li>2. Monitor for recurrence during ECS service delivery</li> <li>3. If condition is not explained/controlled by the client, call next of kin/emergency contact</li> </ol>	see <b>Duty Of Care Policy</b> in responding to suspected abuse
Shortness of breath or difficulty breathing	<ol style="list-style-type: none"> <li>1. Call ambulance, if doesn't stop</li> <li>2. Suggest client seeks medical advice</li> <li>3. Monitor for recurrence during ECS service delivery</li> <li>4. If condition is not explained/controlled by the client, call next of kin/emergency contact</li> </ol>	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc
Choking or difficulty swallowing	<ol style="list-style-type: none"> <li>1. Call ambulance, if doesn't stop</li> <li>2. Suggest client seeks medical advice</li> <li>3. Monitor for recurrence during ECS service delivery</li> <li>4. If condition is not explained/controlled by the client, call next of kin/emergency contact</li> </ol>	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc
Slurring of speech	<ol style="list-style-type: none"> <li>1. Call ambulance, if sudden</li> <li>2. Suggest client seeks medical advice</li> <li>3. Monitor for recurrence during ECS service delivery</li> </ol>	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc

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	4. If condition is not explained/controlled by the client, call next of kin/emergency contact	
Pain eg. headache, cramps	1. Call ambulance if doesn't stop 2. Suggest client seeks medical advice 3. Monitor for recurrence during ECS service delivery 4. If condition is not explained/controlled by the client, call next of kin/emergency contact	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc
Bleeding	1. Call ambulance if doesn't stop 2. Suggest client seeks medical advice 3. Monitor for recurrence during ECS service delivery 4. If condition is not explained/controlled by the client, call next of kin/emergency contact	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc
Dizziness	1. Call ambulance, if doesn't stop 2. Suggest client seeks medical advice 3. Monitor for recurrence during ECS service delivery 4. If condition is not explained/controlled by the client, call next of kin/emergency contact	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc
Incontinence	1. Suggest client seeks medical advice 2. Monitor for recurrence during ECS service delivery 3. If condition is not explained/controlled by the client, call next of kin/emergency contact	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc
Weight loss	1. Suggest client seeks medical advice 2. Monitor for recurrence during ECS service delivery 7. If condition is not explained/controlled by the client, call next of kin/emergency contact <i>or consider if abuse</i>	see <b>Duty Of Care Policy</b> in responding to suspected abuse
Not eating	1. Monitor for recurrence during ECS service delivery 2. Suggest client seeks medical advice 3. If condition is not explained/controlled by the client, call next of kin/emergency contact	
Vomiting	1. Call ambulance, if doesn't stop 2. Suggest client seeks medical advice 3. Monitor for recurrence during ECS service delivery 4. If condition is not explained/controlled by the client, call next of kin/emergency contact	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc
Hearing loss	1. Suggest client seeks medical advice 2. If condition is not explained/controlled by the client, call next of kin/emergency contact	
Diarrhoea	1. Call ambulance, if doesn't stop 2. Suggest client seeks medical advice 3. Monitor for recurrence during ECS service delivery 4. If condition is not explained/controlled by the client, call next of kin/emergency contact	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc

This list is not exhaustive. Other issues concerning clients' health and wellbeing that are observed by ECS workers must be reported to the Aged Services Coordinator for action.

### 5. VULNERABILITY OF RISK

ECS maintain a Vulnerability of Risk rating system for Social Support clients for prioritisation of need and decision-making during emergencies, pandemics and other special occasions, such as Christmas Day phone calls and hamper deliveries. These risks and rankings of **high, medium and low** are recorded in the ECS database and updated as *Client Notes* change:

1. Isolation [risk factors: lives alone, no services outside ECS, no family, temporary carer absence].
2. Bushfires [risk factors: lives near bush, no family, emergency contacts live in other LGAs].
3. Health [risk factors: dementia, other health condition, recent injury or fall requiring treatment, recently hospitalised or sick, not COVID vaccinated]. With the agreement of each client, COVID vaccination certificates are kept in their *Client File*.