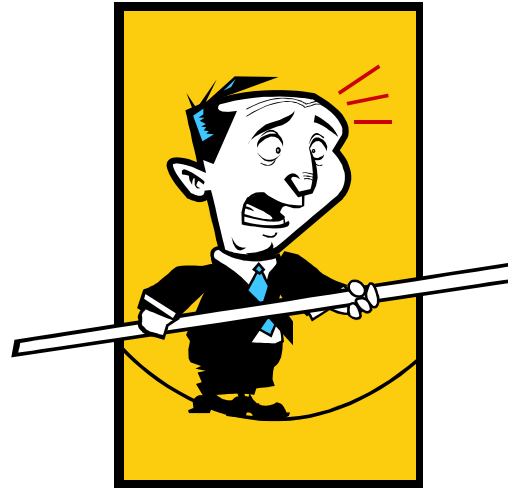




# Service User Risk Management System



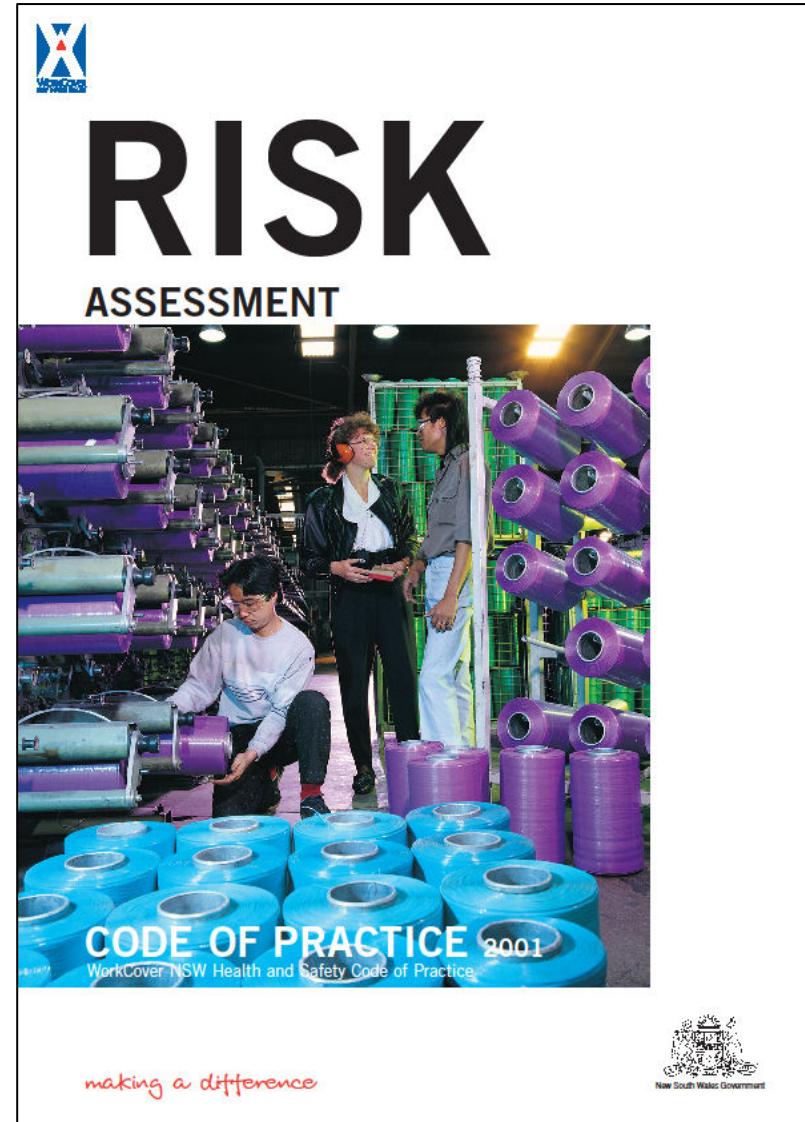
*Compassion Integrity Justice*



## OH&S

Employers have obligations under the *Occupational Health and Safety Regulation 2001* to **identify any foreseeable hazards** that may arise in the workplace and to **assess the risk** of harm arising from the identified hazards. Employers then have an obligation to **eliminate the hazards**.

If this is not “reasonably practicable”, they must control the risks by implementing measures to lessen the risk of harm to the lowest possible level.



**RISK**  
ASSESSMENT

**CODE OF PRACTICE 2001**  
WorkCover NSW Health and Safety Code of Practice

making a difference

New South Wales Government



## OH&S RISK ASSESSMENT(ICOP)

Once a hazard has been identified, an employer must assess the risk. This should include the following:

- Identify factors that may be contributing to the risk
- Review health and safety information that is reasonably available from an authoritative source and is relevant to the particular hazard
- Evaluate the likelihood of an injury occurring and the likely severity of an injury or illness that may occur
- Identify the actions necessary to eliminate or control the risk
- Identify records that it is necessary to keep to ensure that risks are eliminated or controlled.
- Consultation with frontline employees be undertaken when risks to health and safety arising from work are assessed.
- The employer should adopt a systematic approach to risk assessment that includes:
  - o reviewing any available information about the hazard
  - o considering factors that contribute to the risk
  - o deciding what records need to be kept.



# OH&S RISK ASSESSMENT(ICOP)

- **2.1.1 Factors contributing to the risk**
  - When assessing risks, employers should also identify the factors that may be contributing to the risk, including:
    - the work premises and the working environment, including their layout and condition
    - the capability, skill, experience and age of people ordinarily undertaking work
    - the systems of work being used
    - the range of reasonably foreseeable conditions.
- **2.1.2 Relevant health and safety information**
  - When assessing a particular hazard an employer should review reasonably available health and safety information from an authoritative source and relevant to the particular hazard.
  - An 'authoritative source' refers to such things as:
    - information prepared by the supplier (eg material safety data sheets prepared by the supplier of a hazardous substance)
    - information such as Safety Alerts or Fact Sheets prepared by WorkCover,
    - the Material Safety Data Sheet (see OHS Regulation clause 150) for any hazardous substance
    - the label of any unopened consumer package containing a hazardous substance
    - Information about previous injuries, illness and dangerous incidents.

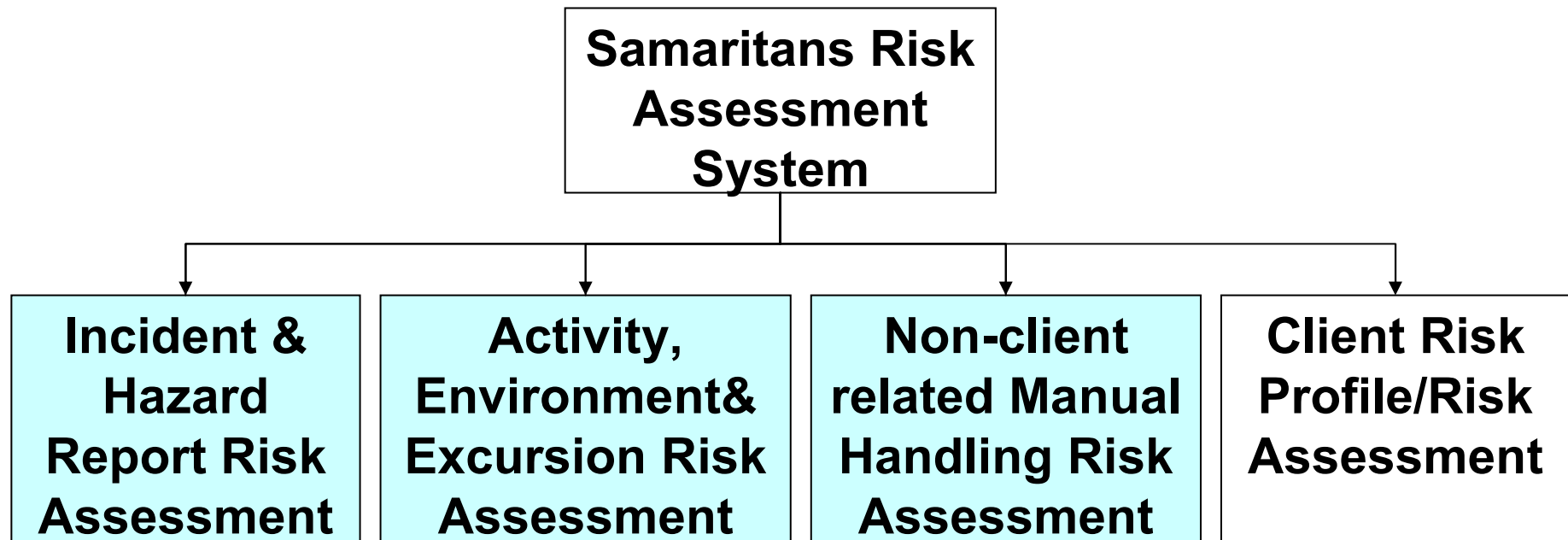


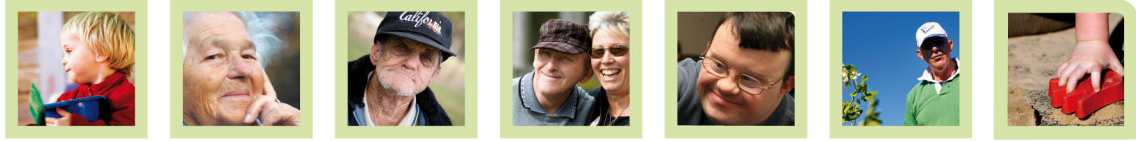
## OH&S RISK ASSESSMENT(ICOP)

- **2.1.3 Assessment to identify risk control options**
  - o An employer must identify the actions necessary to eliminate the risk, taking into account:
    - the factors identified as contributing to the risk
    - any specific risk control measures required by the *Occupational Health and Safety Regulation 2001*.
  - o Part of the risk assessment process involves identifying what you need to do to eliminate or minimise the risk and deciding which control option is appropriate given the degree of risk.
  - o The *Occupational Health and Safety Regulation 2001* in clause 5 sets out a hierarchy of control measures that must be followed to minimise risks to the lowest possible level.
- **2.1.4 Records**
  - o In addition to the record keeping requirements stipulated in the Regulation, employers should identify any records that it is necessary to keep to ensure that risks are eliminated or controlled (including the length of time which records should be kept).
- **2.1.5 General risk assessment**
  - o If hazards identified as being likely to arise in the conduct of an employer's undertaking are of the same kind but arise in different places or circumstances, a general assessment of risk is sufficient compliance with the *Occupational Health and Safety Regulation 2001* so long as it has been applied to each such place or circumstance.



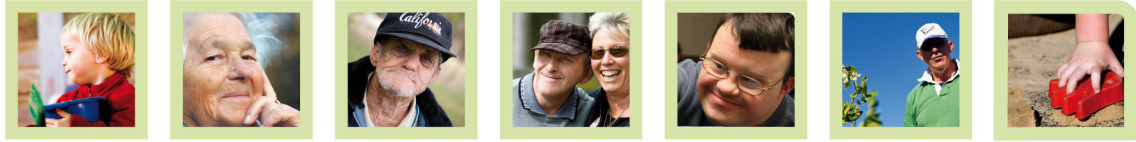
## Samaritan's New Risk Assessment System





## Session Outline

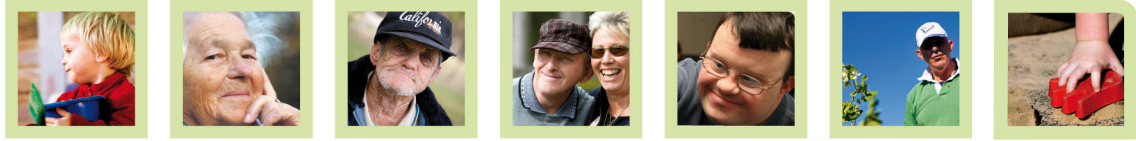
- What is a Client Risk Management System?
- Why do we need a system to manage client risk?
- What is the process?
- What do I need to do?
- What will other people be doing?
- What is the timeframe for implementation?



## What is a Client Risk Management System?

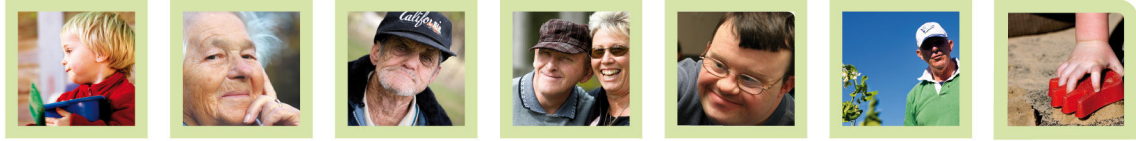
A Client Risk Management System is designed to provide:

- a consistent means for comprehensively identifying, analysing, evaluating and treating client risk
  - quick access to critical information on risk control and risk treatment
  - direction to the existence and location of further more detailed risk management information
  - clear instructions to staff regarding OHS and Disability
  - Services Policy requirements



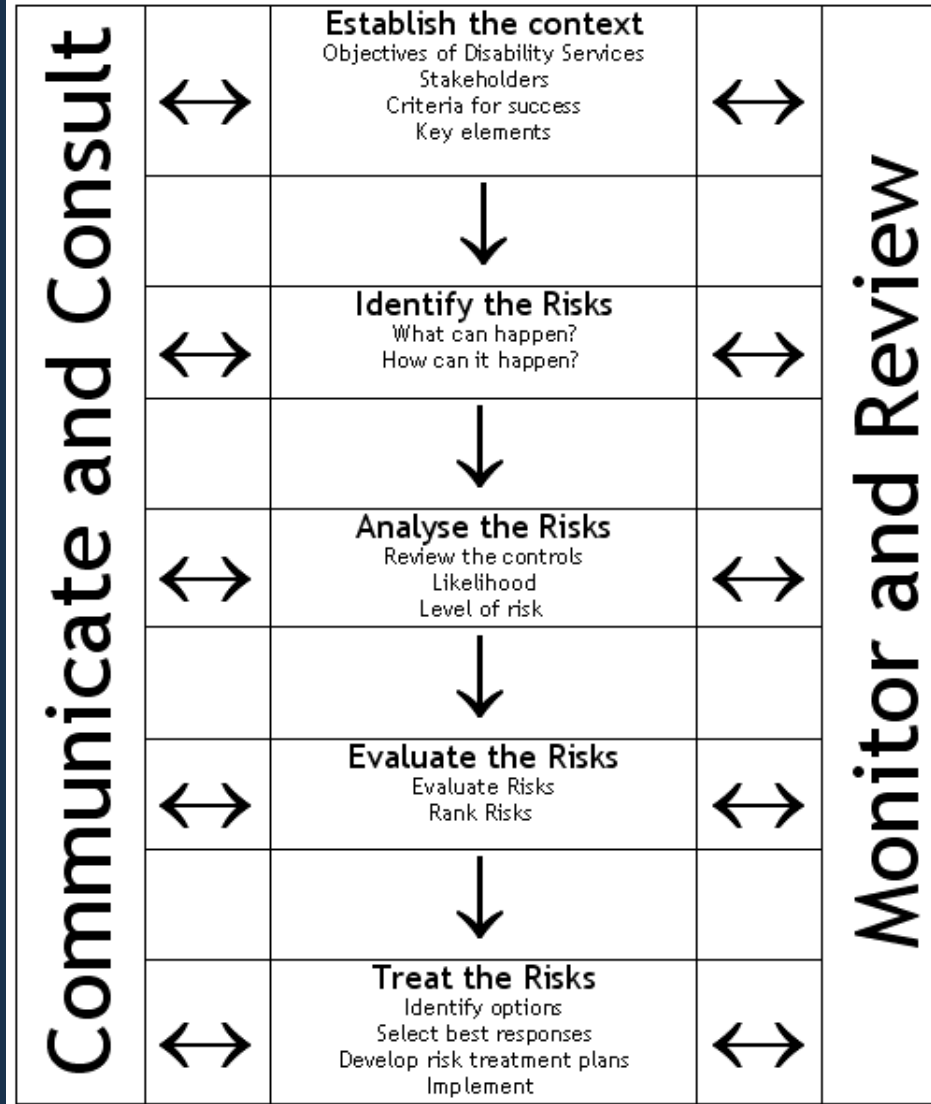
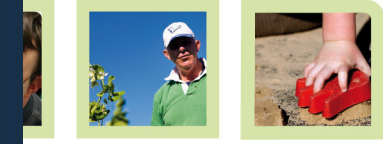
## What is a Service User Risk Management System?

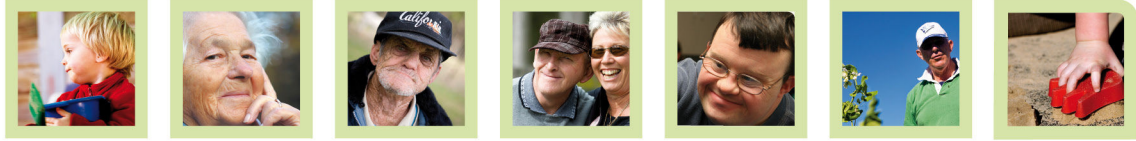
- Some practical benefits of the Risk Profile:
- Assist in decision making and prioritizing around the development and review of support plans and the content of the persons individual file
- Provides a place for simple risk management strategies
- Provide a valuable source document for Individual Planning
- Clearly identifies risks and basic management strategies invaluable for new staff and site inductions



- What the Client Risk Management System NOT?
- Client Risk Management System is NOT designed to provide:
- an emergency risk management plan as an immediate response to a newly identified risk
- A risk screening tool for new or potential clients who are unknown to the service
- A risk assessment tool for a new activity, excursion or client group
- A place to record lengthy and complicated risk management strategies or repeat in detail strategies that are located in other support plans

**The Samaritans Approach to Client Risk Management**  
 Adapted from the Australian Standard 4360 on Risk Management





## Why do we need a system to manage client risk?

Reflects Mission Statement:

- ‘unconditional support to people in need’
- ‘effective and professional social welfare services’
- Reflects Vision
- ‘care for the vulnerable and their environment’
- Reflects our Values
- ‘Compassion’ ‘Integrity’ ‘Justice’

*Compassion Integrity Justice*



## Why do we need a system to manage client risk?

- Legal obligations
- Human rights/duty of care/OHS/DSA
- Best Practice
- Australian Standard 4360 on Risk Management
- NSW Ombudsman
- Keep people safe
- clients, staff and organization
- Client centered approach
- Services based on the individual needs of clients



Samaritans



<b>Client Risk Assessment</b> Service User: <b>Andrew Smith</b> Completed by: <b>Sarah Wendt</b>		Notes	Information Sources (please tick and specify)	SELF circle identified RISK RATING	OTHERS circle identified RISK RATING	PROPERTY circle identified RISK RATING
<b>MEDICAL CONDITIONS</b> Is this person at risk due to chronic and recurrent health conditions requiring or resulting in: (please note: mental health, epilepsy, diagnosis specific conditions, infection issues, health risk activities, sexual health are covered in other sections) a. Overnight feeds b. Fractures, cuts c. Bruising, abrasions d. Respiratory conditions e. Allergies f. Skin conditions g. Endocrine conditions h. Diabetes i. Sleep disorders j. Incontinence		<i>Thyroid needs monitoring—can become very sick/mood swings++ Treatment for time very dry skin has medications Diagnosed with apnoea uses machine</i>	<input checked="" type="checkbox"/> Client (Self report)	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
<b>DISEASE</b> Does this person place themselves, staff or members of the public at risk due to chronic or recurrent infections or communicable diseases? a. Does this person experience chronic or recurrent infectious diseases? b. Do they understand the necessity to take reasonable steps to reduce/eliminate the spread of these diseases to others? c. Do they practice good personal hygiene habits and skills? d. Do they engage in behaviours that may result in these diseases being spread to staff or members of the public? e. Are they diagnosed with any communicable diseases? f. Do they cover their mouth when coughing in front of others? g. Do they share eating utensils or sanitary items such as toothbrushes with others? h. Do they share needles with others?		<i>Requires supervision and prompting for personal care washing and for incontinence building No communicable disease and no history of illnesses from poor hygiene</i>	<input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input checked="" type="checkbox"/> Records/reports/assessments Other: NSWDDHU report, annual health assessment	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
<b>HEALTH PROMOTION AND PREVENTION</b> Is this person physical health status or the health of others at risk due to engaging in certain activities? a. Do they eat a balanced diet? b. Are they overweight? c. Do they smoke, drink or take drugs? d. Do they exercise regularly? e. Do they practice good personal hygiene habits and skills? f. Is this person over 50 yrs old? g. Does this person smoke around staff or members of the public? h. Do they take others food? i. Do they fail to attend required medical appointments j. Do they ignore medical advice		<i>Currently morbidly obese and prone to binge eating. Doctor concerned ++ glucose intolerance and high blood pressure indicated</i>	<input checked="" type="checkbox"/> Client (Self report)	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6

**25 Risk categories**

**Common areas or circumstances of risk exposure for people with a disability accessing support services**

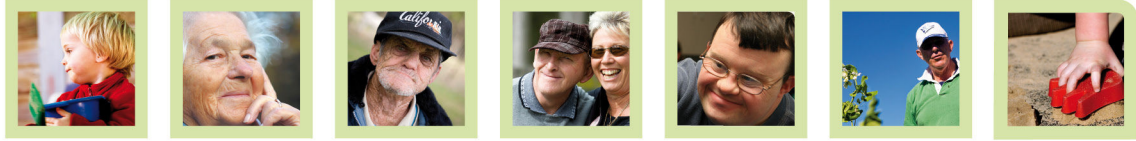
**Additional prompts to expand on each risk category**

HIGH ← Severity → LOW



<b>Client Risk Assessment</b> Service User: <i>Andrew Smith</i> Completed by: <i>Sarah Wendt</i>		Notes	Information Sources (please tick and specify)	SELF circle identified RISK RATING	OTHERS circle identified RISK RATING	PROPERTY circle identified RISK RATING	
					HIGH	←Likelihood→	LOW
<b>MEDICAL CONDITIONS</b> Is this person at risk due to chronic and recurrent health conditions requiring or resulting in: (please note: mental health, epilepsy, diagnosis specific conditions, infection issues, health risk activities, sexual health are covered in other sections)		<i>Thyroid needs monitoring—can become <u>very</u> sick/mood swings++            Treatment for tinea and very dry skin has            ... sleep            ... CPAP            ...            ... requires supervision            ... prompting around            ... nal care, hand            ... ing and monitoring            ... incontinence. Skills            ... lding plan in place.            No diagnosed            communicable disease            and no history of            illnesses from poor            hygiene</i>	<input checked="" type="checkbox"/> Client (Self report) <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other: NSWDDHU report, annual health assessment	<b>1</b> 1 2 3	<b>1</b> 1 2 3	<b>1</b> 1 2 3	
a. Overnight feeds b. Fractures, cuts c. Bruising, abrasions d. Respiratory e. Allergic f. Skin g. ... h. ...			<input checked="" type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input checked="" type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input checked="" type="checkbox"/> Records/reports/assessments Other: incident reports	<b>1</b> 1 2 3 <b>1</b> 2 3 4 <b>2</b> 3 4 5 <b>3</b> 4 5 6	<b>1</b> 1 2 3 <b>1</b> 2 3 4 <b>2</b> 3 4 5 <b>3</b> 4 5 6	<b>1</b> 1 2 3 <b>1</b> 2 3 4 <b>2</b> 3 4 5 <b>3</b> 4 5 6	<b>HIGH</b> ↑ Severity ↓ <b>LOW</b>
<b>HEALTH PROMOTION AND PREVENTION</b> Is this person physical health status or the health of others at risk due to engaging in certain activities?		<input checked="" type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input checked="" type="checkbox"/> Records/reports/assessments Other: NSWDDHU report, annual health assessment	<b>1</b> 1 2 3 <b>1</b> 2 3 4 <b>2</b> 3 4 5 <b>3</b> 4 5 6	<b>1</b> 1 2 3 <b>1</b> 2 3 4 <b>2</b> 3 4 5 <b>3</b> 4 5 6	<b>1</b> 1 2 3 <b>1</b> 2 3 4 <b>2</b> 3 4 5 <b>3</b> 4 5 6		

**Source checkboxes**  
**Indicate the range of consultation and information sources used to identify and rate risk**  
**Highlights the need for further consultation**



## Identifying, Analysing and Evaluating the Risks

- information from the person themselves
- information from key stakeholders involved
- information from other agencies
- client files and other documentation
- informal and formal assessments (e.g. Global Assessment, intake, referral, annual medical)
- direct observation
- knowledge of client specific conditions



Samaritans



<b>Client Risk Assessment</b> Service User: <b>Andrew Smith</b> Completed by: <b>Sarah Wendt</b>		Notes	Information Sources (please tick and specify)	SELF circle identified RISK RATING	OTHERS circle identified RISK RATING	PROPERTY circle identified RISK RATING
				HIGH	←Likelihood→	LOW
<b>MEDICAL CONDITIONS</b> Is this person at risk due to chronic and recurrent health conditions requiring or resulting in: (please note: mental health, epilepsy, diagnosis specific conditions, infection issues, health risk activities, sexual health are covered in other sections) a. Overnight feeds b. Fractures, cuts c. Bruising, abrasions d. Respiratory conditions e. Allergies f. Skin conditions g. Endocrine conditions h. Diabetes i. Sleep disorders j. Incontinence	<i>Thyroid needs monitoring—can become <u>very</u> sick/mood swings++            Treatment for tinea and very dry skin has medications            Diagnosed with sleep apnoea uses CPAP machine</i>	<input checked="" type="checkbox"/> Client (Self report) <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input checked="" type="checkbox"/> Records/reports/assessments Other: NSWDDHU report, annual health assessment	1 1 2 3 1 2 3 4 2 3 4 5	1 1 2 3 1 2 3 4 2 3 4 5	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	HIGH ← Severity → LOW
<b>DISEASE</b> Does this person place themselves, staff or members of the public at risk due to chronic or recurrent infections or communicable diseases? a. Does this person experience chronic or recurrent infectious diseases? b. Do they understand the necessity to take reasonable steps to reduce/eliminate the spread of these diseases to others? c. Do they practice good personal hygiene habits and skills? d. Do they engage in behaviours that may result in these diseases being spread to staff or members of the public? e. Are they diagnosed with any communicable diseases? f. Do they cover their mouth when coughing in front of others? g. Do they share eating utensils or sanitary items such as toothbrushes with others? h. Do they share needles with others?	<i>Requires supervision and prompting around personal care, hand washing and monitoring for incontinence. Skills building plan in place. No diagnosed communicable disease and no history of illnesses from poor hygiene</i>	<input checked="" type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other: NSWDDHU report, annual health assessment	3	3	3	
<b>HEALTH PROMOTION AND PREVENTION</b> Is this person physical health status or the health of others at risk due to engaging in certain activities? a. Do they eat a balanced diet? b. Are they overweight? c. Do they smoke, drink or take drugs? d. Do they exercise regularly? e. Do they practice good personal hygiene habits and skills? f. Is this person over 50 yrs old? g. Does this person smoke around staff or members of the public? h. Do they take others food? i. Do they fail to attend required medical appointments j. Do they ignore medical advice	<i>Currently morbidly obese and binge eating. Doctor concerned ++ glucose intolerance and high blood pressure indicated</i>	<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input checked="" type="checkbox"/> Records/reports/assessments Other: NSWDDHU report, annual health assessment	3 4 5 6 3 4 5 6	3 4 5 6 3 4 5 6	3 4 5 6 2 3 4 5 3 4 5 6	

**Make notes considering if foreseeable risk/s exists = what a group of people would consider is reasonable foreseeable given our knowledge of the client and their circumstances and industry standards.**



<b>Client Risk Assessment</b> Service User: <b>Andrew Smith</b> Completed by: <b>Sarah Wendt</b>		Notes	Information Sources (please tick and specify)	SELF circle identified RISK RATING	OTHERS circle identified RISK RATING	PROPERTY circle identified RISK RATING
				HIGH	←Likelihood→	LOW
<b>MEDICAL CONDITIONS</b> Is this person at risk due to chronic and recurrent health conditions requiring or resulting in: (please note: mental health, epilepsy, diagnosis specific conditions, infection issues, health risk activities, sexual health are covered in other sections) a. Overnight feeds b. Fractures, cuts c. Bruising, abrasions d. Respiratory conditions e. Allergies f. Skin conditions g. Endocrine conditions h. Diabetes i. Sleep disorders j. Incontinence	<i>Thyroid needs monitoring—can become <u>very</u> sick/mood swings++</i> <i>Treatment for tinea and very dry skin has medications</i> <i>Diagnosed with sleep apnoea uses CPAP machine</i>	<input checked="" type="checkbox"/> Client (Self report) <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input checked="" type="checkbox"/> Records/reports/assessments Other: NSWDDHU report, annual health assessment	<input checked="" type="radio"/> 1 1 2 3	<input type="radio"/> 1 1 2 3	<input type="radio"/> 1 1 2 3	
			<input type="radio"/> 1 2 3 4	<input type="radio"/> 1 2 3 4	<input type="radio"/> 1 2 3 4	
			<input type="radio"/> 2 3 4 5	<input type="radio"/> 2 3 4 5	<input type="radio"/> 2 3 4 5	
			<input type="radio"/> 3 4 5 6	<input type="radio"/> 3 4 5 6	<input type="radio"/> 3 4 5 6	
<b>DISEASE</b> Does this person place themselves, staff or members of the public at risk due to chronic or recurrent infections or communicable diseases? a. Does this person experience chronic or recurrent infectious disease? b. Do they understand the necessity to take reasonable steps of these diseases to others? c. Do they practice good personal hygiene habits and use hand sanitizer? d. Do they engage in behaviours that may result in exposing members of the public? e. Are they diagnosed with any communicable disease? f. Do they cover their mouth when coughing or sneezing? g. Do they share eating utensils or sanitaries? h. Do they share needles with others?	<i>Requires supervision and prompting around care, hand washing</i>	<input checked="" type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments	<input type="radio"/> 1 1 2 3	<input type="radio"/> 1 1 2 3	<input type="radio"/> 1 1 2 3	
			<input type="radio"/> 1 2 3 4	<input type="radio"/> 1 2 3 4	<input type="radio"/> 1 2 3 4	
			<input type="radio"/> 2 3 4 5	<input type="radio"/> 2 3 4 5	<input type="radio"/> 2 3 4 5	
			<input type="radio"/> 3 4 5 6	<input type="radio"/> 3 4 5 6	<input type="radio"/> 3 4 5 6	
<b>HEALTH PROMOTION AND PREVENTION</b> Is this person physical health status or the activities? a. Do they eat a balanced diet? b. Are they overweight? c. Do they smoke, drink or take drugs? d. Do they exercise regularly? e. Do they practice good personal hygiene habits and use hand sanitizer? f. Is this person over 50 yrs old? g. Does this person smoke around staff or members of the public? h. Do they take others food? i. Do they fail to attend required medical appointments? j. Do they ignore medical advice		<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other: NSWDDHU report, annual health assessment	<input type="radio"/> 1 1 2 3	<input type="radio"/> 1 1 2 3	<input type="radio"/> 1 1 2 3	
			<input type="radio"/> 1 2 3 4	<input type="radio"/> 1 2 3 4	<input type="radio"/> 1 2 3 4	
			<input type="radio"/> 2 3 4 5	<input type="radio"/> 2 3 4 5	<input type="radio"/> 2 3 4 5	
			<input type="radio"/> 3 4 5 6	<input type="radio"/> 3 4 5 6	<input type="radio"/> 3 4 5 6	

**Risk Ratings**  
 Use the Hazpak risk rating table to identify  
 (1) severity  
 (2) likelihood  
 Consider self, others and property separately

HIGH ↑ Severity ↓ LOW



**Risk to  
Self**

Actions, behaviours and/or situations that the individual engages in that places themselves at risk of harm or injury

**Risk to  
others**

Actions, behaviours and situations that the individual engages in that places others including staff, friends, family or members of the community at risk of harm or injury

**Property**

Actions, behaviours and/or situations that the individual engages in that places property at risk of damage or loss

*Compassion Integrity Justice*



1	1	2	3
1	2	3	4
2	3	4	5
3	4	5	6

*Compassion Integrity Justice*



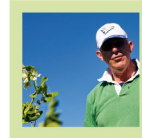
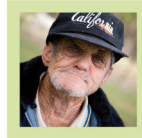
<b>Client Risk Assessment</b> Service User: <b>Andrew Smith</b> Completed by: <b>Sarah Wendt</b>		Notes	Information Sources (please tick and specify)	SELF circle identified RISK RATING	OTHERS circle identified RISK RATING	PROPERTY circle identified RISK RATING
				HIGH	←Likelihood→	LOW
<b>MEDICAL CONDITIONS</b> Is this person at risk due to chronic and recurrent health conditions requiring (please note: mental health, epilepsy, diagnosis specific conditions, infection issues, health risk activities, sexual health are covered in other sections)		<i>Monitoring—can become very sick/mood</i>  <i>very dry skin has</i>	<input checked="" type="checkbox"/> Family  <input checked="" type="checkbox"/> Records/reports/assessments	1 1 2 3	1 1 2 3	1 1 2 3
a. Overnight feeds b. Fractures, cuts c. Bruising, abrasions d. Respiratory conditions e. Allergies f. Skin conditions g. Endocrine conditions h. Diabetes i. Sleep disorders j. Incontinence				1 2 3 4	1 2 3 4	1 2 3 4
<b>DISEASE</b> Does this person place themselves, staff or members of the public at risk due to recurrent infections or communicable diseases?				2 3 4 5	2 3 4 5	2 3 4 5
a. Does this person experience chronic or recurrent infectious diseases? b. Do they understand the necessity to take reasonable steps to reduce/eliminate these diseases to others? c. Do they practice good personal hygiene habits and skills? d. Do they engage in behaviours that may result in these diseases being spread to members of the public? e. Are they diagnosed with any communicable diseases? f. Do they cover their mouth when coughing in front of others? g. Do they share eating utensils or sanitary items such as toothbrushes with others? h. Do they share needles with others?				3 4 5 6	3 4 5 6	3 4 5 6
<b>HEALTH PROMOTION AND PREVENTION</b> Is this person physical health status or the health of others at risk due to engaging in activities?				1 1 2 3	1 1 2 3	1 1 2 3
a. Do they eat a balanced diet? b. Are they overweight? c. Do they smoke, drink or take drugs? d. Do they exercise regularly? e. Do they practice good personal hygiene habits and skills? f. Is this person over 50 yrs old? g. Does this person smoke around staff or members of the public? h. Do they take others food? i. Do they fail to attend required medical appointments j. Do they ignore medical advice				1 2 3 4	1 2 3 4	1 2 3 4
				4 5	2 3 4 5	2 3 4 5
				3 4 5 6	3 4 5 6	3 4 5 6

**Consolidate rated risks into client risk profile**

**Group separate assessment categories where relevant and applicable...**

- Similar or identical controls
- Closely related categories
- Similar conditions, controls and responses
- Grouped categories must retain the severest risk category when combined

HIGH ↑ Severity ↓ LOW



Samaritans	<b>Foreseeable Risk</b> Service User: _____ Date: _____	Information Sources (please tick)	Was a foreseeable risk identified?	SELF circle	OTHERS circle	PROPERTY circle						
<b>DIAGNOSIS</b> Is this person at risk due to a specific condition? e.g. down syndrome and potential learning difficulties What is this syndrome? _____ What are the specific risks associated with this condition? _____		<div style="background-color: #007bff; color: white; padding: 10px; text-align: center;"> <p><b>EXERCISE</b></p> <p><b>Identify a client you know well</b></p> <p><b>Complete a client risk assessment</b></p> <ol style="list-style-type: none"> <li><b>Determine if a risk exists based on your knowledge of the client</b></li> <li><b>Indicate the information sources you have utilized</b></li> <li><b>Rate severity and likelihood of the risk/s for</b> <ol style="list-style-type: none"> <li><b>SELF</b></li> <li><b>OTHERS</b></li> <li><b>PROPERTY</b></li> </ol> </li> <li><b>Make relevant notes for future reference</b></li> </ol> </div>			2 3 3 4 4 5 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6						
<b>OTHER RECURRENT MEDICAL CONDITIONS</b> Is this person at risk due to chronic conditions? (please note: mental health, epilepsy, hearing and vision impairment, chronic health are covered in other sections) a. Overnight feeds b. Fractures, cuts c. Bruising, abrasions d. Respiratory conditions e. Allergies f. Skin conditions g. Endocrine conditions h. Diabetes i. Sleep disorders j. Incontinence								2 3 3 4 4 5 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6			
<b>DISEASE</b> Does this person place themselves at risk of transmitting communicable diseases? a. Does this person experience symptoms? b. Do they understand the need to protect others? c. Do they practice good personal hygiene? d. Do they engage in behaviours that increase risk? e. Are they diagnosed with any communicable diseases? f. Do they cover their mouth when coughing in front of others? g. Do they share eating utensils or sanitary items such as toothbrushes with others? h. Do they share needles with others?								Other: _____	PROPERTY	3 4 5 6	3 4 5 6	3 4 5 6



## **Section 2 Client Risk Profile**

### **Treating Client Risk**

**Once all client risks have been identified and categorised it is the responsibility of the Senior Worker/programmer under the guidance of the Area Coordinator and as required, the Senior Practitioner, to complete the Section 2 Client Risk Profile.**

**This information provides clear guidance and support for the management of all identified client risk.**

**The profile clearly identifies additional documents that may already exist or require development to provide clear guidance and support for the management of identified client risk.**

## Section 2 Client Risk Profile Treating Client Risk



**In this context the following details need to be included:**

- ✓ **Risk Identification: what is the risk?**
- ✓ **Risk Category: what category of risk as determined by the risk matrix?**
- ✓ **Conditions: what are the indicators, triggers or situations this risk may be apparent?**
- ✓ **Prevention: what strategies are utilised to control the occurrence of this risk?**
- ✓ **Responses: what strategies are used to control the impact of this risk when it occurs?**

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1.4.1  
Client Risk Profile



Name: Marjorie Andrews  
 Address: 121 Smith St  
 Blacktown 2431  
 D.O.B: 21/3/1941

Risk Category & Identified Risk	Conditions (Indicators/Triggers)	Preventions (Control Occurrence)	Response (Control Impact)	Further information
<p><b>Category 1</b>            Assault/abuse of client            Unaware of the stranger danger and freely gives out her personal details</p>	<p>angers coming to the door            Marjorie outside the</p>	<p>Constant sit</p>	<p>Assess situation and intervene immediately and provide guidance and support to Marjorie.            Marjorie of the ... to limit the personal ... others and ... risks.            ult has Community ... ager and follow            first aid support incident as required.            Provide debriefing support to Marjorie post incident and as required            Investigate incident and re-evaluate Risk Management Plan</p>	<p>Individual Planning            Goal related to stranger danger needs to be incorporated as a refinement to IP.            Goal will include skills development program to reduce her vulnerability in the community</p>

**Indicate the RISK rating including colour code  
 RED ORANGE GREEN**

**describe the RISK including if this is the person, others or property that are exposed to the risk**

**Include a brief explanation if required for additional clarity**

**1.4.1**  
**Client Risk Profile**



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<p><b>Category 1</b>            Assault/abuse</p> <p>Unaware of the stranger danger and freely gives out her personal details</p>	<p>Strangers coming to the door</p> <p>Marjorie meeting strangers outside the residence</p>	<p>Constant supervision during high risk situations e.g. when Marjorie is in community</p> <p>Ensure that the security doors are locked at all times</p> <p>Periodic check of security associations</p>	<p>Assess situation and intervene immediately and provide guidance and support to Marjorie.</p> <p>Advise Marjorie of the danger of giving out personal details to others and the risks.</p> <p>Marjorie has a Community Support Group and follow up support as required.</p> <p>Investigate incident and re-evaluate Risk Management Plan</p>	<p>Individual Planning</p> <p>Goal related to stranger danger needs to be incorporated as a refinement to IP.</p> <p>Goal will include skills development program to reduce her vulnerability in the community</p>

**When is the person, others or property exposed to the risk**

**What sets the occasion for the risk to occur**

**What known indicators are there to flag that the risk is may occur**



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### 1.4.1 Client Risk Profile



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Risk Category & Identified Risk	Conditions (Indicators/Triggers)	Preventions (Control Occurrence)	Response (Control Impact)	Further information
<b>Category 1</b> Assault/abuse  Unaware of the stranger danger and freely gives out her personal details	Strangers coming to the door  Marjorie meeting strangers outside the residence	Constant supervision during high risk situations e.g. when Marjorie is in community  Ensure that the security screen doors are locked at all times for security reasons.  Periodically remind Marjorie about the risks associated with stranger danger e.g. abuse, assault  Periodically remind other staff about the risks associated with stranger danger e.g. abuse, assault particularly casual staff  Develop and implement a program to enhance Marjorie's ability to understand the nature of stranger danger and associated risks.	Assess situation and intervene immediately and provide guidance and support to Marjorie.  <b>1. Elimination</b>  <b>2. Substitution</b>  <b>3. Isolation</b>  <b>4. Engineering</b>  <b>5. Administration</b>  <b>6. Personal protective equipment</b>	Individual Planning  Goal related to stranger danger needs to be incorporated as a refinement to IP.  Goal will include skills development program to reduce her vulnerability in the community  re-evaluate Risk Management Plan

**What strategies are used to reduce the likelihood and severity of this risk**

- Consider the hierarchy of controls
- Summarize the most important points out of an existing support plan (avoid replication)
- Provide specific strategies with clear directions for staff

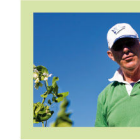
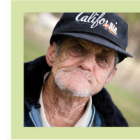
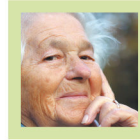


## Dignity of Risk

- Consider the benefits to the individual
- When designing controls to address identified risks always consider the following:
  - Risk taking is essential for personal growth. Elimination rather than less intrusive controls risk could infringe a persons right to self determination and independence
  - What (if any) are the benefits to the person compared to the likelihood and severity of the risk
  - How important is the risk or related activity is to the person
  - How informed is the person is about the likelihood and severity of the risk
- Risk management strategies must always reflect a balance between the potential harm verses the benefits of risk



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## Consider the Strengths and Capacities of the Individual

- When designing controls to address identified risks always consider the following:
- How have we engaged and informed the service user about the risk  
What ideas and strategies do they have about managing the risks?
- What areas of skills enhancement and growth could mitigate the risk?
- Are we proposing risk controls that are least restrictive and non-aversive?
- Are we imposing change on a person without their knowledge or consent?
- Risk management strategies must always reflect a person centered approach to service delivery

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**1.4.1**  
**Client Risk Profile**



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<p><b>Category 1</b>            Assault/abuse</p> <p>Unaware of the stranger danger and freely gives out her personal details</p>	<p>Strangers coming to the door</p> <p>Marjorie meeting strangers outside the residence</p>	<p>Constant supervision during high risk situations e.g. when Marjorie is in community</p>	<p>Assess situation and intervene immediately to provide guidance and support to Marjorie.</p> <p>Remind Marjorie of the need for her to limit the amount of personal information to others and the potential risks.</p> <p>If abuse/assault has occurred call Community Support manager immediately and follow directions.</p> <p>Provide first aid support post incident as required.</p> <p>Provide debriefing support to Marjorie post incident and as required</p> <p>Investigate incident and re-evaluate Risk Management Plan</p>	<p>Individual Planning</p> <p>Goal related to stranger danger needs to be incorporated as a refinement to IP.</p> <p>Goal will include skills development program to reduce her vulnerability in the community</p>

**What do you do to minimize the negative impact on the person, others or property in the event the identified risk happens**

**What do you do in response to the risk occurring**

### 1.4.1 Client Risk Profile



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**•Indicate any existing or required support plans and guidelines that provide more detail**

**•Make recommendations for documentation to be developed, revised or completed including time frames**



It is worth noting that many different assessment items are interrelated and can be integrated as a single profile item where appropriate

Alternatively many assessment items may identify multiple and often unrelated risks and who the risk impacts upon (i.e. Self, other or property). These assessment items if requiring very different responses need to be treated as separate profile entries.

## Integrating Client Risks



When similarities exist between identified risks and the identified conditions, prevention and responses it is recommended that the assessment items are integrated into a single risk profile item.

For example: On completion of the risk assessment John staff identified a range of risks to himself, others and property. On reflection it was clear that Johns frequent aggressive outbursts were directly related to his poor mental health and resulted in “challenging behaviour”. The two risks were combined as the response and indicators of aggressive behaviour and how to respond were the same. Likewise his IP, IPRP and Health support plan are integrated with each other.

## Integrating Client Risks



example2: Mary often slips trips and falls and this was identified in the risk assessment. However this was also identified as a medication side effect as mary has an increased risk of falls when she has a PRN sedative when she cant sleep. Also, Marys trips slips and falls are related to her poor vision, arthritic hip, fluctuating BGL's and morbid obesity. She is particularly at risk when she competes in her favourite recreational activity of ten pin bowling.

Under the banner of “Injuries from trips, slips and falls” risk controls and references to mobility plans, health support plans and environmental checklist the separately identified issues and situations could be combined as a individual risk item



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### 1.4.1 Client Risk Profile



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Risk Category & Identified Risk	Conditions	Preventions	Response	Further information
<p><b>Category 1</b> Assault/abuse</p> <p>Unaware of the stranger danger and freely gives out her personal details</p>	<p><b>EXERCISE</b></p> <p><b>Using the partially completed client risk assessment:</b></p> <p><b><u>Complete a client risk profile</u></b></p> <ol style="list-style-type: none"> <li><b>1. Identify</b> <ol style="list-style-type: none"> <li><b>1. What the <u>RISK</u> is</b></li> <li><b>2. Conditions</b></li> <li><b>3. Controls</b></li> <li><b>4. Response</b></li> <li><b>5. Further information</b></li> </ol> </li> <li><b>2. Confirm that the profile addresses the identified risk to <b>SELF, OTHERS</b> or <b>PROPERTY</b></b></li> <li><b>3. Integrate <b>OR</b> separate identified risks categories where required into risk profile entries</b></li> </ol>			<p>Individual Planning</p> <p>Goal related to stranger danger needs to be incorporated as a refinement to IP.</p> <p>Goal will include skills development program to reduce her vulnerability in the community</p>
			Management Plan	

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# Treating Client Risks



What if the client is provided with accommodation support in an emergency situation or is generally unknown to the service?

What if information regarding client risk is difficult to access or gather?

What if outing/activity is planned and the risks associated with the outing/activity have not been captured in the Client Risk Profile?

What if the client is provided with accommodation support in an emergency situation or is generally unknown to the service?

In the context of policy staff need to assume that:

- ✓ risk is high and that information relating to client risk is sourced as soon as practicably possible

If this information is unavailable or difficult to access staff will need to be vigilant in their **observations, supervision and support** of the client and take the necessary steps as required to treat any risks effectively and keep the client and others safe.

# Treating Client Risks



In addition and when confronted with this situation, it is the responsibility of the Senior Worker to utilise the **Activity/Environment Risk Assessment** to identify, analyse, evaluate and treat risks.

Ongoing efforts to gather additional information about the **'unknown'** client will need to continue until an accurate Client Risk Profile is created.

# Samaritans Activity/Environment Risk Assessment

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## OH&S Risk Assessment

Service: _____ Date Assessed: _____ Completed by: _____ Name of Staff Consulted: _____ Incident/hazard Report No. _____ or N/A Description of Incident/Hazard/Activity/ Task: _____ _____ _____		<b>1 Risk Rating</b> 1. How severely could it hurt or how ill could it make someone? 2. How likely is it to happen? Very Likely (could happen any time)    Likely (could happen some time)    Unlikely (could happen but very rarely)    Very unlikely (could happen but probably never will)				<b>Hazard Key:</b> Manual Handling = 1 Community Activity/Excursion = 2 Equipment = 3 Person = 4 Environmental = 5 Hazardous Substance = 6 Electrical = 7 Noise = 8 Asbestos = 9		
		Death or permanent disability	1	1	2	3		
		Hospitalisation, long-term or serious physical or psychological illness/injury	1	2	3	4		
		Medical attention & several days off work/unable to attend regular day programs or daily activities/ EAP or <u>counseling</u>	2	3	4	5		
		First aid or debriefing needed	3	4	5	6		
Hazard Key No: (1-9)	List the risks (individually)	Risk rating (1-6)	Control measures already in place (immediate actions taken)	Proposed control measures (further actions planned)	Risk rating - controls in place	Person (s) responsible	Date for completion	Date completed
Risk rating of 1 or 2 (High risk,priority)		The risks must be minimised or eliminated for risks that are rated as either a 1 or 2. If a risk rated as a 1 or 2 cannot be minimised to a rating below 2 or eliminated altogether the task/activity should not continue and the Manager should be contacted prior to the end of the normal shift for the required action – a full investigation may be required					<b>Hierarchy of Risk Control Measures</b> 1. Eliminate the hazard or risk 2. Change equipment or materials 3. Isolate the hazard 4. Design in safety 5. Change work methods 6. Use personal protective equipment	
Risk rating of 3 or 4 (Medium risk,priority)		Attempts should be made to minimise the risk to a lower risk rating or eliminate the risk altogether. A risk rated as a 3 or 4 poses significant level of risk and the task/activity should be reviewed and approved by the Manager within prior to being undertaken						
Risk ratings of 5 or 6 (Low risk,priority)		are considered to be relatively low risk and all reasonable actions should be taken to minimise to these ratings if the risk cannot be eliminated altogether						

Comments: \_\_\_\_\_

*All risk assessments should as a minimum be reviewed annually*

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# Treating Client Risks



**What if information regarding client risk is difficult to access or gather?**

Senior Worker must consult with the Area Coordinator and Senior Practitioner in regards to a range of alternative and additional strategies that may be incorporated into information gathering.

If these strategies prove ineffective for one reason or another, clients involved in the situation need to be regarded as 'high risk' until further information through observation or assessments can be sourced.

## Treating Client Risks



In this context, it is the responsibility of the Senior Worker to complete the **Environment/Activity Risk Assessment** on a **case-by-case** basis and plan and implement a range of strategies to address any identified risks from this assessment.

As the various Environment/Activity Risk Assessment are completed, information relating to the treatment and control of client risk will be **integrated into the Client Risk Profile**.

# Treating Client Risks



**What if outing/activity is planned and the risks associated with the outing/activity have not been captured in the Client Risk Profile?**

If an outing or activity is planned or the client is entering a new environment and there has been no available time to adjust the Client Risk Profile it is the responsibility of the Senior Worker to utilise the **Activity/Environment Risk Assessment**

Following this the Senior Worker is then also responsible for integrating this information into the Client Risk Profile so it may be utilised on future occasions.

# Treating Client Risks



Monitoring and review needs to include the following:

- Ensuring the risk controls are implemented
- Are they effective?
- Do they actually create a new hazard/risk?
- Risk assessments as a guide should be reviewed every 12 months
- A new risk assessment may be required if controls are not effective

## Monitor and Review Senior Workers



It is the responsibility of the Senior Worker to monitor and review the Client Risk Profile for the following reasons:

To **determine the effectiveness** of the strategies that is in place to treat identified risks and to refine the strategies in the Client Risk Profile as directed.

To **identify any 'new' risks** that have become apparent during this period and develop effective controls.

To **identify any 'new' environments or activities** that the clients may be undertaking in the future.



To identify any 'new' risks that have become apparent during this period and develop effective controls.

As 'new' client risks are identified through observation, Incident Reports, anecdotal reports, previously completed Environment/Activity Risk Assessments or other sources of information relating to Client Risk, the Senior Worker must adjust the Client Risk Profile documents according to changing client needs.

The timeline for the review of Client Risk Profile, in this case, as well as the individuals required to have input into the review will be determined by the Category of Risk as identified.

## Monitor and Review Senior Worker



To identify any 'new' environments or activities that the clients may be undertaking in the future.

The identification of any 'new' environments or activities that the clients may be undertaking in the near future is also critical to maintain overall client safety.

Senior Workers must be vigilant in the early identification, analysis and evaluation of any risks associated with these activities or environments to ensure that strategies are developed to treat and control identified risks prior to the client engaging in the activity or entering the 'new' environment.

In addition, the Senior Worker must adjust the Client Risk Profile documents accordingly and ensure all staff are alerted to any changes in the Client Risk Profile.



**Support Workers** are responsible for:

Gathering information relating to Client Risk

Contributing to the completion of the Client Risk Assessment

Contributing to the development of the Client Risk Profile

Implementing strategies as prescribed in the Client Risk Profile

Alerting the Senior Worker of any new risks that have become apparent

Completing the monthly Key Worker Report and documenting any new or foreseeable risks

Completing the Activity Environment Risk Assessment as required



# Staff Responsibilities



**Senior Workers** are responsible for:

Gathering information relating to Client Risk

Completing the Client Risk Assessment accurately and thoroughly

Completing the Client Risk Matrix to determine the category of risk

Under the guidance of the Area Coordinator and Senior Practitioner developing the Client Risk Profile

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# Staff Responsibilities



**Senior Workers** are responsible for:

Ensuring Support Workers implement the strategies contained in the Client Risk Profile as prescribed

Reviewing the Client Risk Profile on a regular basis with support workers

Integrating any newly identified risks into the Client Risk Profile promptly

Ensuring the Activity Environment Risk Assessment is completed as required.



**Area Coordinators** are responsible for:

Ensuring a goal to develop the Client Risk Profile is integrated into the Transition Plan for all new clients seeking services.

Ensuring that the Client risk Profile is completed accurately and thoroughly

Providing guidance and support to the Senior Worker to complete responsibilities as identified

Maintaining a register of completion and review dates of all Client Risk Profiles



**Area Coordinators** are responsible for:

Maintaining a register of all Category 1 Risk and associated information as per policy.

Ensuring Client risk profiles are reviewed on a 3 monthly basis and adjustments made as required.

Collecting, analysing and evaluating data to identify any patterns and trends associated with Risk Management and make available upon request to Program Management

Ensuring the Client Risk Management is discussed and reviewed at each team meeting

**Senior Practitioners** are responsible for:

Providing guidance and support to the Area Coordinators and Senior Workers to complete responsibilities as identified

Providing input into the development of the Client risk Profile where Category 1 Risks are identified

Collecting, analysing and evaluating data on identified Category 1 Risks and providing feedback to the Area Coordinator and Senior Worker on the effectiveness of the treatments for Category 1 Risks.

# Staff Responsibilities



**Senior Practitioners** are responsible for:

Developing solutions to overcome any barriers associated with the implementation of the client risk management system.

Assisting Area Coordinators to collecting, analysing and evaluating data to identify any patterns and trends associated with Risk Management

Planning, developing, implementing and evaluating staff training in Samaritans Client Risk Management system

# Staff Responsibilities



**Client Services Manager** is responsible for:

Managing resources effectively to address client risk  
Report to SMT as required on the effectiveness of the Risk Management System

Providing guidance and support to the Area Coordinators in the context of effective risk management

Ensuring training opportunities are provided to all staff in the context of client risk management