

5 | Health and Safety

HEALTH AND SAFETY

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5: Health and Safety

5.1: Risk Management

Policy Owner: Compliance Team Leader – **Portfolio Area:** Compliance

Introduction and Purpose:

This policy & procedure aims to provide guidance to staff at HDST in applying Risk Management processes if/or when an accident/incident occurs.

Risk management is important for identifying and managing risks to our organisation, our employees, contractors and the people we support.

Managing risks helps to:

- Prevent and reduce the number and severity of injuries, illnesses and associated costs
- Promote participant and workplace health and wellbeing. Foster innovation, quality and efficiency through continuous improvement.

Risk is the combination of the likelihood (chance) of an event occurring and the consequences (impact) if it does. Risk management aims to increase the likelihood and impact of a desirable outcome as much as possible.

Unmanaged risk is the level of risk before any action has been taken to manage it. Managed risk is the risk remaining after considering the effectiveness of current controls (e.g. lifestyle management plans). In other words, it is in the level of risk remaining after plans have been put in place and are being followed.

Risk tolerance is an informed decision to accept a particular risk, with or without risk treatment, in order to achieve a goal.

Risk identification is the process of finding, recognising and describing risks.

Risk analysis is the process to understand the nature, sources and causes of risks to determine the degree of risk. The degree and consequences of risk together inform risk evaluation and decisions about risk treatment.

Risk assessment is the overall process of risk identification, risk analysis, and risk evaluation.

Risk evaluation is the process of determining whether the risk is tolerable or whether it requires "risk treatment".



Risk treatment is the measures taken to change the level of risk. Possible treatment responses include:

- Avoiding the risk Removing the risk source
- Making decisions or taking actions which change the likelihood and/or the consequences.
- Sharing the risk with another party
- Tolerating the risk by informed decision

Who does this Policy Apply to:

All Team Members

What is our Policy:

HDST is committed to providing a workplace that is safe, has safe systems of work and aims to minimise risks to the health and wellbeing of staff and participants.

HDST staff will be properly informed and adequately protected so as to minimise the risk of illness, accident or injury at work by promoting good occupational safety and health practices which are consistent with legislative requirements.

As part of our continuous improvement policy, our team members will be responsible for continuous improvement and identifying risks through:

- Consistently monitoring for continuous improvement opportunities in their services and the organisation's services and structures
- Discuss or provide feedback if they identify any areas for improvement with their supervisor or relevant team leaders

Management will follow process to ensure that any risk or improvement opportunities are acted upon in a timely manner.

Scope

Risks can include:

- Physical – personal injury, property damage
- Financial – theft, fraud, loss of business
- Legal – responsibilities imposed by Commonwealth, State or Local Governments
- Ethical or Moral – actual or potential harm to the reputation or beliefs of clients or staff

There are 5 key steps to Risk Management:

1. Identify the risk/hazard
2. Assess the likelihood and frequency
3. Assess the consequences
4. Determine actions



5. Evaluate effectiveness

Assess the likelihood and frequency

HDST will utilise the Risk Matrix below, applying this to all identified risks to determine the Overall Risk Rating level (based on two categories: likelihood and impact).

Risk Matrix:

LIKELIHOOD	CONSEQUENCE				
	Insignificant	Minor	Moderate	Major	Critical
Almost Certain	Medium	Medium	High	Extreme	Extreme
Likely	Medium	Medium	High	High	Extreme
Possible	Low	Medium	High	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Low	Medium

Assess the risk likelihood:

RATING	DESCRIPTION	
Almost certain	90% or greater probability	Expected to occur in most circumstances
Likely	50-90% probability	Will probably occur in most circumstances
Possible	20-50% probability	Could occur at some time
Unlikely	10-20% probability	Not expected to occur in most circumstances
Rare	<10% probability	Would occur only in exceptional circumstances

Assess the risk consequence:

Rating	Examples
insignificant	Slight or superficial injury- can be dealt with in-house first aid
Minor	Medical help required- treatment by a medical professional
Moderate	Significant non-permanent injury- hospital inpatient
Major	Extensive, permanent injury- extended hospitalisation
Severe	Permanent disabling injury (e.g. blindness)

Assess the consequences

The risk rating levels will assist HDST in determining if the risk is acceptable or unacceptable. A low rating risk may be expected and acceptable with minimal treatment response, whereas a high rating risk is not acceptable and therefore requires an action to reduce or eliminate the risk

Consequence ratings for participants

The steps to manage risks for participants are:

1. Identify risks- identify risks specific to each individual participant
2. Assess risks- understand how likely it is to happen and how bad it could be
3. Control risks- implement appropriate lifestyle plans to lessen the likelihood and/or the amount of harm
4. Review control measures- check and ensure risks are under control and there are no new risks.

Consequence ratings for organisational risks

In the organisation, persons conducting a business or undertaking:

- Are required by law to manage WHS risks
- Are required by law to minimise the risks of breaches of privacy.

The steps to manage risks in the organisation:

1. Identify risks to find out what could cause harm
2. Assess risks- understand the nature of the harm that could be caused by the risk, how serious the harm could be and the likelihood of it happening
3. Control risks- implement the most effective control measures reasonably practically in the circumstances
4. Review control measures- ensuring control measures are working as planned and there are no new risks.



Determine Actions

High rating risks that are identified will need actions implemented to eliminate risks or reduce their impacts. In determining actions, HDST management and staff will ensure:

- The cost of implementing risk reduction action is balanced with the expected and actual risk reduction outcomes.
- Risk reduction actions are implementing reasonable and practical steps to reduce risks and minimise loss, injury or harm.
- Major risks and their responding risk reduction actions are logged in the GPSP's Risk Management Plan.

Use the graph below to determine which type of action needs to be employed to minimise the risk

Elimination	Eliminate the hazard
Substitution	Provide an alternative- replace a hazard with a less dangerous alternative
redesign	Make a machine or work process safer (e.g. more agronomical chair)
isolation	Separate people from the hazard (e.g. barriers
administration	putting rules, signage or training in place to make a workplace safer developing policies, procedures to lessen the risk
Personal protective equipment	Use of protective clothing and equipment

Risk monitoring and reviewing

HDST monitors and reviews risks and their treatment strategies as part of effective risk management and ongoing quality improvement. Monitoring and reviewing activities include:

- Any potential risks will be discussed with management team. Risks will be placed on the Risk Management register
- Risks identified through the Risk Management register are reviewed and updated regularly by HDST management during management meetings.
- Clinical risks are monitored and reviewed regularly through clinical supervision and staff meetings.

Completion of Risk Assessment Documents

- All group services will have a risk assessment completed by the clinician prior to the group commencing. If any new activities are added to the group format, an updated risk assessment will be completed. These will be saved for future groups and planning.

- All group homes will have a risk assessment completed by the intake team prior to the group home being visited via a phone call. If any changes occur at the group home, the leading clinician will update the risk assessment. These will be saved for future visits to this home.
- All individuals (participants) commencing their first group service at HDST will have an individualised risk assessment completed prior to group commencing. If risks are identified, mitigation strategies will be applied and reviewed for their effectiveness. If new challenges are identified, a new risk assessment will be completed. These are saved in the client's file. It is the responsibility of the leading clinician to update the supporting AHA of any risks and risk mitigation strategies.
- All individuals commencing home sessions will have an individualised risk assessment completed prior to the clinician attending the home. These are saved in the client's file.
- All individuals who have been identified as posing a risk to themselves or others (via the incident register or initial intake questionnaire) will have an individualised risk assessment completed. These are saved in the client's file.
- All individuals who are taken offsite for therapeutic excursions will have an individualised risk assessment completed. If risks are identified, mitigation strategies will be applied and reviewed for their effectiveness. If new challenges are identified, a new risk assessment will be completed. These are saved in the client's file. It is the responsibility of the leading clinician to update the supporting AHA of any risks and risk mitigation strategies.

Responsibilities:

Governance:

- Ensure our policies are maintained and followed through by all members of HDST through ongoing training and supervision.
- Strive to ensure continuous improvement processes are in place, to reduce and manage the likelihood and negative impact of risks.
- Ensure this policy is part of staff induction processes (preparing for working with clients and Health and Safety competency).
- Complete an annual risk management strategy that takes into consideration all possible risks within our service and provide interventions and safeguards to reduce the risk to staff and clients.

Clinic Managers:

- Ensure all staff are trained and supervised in the implementation of this policy.
- Ensure risk management issues are part of the Work Health and Safety updates as standing agenda item in Team Leader Meetings. Actions will be discussed, documented, and put in place to minimise or eliminate risk.
- Train new staff members as part of the induction process on this policy and associated procedures.
- Log observed/reported risks on the Risk Management register

Team Members:

- Understand and adhere to this Risk Management Policy.
- All staff need to understand the NDIS Quality and Safeguarding Framework and relevant WHS policies.
- Manage risks by being aware of their environment and alert the management team if they observe a potential risk or hazard in their work environment (not limited to the clinic space).
- Use the risk matrix during risk assessment to define the level of risk by considering the category of likelihood against the category of consequences.
- Follow the external visits Policy and procedure when attending external visits.

Families:

- Provide accurate information needed by staff to complete a comprehensive risk assessment for offsite locations.
- Provide accurate information needed by staff to complete a comprehensive risk assessment for group services.
- Respond to any requests made to ensure risks are minimised in order to proceed with services provided by HDST.

Tools and Resources:

Important documents	Other supporting documents
Continuous Improvement Policy	Risk Management Register Risk Management Strategy Incident Management and Reportable Incident System Policy

References:

NDIS Quality and Safeguarding Framework: <https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-quality-and-safeguarding-framework-0>

Policy owner	Compliance		Content author	Compliance Team Leader	
Date published	April 2019	Document version	V 4.0 – July 2024	Revision due date	June 2025
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5: Health and Safety

5.2: Incident Management and Reportable Incident System

Policy Owner: Compliance Team Leader – **Portfolio Area:** Compliance

Introduction and Purpose:

As providers we have a responsibility to ensure that we prevent and manage all incidents related to people with disability receiving support and service from HDST. The purpose of this document is to ensure that all staff of the Practice understand their responsibilities in relation to incidents while also supporting persons with disability, their families, carers, advocates and others who receive services to also be aware of their rights and the support and protections available to them.

The Practice recognises the NDIS' National Quality and Safeguarding Commission has identified that an Incident Management and Reportable Incidents System aims to support NDIS providers to:

- protect and prevent harm to people with a disability.
- support participants to be informed purchasers and consumers of the NDIS support and services,
- and to live free from abuse, violence and exploitation.

Who does this Policy Apply to:

All Team Members

What is our Policy:

An incident may occur to a staff member or a participant. Both types of incidents need to be reported and documented with management and actions devised and followed through. The relevant agencies are required to be notified as per legal requirements.

The practice owners and managers of the Practice understand that registered NDIS providers must:

- Establish incident management arrangements to enable the identification of systemic issues and drive improvements in the quality of supports and services they deliver and that failure by a registered NDIS provider to comply with these requirements constitutes a breach of conditions of registration (under paragraph 73 F (2) (g) of the Act) and may lead to compliance and enforcement action (under Division 8 of Part 3A of the Act.),

- Implement and maintain a system to manage incidents, Notify, investigate and respond to incidents, and
- Comply with obligations if an incident is the subject of a complaint under Section 73W and 73X of the Act and the NDIS Complaints Management and Resolution Rules 2018.

Incidents

All incidents that put staff or clients in harm way or at risk of harm will be reported and documented with management on our incident register and an action plan created and followed through. The relevant agencies are required to be notified as per legal requirements.

All staff will report any incident that occurs to their direct supervisor or a manager as soon as they become aware of it. This includes any acts, omissions, events or circumstances that occur by our staff or the person with a disability in connection with the provision of the support or service, that could cause serious harm, or risk of serious harm to either the person with a disability or another person. Procedural fairness will be afforded to the person with a disability, and all involved in the incident.

All staff will refer to the Incident management System for a step-by-step guide in regards to reporting incidents to management and the following course of action. [5. Incident management System - STAFF \(Web view\)](#)

Reportable Incidents

What constitutes a Reportable incident?

- A serious injury or illness.
- A dangerous incident that exposes any person to a serious risk, even if no one is injured. Abuse or neglect of a person with disability
- Unlawful sexual or physical contact with, or assault of, a person with a disability
Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity
- Unauthorised use of a restrictive practice in relation to a person with disability.
- The definition of reportable incident captures not only confirmed incidents that have occurred, but also allegations of the incidents described above

What incidents are required to be reported the NDIS Commission?

For an incident to become a reportable incident it must satisfy the following two requirements:

- The incident must involve an act, event or omission defined in section 73Z(4) of the Act and section 16 of the NDIS (Incident Management and Reportable Incidents) Rules 2018.
- The incident must have occurred or is alleged to have occurred in connection with the provision of supports or services by a registered NDIS provider.\

All reportable incidents, except for the unauthorised use of a restrictive practice, must be notified to the NDIS Commission within 24 hours of the registered NDIS provider becoming aware of the incident.

Any unauthorised use of restrictive practices must be notified within 5 days.

Record Keeping

All records related to a complaint or reportable incident must be kept for 7 years from the day the record is made. In cases where a reportable incident subsequently becomes a criminal offence, these records are required to be kept until the relevant statute of limitations expire.

Responsibilities:

Governance:

- Ensure our policies are maintained and followed through by all members of HDST through ongoing training and supervision.
- As Registered NDIS providers, we must notify all reportable incidents (including allegations) to the NDIS Commission within the required timeframes (24 hours). Reports should still be made even where HDST has acted and responded appropriately. A failure to comply with the requirement to notify, investigate and manage reportable incidents is a breach of a provider's conditions of registration and may lead to compliance and enforcement action by the NDIS Commission.
- Identify, manage and resolve incidents, and prevent incidents from occurring.
- Ensure that all employee/contactors are aware and have been trained in the Incident Management System.

Clinic Managers:

- Ensure all staff are trained and supervised in the implementation of this policy.
- Complete an Incident Report for all incidents as soon as they become aware an incident has occurred.
- Inform the Commissioner of any reportable incident within 24 hours of the Practice becoming aware of the incident, utilising the information collected on the Incident Report
- Keep the Commissioner updated in regard to any reportable incidents. If there is a reportable incident, the Commissioner may require the Practice to provide a final report about the incident within a period specified by the Commissioner.

- Arrange and provide the required support and assistance to the person with disability affected by the incident (including providing information about access to advocates such as independent advocates to ensure their health and wellbeing (see the Australian Federation of Disability Organisations website).
- Ensure that the person affected by an incident is involved in the management and resolution of the incident.
- Ensure that all incidents are investigated and assessed. This includes establishing the causes of the particular incident, effects and any operational issues that may have contributed to the incident occurring. Also ensure that procedural fairness is ensured through the incident process.
- Assess all incidents considering the views of the person with a disability affected by the incident and including;
 - Whether the incident could have been prevented; How well the incident was managed and resolved;
 - What, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact;
 - Whether other persons or bodies need to be notified of the incident.
- The management team will log all incidents in the incident register and collect statistical and other information on an annual basis relating to incidents to:
 - Review issues raised by the occurrence of incidents.
 - Identify and address any systemic issues. If requested, information relating to complaints will be provided to the Commissioner.
- The management team is responsible for this Incident Management System.

Team Members:

- Understand and adhere to this policy
- Understand and follow the incident management system when an incident has occurred [5. Incident management System - STAFF \(Web view\)](#)
- If a staff member becomes aware of an incident, they have a duty to notify one of the following as soon as possible:
 - Your Clinical Supervisor
 - Manager.

Families:

- Report any concerns or incidents that have occurred at the clinic and/or with a member of staff
- Read and understand the incident management webpage as part of their Welcome to Therapy Pack when commencing services with HDST. Incident management webpage: <https://hdspeechtherapy.com.au/incident-management/>

Tools and Resources:

Important documents

[5. Incident management System - STAFF \(Web view\)](#)

Other supporting documents

Incident management webpage: <https://hdspeechtherapy.com.au/incident-management/>

References:

National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 <https://www.legislation.gov.au/F2018L00634/latest/text>

Reportable incidents: https://www.ndiscommission.gov.au/sites/default/files/2022-02/detailed-guidance-reportable-incidents-detailed-guidance-registered_0.pdf

Australian Federation of Disability Organisations: <https://www.afdo.org.au/>

Incident management webpage: <https://hdspeechtherapy.com.au/incident-management/>

Policy owner	Compliance		Content author	Compliance Team Leader	
Date published	April 2019	Document version	V 4.0 – July 2024	Revision due date	June 2025
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5: Health and Safety

5.3: Occupational Health and Safety

Policy Owner: Compliance Team Leader – **Portfolio Area:** Compliance

Introduction and Purpose:

HDST is committed to providing, a workplace that is safe, has safe systems of work and ensures risks to the health and wellbeing of staff and participants are managed and minimised. HDST staff will be informed and adequately protected to minimise the risk of illness, accident or injury at work by promoting good occupational safety and health practices which are also consistent with legislative requirements.

Who does this Policy Apply to:

All Team Members

What is our Policy:

Management is committed to a policy enabling all work activities to be carried out safely, and with all possible measures taken to remove or reduce risks to the health, safety and welfare of staff, visitors, and anyone else who may be affected by our operations. We are committed to ensuring we comply with the Work Health and Safety Act 2011 and applicable Codes of Practice and Australian Standards.

Infection Control

Effective infection prevention and control is central to providing high quality care for clients and a safe working environment for our team.

Procedure for infection control

Hand hygiene must be performed after every episode of client contact, including after the removal of gloves. Alcohol-based hand rubs containing between 60% and 80% v/v ethanol or equivalent should be used. If hands are visibly soiled, hand hygiene should be performed using soap and water.

Hand washing training is completed by all team members per induction modules

New and current clients to HDST are reminded to follow our traffic light system when determining whether they should attend face to face sessions when unwell. Telehealth



and/or non-face-to-face services can be arranged if the client or staff member are unable to attend to face-to-face services. Staff are also required to follow this system and remain at home if unwell.

Personal protective equipment

Gloves must be worn as a single-use item for each invasive procedure; contact with sterile sites and non-intact skin or mucous membranes; and any activity that carries a risk of exposure to blood, body substances, secretions and excretions. Gloves must be changed between patients and after every episode of individual patient care

Cleaning Requirements

Frequently touched surfaces must be cleaned with detergent solution at least daily, and when visibly soiled and after every known contamination. General surfaces and fittings must be cleaned when visibly soiled and immediately after spillage.

Touched surfaces of shared clinical equipment must be cleaned between uses, with detergent solution.

Surface barriers should be used to protect clinical surfaces (including equipment) that are touched frequently with gloved hands during the delivery of client care, likely to become contaminated with blood or body substances, or are difficult to clean.

Cleaning products will be available for clinicians in all therapy rooms and replenished by support staff.

All therapy materials used for feeding and OMD sessions will be single use and disposed of, otherwise thoroughly cleaned and sanitised before use. Sanitisation/sterilisation will be performed either by:

- Using Milton (as per instructions on the box/bottle)
- Placement of items in the UV sanitising box

Waste management

HDST do not deal with storage and disposal of infectious and hazardous substances on a regular basis.

Where infrequent incidents involving infectious material, body substances and hazardous substances occur, such as vomit or urine accidents within the clinic, guidelines are followed to clear, clean and disinfect the area and dispose of waste



Responsibilities:

Governance:

- Ensure our policies are maintained and followed through by all members of HDST through ongoing training and supervision.
- Ensure it provides the following to their staff and clients:
 - safe premises
 - safe machinery and materials
 - safe systems of work
 - information, instruction, training and supervision a suitable working environment and facilities
 - Workers compensation insurance
 - a commitment to consult and co-operate with workers in all matters relating to health and safety in the workplace
 - a commitment to continually improve our performance through effective safety management.
- Management will seek independent advice if they are unsure of their OH&S and WHS responsibilities.

Clinic Managers:

- Ensure all staff are trained and supervised in the implementation of this policy.
- Create and manage a detailed log of any incidents or workplace related occurrences which require attention. These are addressed and acted upon at regular meetings and form part of the Team Leader agenda
- Ensure there are procedures for emergencies and drills in place and staff are aware of the procedures
- Ensure participants can easily identify clinicians and staff members through their badges or lanyards. Badges or lanyards are worn at all times in all work environments, including external visits. These provide the following details:
 - Clinician's name
 - Clinician's profession
 - Hills District Speech Therapy
- Risk assessment documents will be completed and saved according to our Risk Assessment Management Strategy
- Oversee work undertaken with other providers, and identify and treat risks, ensuring at all times safe environments, and preventing and managing injuries.

Team Members:

- Understand and adhere to this policy and related procedures in [5. Health and Safety \(Web view\)](#)
- Comply with safe work practices, with the intent of avoiding injury to themselves and others

- Take reasonable care of the health and safety of themselves and others
- Wear personal protective equipment and clothing where necessary comply with any direction given by management for health and safety
- Not misuse or interfere with anything provided for health and safety
- Report all accidents and incidents, possible hazards and risks immediately to management, no matter how trivial
- When services are provided offsite, work with the participant to ensure a safe support delivery environment. This is as per our external visit policy.
- Follow the external visits Policy and procedure when attending external visits.

Families:

- Report any safety concerns or hazards that have encountered at the clinic.
- Read and understand the child safe environment webpage as part of their Welcome to Therapy Pack when commencing services with HDST.

Tools and Resources:

<p>Important documents Traffic Light System Infection Prevention Control 5. Health and Safety (Web view)</p>	<p>Other supporting documents Child Safe Environment Policy</p>
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References:

Work Health and Safety Act 2011:

<https://legislation.nsw.gov.au/view/html/inforce/current/act-2011-010>

Traffic Light System: <https://hdspeechtherapy.com.au/wp-content/uploads/2020/03/Traffic-light-COVID-March-2020.pdf>

Clinic Safe Environment Policy: <https://hdspeechtherapy.com.au/clinic-safe-environment-policy/>

Infection prevention control: <https://www.who.int/teams/integrated-health-services/infection-prevention-control>

Policy owner	Compliance		Content author	Compliance Team Leader	
Date published	April 2019	Document version	V 4.0 – July 2024	Revision due date	June 2025
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5: Health and Safety

5.4: External Visits Safety

Policy Owner: Compliance Team Leader – **Portfolio Area:** Compliance

Introduction and Purpose:

HDST provides onsite, telehealth and offsite services. Prior to attending offsite locations, we ensure that safety is maintained across all areas of our service. Every team member has a responsibility to ensure they act in a safe manner in all the environments they provide services in.

Who does this Policy Apply to:

All Team Members

What is our Policy:

The safety and wellbeing of both our staff and clients is the highest priority at HDST. When we enter other environments, such as client homes, group homes, aged-care facilities, hospitals, workplaces, day programs and educational institutions, we may come across risks or hazards that we would not otherwise encounter in our own office space.

For School visits

- Speak to admin to ensure paperwork required is completed prior to commencing services
- Abide by the school's health and safety policies and procedures
- Follow the risk assessment and incident management policies and procedures to ensure safety is maintained at all offsite locations

For Home Visit

- Alert your supervisor when you are attending a home visit
- Follow the risk assessment, incident management, and Health and Safety policies and procedures to ensure safety is maintained at all offsite locations.

Procedures for Group Homes

- In group home environment, it is favourable and recommended that the client's carer remain with you during the session.



- Follow the risk assessment, incident management, and Health and Safety policies and procedures to ensure safety is maintained at all offsite locations.

Procedures for Hospitals

- All clinicians seeing adult clients offsite need to keep a hard copy of all the documentation for instances where the offsite location may not have received it from our admin team (e.g. hospital visits that occur with limited notice)
- Clinician needs to call the hospital prior to the visit and speak to the NUM alerting them to their visit.
- Abide by the Hospital's health and safety policies and procedures
- Follow the risk assessment, incident management, and Health and Safety policies and procedures to ensure safety is maintained at all offsite locations.

Responsibilities:

Governance:

- Ensure our policies are maintained and followed through by all members of HDST through ongoing training and supervision.

Administration Staff:

- Ensure paperwork and communication is completed by following the 'Offsite/ External Visits' procedure
- Ensure initial external visit checklist questions are asked during the initial intake phone call. These questions and answers will be saved in the client file along with all other details of the initial intake. If there are concerns about the safety of the external visit after receiving the answers to the questions, management will need to discuss the risks and decide as to whether we have clinicians complete the visit.

Clinic Managers:

- Ensure all staff are trained and supervised in the implementation of this policy and associated procedures.

Team Members:

- Understand and adhere to the risk assessment and incident management policies and procedures to ensure safety is maintained at all offsite locations
- Familiarise themselves with procedures detailed in [✔ External Visits Procedure \(Web view\)](#)

Families:

- Report any safety concerns or hazards that have encountered at the clinic.
- Read and understand the child safe environment webpage as part of their Welcome to Therapy Pack when commencing services with HDST.

Tools and Resources:

Important documents

Risk Assessment policy
Incident Management policy

✔ [External Visits Procedure](#) (Web view)

Other supporting documents

Child Safe Environment Policy

References:

Policy owner	Compliance		Content author	Compliance Team Leader	
Date published	April 2019	Document version	V 4.0 – July 2024	Revision due date	June 2025
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5: Health and Safety

5.4.1: Excursions Policy

Policy Owner: Compliance Team Leader – **Portfolio Area:** Compliance

Introduction and Purpose:

Excursions are a valuable experience for participants to practice skills learnt in therapy in more functional environments. Practicing skills in everyday environments in a supported learning space helps with generalisation of skills and ongoing independence. Excursions require appropriate planning and risk management to ensure safety is maintained and so they are a valuable and enjoyable experience.

HDST is committed to providing excursions that meet therapeutic needs, are well considered and planned and ensure the health, safety and wellbeing of participants and staff at all times.

All excursions and outings will:

- Follow the steps below for planning, risk management and authorisation.
- Ensure the health, safety and wellbeing of all participants and staff at all times.
- Have outcomes documented appropriately in each participants' file.

Who does this Policy Apply to:

All Team Members

What is our Policy:

Prior to an excursion with participants to an offsite location, planning, risk assessment and written authorisation from families must be completed and obtained by the lead clinician.

Planning

Use the excursion checklist to ensure all tasks are completed.

The following documents are available to support the planning of Excursions:

- Excursion Risk Assessment
- Excursion Authorisation Form
- Excursion Checklist

When planning for a regular excursion, the team will:

- Assess the requirements for the excursion and ensure they are considered and provide meaningful experiences.
- Conduct a risk assessment which includes assessing risks while travelling and any risks at the destination itself. Use the Excursion Risk Assessment to document all risks.
 - Clinicians should visit the destination and travel the proposed route beforehand to conduct the risk assessment.
 - Risk assessments for excursions are valid for 12 months and are saved in a folder in P&P Therapists. The Risk Assessment will be reviewed at least every 12 months or more frequently if any part of the excursion changes.
- Complete an individual risk assessment for each participant attending the excursion.
- If applicable, assess and book transport/venues.
- Make alternative arrangements for adverse weather conditions and account for these in the risk assessment.
- Inform families of the details of the excursion including destination(s), objectives, and outcomes, and what the participants should bring.
- Provide parents or legal guardians with an Excursion Authorisation form to complete.
 - N.B. Parent/legal guardian attendance at excursions is welcome and encouraged. The risk assessment should be shown to any guardians in attendance.
- Collect completed Excursion Authorisation forms for each participant attending the excursion
- Ensure that team members participating in the excursion hold a current and approved First Aid certificate.

Safe Transportation

The following forms of transport may be used for an Excursion:

- Walking
- Public Transport (trains, trams, ferries and buses etc.)
- Drop off and pick up by caregiver and/or support worker

These must be reflected in the Excursion Risk Assessment. Transportation via an Uber, or personal vehicle is not permitted under any circumstances.

Risk Assessment

The purpose of a risk assessment is to identify possible risks of harm to participants prior to an excursion and ensure these risks are minimised or avoided when taking participants



outside the clinic. Risk assessments should always be completed with reference to our Risk Management Policy.

Completed Excursion Risk Assessments can be found in P&P Therapists. If the excursion is a regular occurrence, a written risk assessment will only be carried out once, provided the circumstances around the excursion have not changed in any way since the initial risk assessment was conducted.

The Excursion Risk Assessment must be completed prior to seeking authorisation from families to determine this is an appropriate service delivery method.

A risk assessment must include strategies for minimising and managing the identified risks.

By following the Excursion Risk Assessment Template, you are ensuring that every aspect of the environment is considered at each stage of the excursion to make sure that risks have been identified and addressed.

The proposed route will be reviewed each time before leaving to ensure the proposed route is safe.

The risk assessment will be made available to families at each excursion opportunity.

Risk assessments for excursions are valid for 12 months and are saved in P&P Therapists. The Risk Assessment will be reviewed at least every 12 months or more frequently if any part of the excursion changes.

Individual risk assessments for each participant in the excursion need to be completed by the leading clinician and signed off by a Clinic Manager.

N.B. If any risks are identified as 'high', the excursion must be discussed with a Clinic Manager. If risks are unable to be mitigated, the excursion may not proceed.

Items to be Taken on Excursions

Include:

- A First Aid kit.
- A charged mobile phone.
- Participant's emergency contact numbers.
- Team member's emergency contact numbers.
- Attendance roll.
- Medication and Medical Management Plans (if required).
- Other items as required (e.g. spending money, sunscreen, hats, drinking cups, jackets etc).

Responsibilities:

Governance:

- Ensure the Excursion Risk Assessment document assesses the risks and specifies how these will be managed and/or minimised.

Clinic Managers:

- Ensure the Excursion Risk Assessment documents are current and saved appropriately.
- Review any new excursion risk assessment documents.
- Ensure the First Aid Kit is fully stocked and replenished following an excursion.

Team Members:

- Follow the excursion checklist for all excursions.
- Ensure excursion risk assessment documents are completed for new or updated excursions- referencing the risk assessment policy.
- Ensure excursion risk assessment documents are followed for new or updated excursions.
- Alert Clinic Managers to new or updated excursion risk assessment documents.
- Ensure an individual risk assessment is completed for each participant going on an excursion.
- Ensure an authorisation form is completed and signed by a guardian.
- Inform a Clinic Manager when conducting an excursion.

Families:

- Ensure client arrives to the excursion on time if they have arrange to drop off and pick them up.

Tools and Resources:

Important documents	Other supporting documents
Excursion Risk Assessment Individual risk assessment Excursion Authorisation form Excursion Checklist Risk management policy	

References:

Policy owner	Compliance		Content author	Compliance Team Leader	
Date published	August 2024	Document version	V 4.0 – July 2024	Revision due date	June 2025
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5: Health and Safety

5.5: Child Protection Risk Management

Policy Owner: Compliance Team Leader – **Portfolio Area:** Compliance

Introduction and Purpose:

The protection of children, one of the most vulnerable groups in society, is a shared community responsibility and involves ensuring that all children are safe, their needs are met, and the possibility of child abuse is minimised. Adult supervision is a key factor in creating and maintaining child safe environments.

HDST is committed to providing a safe, nurturing and enjoyable environment for all children who participate in services provided by us. HDST staff will:

- Identify risk areas
- Remove child harm risks from all aspects of our practice Protect all children and families
- Educate staff, clients and volunteers/students about the policy and its procedures.
- Understand our role as mandatory reporters and maintain our understanding of the legislation and requirements if we are concerned about any children we encounter.
- Maintain a child and family centred approach to intervention

Who does this Policy Apply to:

All Team Members

What is our Policy:

Rights of Children

Australia has agreed to uphold the United Nations Convention on the Rights of the Child. This Convention establishes ‘minimum’ rights to which children and young people are entitled. Under the Convention, children and young people have the right to:

- feel safe
- be listened to
- be involved in decisions that affect them
- have their cultural values respected
- not be unjustly discriminated against on the basis of their status, activities, expressed opinions or beliefs of their interests considered; and
- have their best interests considered.



Inclusion of Parents/guardians and support people

HDST supports a family centred approach to intervention. We believe in working together in partnership with a child's family and support network to effectively meet the needs of the child. We will create a friendly and nurturing environment (5.6 Child Safe Environment policy) free from hazards.

We will welcome families to take part, where appropriate, in planning, development and delivery of activities. We will ensure their cultural, religious, disability and language requirements are respected and catered for.

We will ensure there are clear and open pathways for communication and for families to provide HDST with feedback regarding the service (complaints management system). We will provide also feedback to families about their child's involvement in activities.

We will ensure any personal information is treated confidentially and their privacy respected as per guidelines.

NSW Mandatory Reporting Guidelines

Requirements:

- Allied Health Professionals are mandatory reporters and are required by law to report suspected child abuse and neglect to government authorities.
- You must call to make a report to Family and Community Services (FACS) about: physical, emotional, sexual abuse, neglect and exposure to family violence.
- It's mandatory to call and make a report if the child is 0 to 15 years and at risk of significant harm.
- It's not mandatory to make a report if it is an unborn child, or a young person aged 16 to 17. However, reports can be made under Section 24 or 25 of the Children and Young Persons (Care and Protection) Act 1998.
- In an emergency, where there are urgent concerns for the child's health or life, call the police using the emergency line triple zero (000).

Who do I contact?

Reporting Authority:	Further Services/Info:	Contact Details:	Online:
Department of Family and Community Services Child Story reporter	Website - https://reporter.childstory.nsw.gov.au/s/ (E-reporting)	Child Protection Helpline (24 hr): 13 21 11 TTY/voice calls: 133 677	Mandatory reporters with less serious concerns can use eReporting .



	Child Protection Helpline 13 21 11 Kids Helpline: 1800 55 1800 Lifeline: 13 11 14	Speak & Listen: 1300 555 727 SMS: 0423 677 767	
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Where can I find this information?

- www.aifs.gov.au
- <https://reporter.childstory.nsw.gov.au/s/> (E-reporting)
- <https://www.facs.nsw.gov.au/families/Protecting-kids> (Mandatory Reporter Guide)
- Fact Sheet – ‘Reporting child abuse and neglect’ - Information for service providers
- Resource Sheet – ‘Mandatory reporting of child abuse and neglect’
- Resource Sheet – ‘Helplines and telephone counselling services for children, young people and parents’

Important Points to Remember

- Please note that you do not need to be absolutely certain that there has been abuse or neglect of a child or young person to make a report. Authorities will decide whether an investigation is required.
- In each state and territory, all serious concerns should be reported by phone rather than online or via email.
- If a child or young person has disclosed abuse or neglect to you, it is important to stay calm and reassure them that you will help them to be safe.
- Parents and other family members may disclose to you concerns about not coping with their parenting responsibilities. Listening and providing support and practical help is important, while assessing whether there is a child at risk of abuse or neglect.
- Reports can be made about:
 - Children and young people at risk of significant harm
 - Unborn children at risk of significant harm
 - Homeless children (aged under 16) and young people (aged 16 and 17).
- The identity of all reporters is confidential. Your identity, or any information which might reveal your identity (such as your address or workplace), can't be disclosed by anyone without your consent, except on rare occasions, where information about the report is crucial to court proceedings.

Responsibilities:

Governance:

- Maintain a safe environment for children and families at HDST
- Ensure our staff are monitored and trained in child safety and any breach is acted upon swiftly
- Abide by the mandatory reporting guidelines and stay up to date with legislative requirements
- Support our team if concerns are raised regarding a child
- Maintain a Child safety team (with representatives from a diverse roles within HDST) that:
 - Are trained in mandatory reporting guidelines and requirements
 - Complete a Child Risk Management Strategy at yearly intervals or earlier if required

Clinic Managers:

- Ensure all staff are trained and supervised in the implementation of this policy.

Team Members:

- Follow mandatory reporting guidelines
- Seek advice from management, their supervisor or the child safety team if support is needed
- Follow the incident reporting guidelines whenever an incident takes place, regardless if it becomes a mandatory report or not
- Maintain a child and family centred approach to intervention
- Be aware of and uphold the United Nations Convention on the Rights of the Child
- Follow the child safe environment policy to ensure safety requirements at HDST are maintained

Families:

- Report any child safety concerns to HDST
- Read and understand the child safe environment webpage as part of their Welcome to Therapy Pack when commencing services with HDST.

Tools and Resources:

Important documents

Other supporting documents

Child Safe Environment Policy

References:

NSW Mandatory Reporter Guide: <https://reporter.childstory.nsw.gov.au/s/mrg>

Policy owner	Compliance	Content author	Compliance Team Leader
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Date published	April 2019	Document version	V 4.0 – July 2024	Revision due date	June 2025
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5: Health and Safety

5.6: Child Safe Environment Policy

Policy Owner: Compliance Team Leader – **Portfolio Area:** Compliance

Introduction and Purpose:

HDST is committed to providing a safe, nurturing and enjoyable environment for all children who participate in services provided by us.

Who does this Policy Apply to:

All Team Members

What is our Policy:

All staff at HDST have a moral, ethical and legal responsibility to ensure that all children are safe in their care. HDST is committed to:

- ensuring that the health, safety and wellbeing of children at the practice is protected at all times
- protecting children from any foreseeable risk of injury or harm
- supporting the rights of all children to feel safe, and be safe, at all times

Our Child safe commitment

- Maintain professional and respectful communication with children and their families Provide fair professional services
- Actively listen to children and young people when they raise an issue and involve them in the decision-making process
- Respect children and young people's rights, background, culture and beliefs
- Comply with all relevant Commonwealth, State or Territory legislation according to children and young people's protection
- Comply with mandatory reporting concerning children or young people suspected to be at risk of significant harm
- Effective reporting to management personnel of any concern about a staff's approach or conduct towards children or young people
- Safeguard children or young people at all times
- Use appropriate language for the easy understanding of children or young people. Avoid any actions or words intended to threaten, intimidate, shame, humiliate, belittle, embarrass or degrade children or young people



Procedural Guidelines

- HDST staff will ensure the physical environment is safe, secure and free from hazards for children
- HDST management will ensure the practice maintains a clean environment daily, and tripping/slipping hazards are removed as soon as these become apparent
- The Allied Health Professional will ensure that children are adequately supervised during sessions The Allied Health Professional will ensure all equipment and materials used meet relevant safety standards
- Any dangerous substances such as cleaning products and chemicals will be stored safely Management will ensure that all staff within the practice read, understand and implement this policy
- HDST management team will keep up to date and comply with any changes in legislation and practices in relation to this policy and ensure that this information is passed onto staff at HDST

Strategies to support a child safe environment

- HDST will maintain a Child safety team (with representatives from a diverse roles within HDST) that:
 - Are trained in mandatory reporting guidelines and requirements
 - Complete and update our Child Risk Management Strategy and the team at yearly intervals or earlier if required
- Best practice is to include the child's guardian/primary support person at all times both in the waiting room and therapy room
- Where the parent/guardian or primary support person is not present in the therapy room, visibility is maintained through internal windows.
- Our staff will abide by the child safety procedural requirements document. This is reviewed by our child safety team at yearly intervals or earlier if required as per our child safety risk management strategy.

Recruitment of Staff

- All HDST staff (paid and volunteers) have current Working with Children Checks as per our staff induction policy
- All staff (paid and volunteers) will be oriented to HDST policies and procedures and code of conduct.

Staff Training

HDST will ensure:

- that staff are knowledgeable about current legislation and reporting requirements related to child protection and maltreatment

- a system for reporting and recording incidents is in place Staff understand their responsibility as mandated reporters
- Staff access current information about the procedures to be taken in relation in allegations of child abuse or neglect

Maintain training updates

A fact sheet to recognising signs of abuse or neglect will be made available to all staff to remind them of the possible signs of child abuse, and the procedures they should follow if a child in their care displays behaviour or physical signs that could indicate abuse has taken place (see mandatory reporting fact sheet)

General principles to be applied in the event that concerns arise

Any person who believes on reasonable grounds that a child is in need of protection may report their concerns to the Child Abuse Report Line. Details for reporting in NSW can be found in our child protection risk management policy

Responsibilities:

Governance:

- The child safety risk management strategy is reviewed annually with the child safety team
- Maintain training updates.

Clinic Managers:

- Ensure all staff are trained and supervised in the implementation of this policy.
- Maintain training updates.

Team Members:

- Follow all the procedures in the child safety risk management strategy
- Maintain training updates.

Families:

- Report any child safety concerns to HDST
- Read and understand the child safe environment webpage as part of their Welcome to Therapy Pack when commencing services with HDST.

Tools and Resources:

Important documents

Other supporting documents

Child Safe Environment Policy

References:

NSW Mandatory Reporter Guide: <https://reporter.childstory.nsw.gov.au/s/mrg>

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Date published	April 2019	Document version	V 4.0 – July 2024	Revision due date	June 2025
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5: Health and Safety

5.7: Allergy and Choking Risk Management

Policy Owner: Compliance Team Leader – **Portfolio Area:** Compliance

Introduction and Purpose:

HDST's therapists may work closely with children and adults with known allergies. As part of our paediatric feeding services and adult mealtime services, they may also work with clients at risk of choking.

This policy outlines the obligations we have as service providers to minimise risks of exposure to allergies and risk of choking when providing therapeutic services.

Who does this Policy Apply to:

All Team Members

What is our Policy:

Allergy Awareness and Anaphylaxis Training

- All clients are asked to provide information on any known allergies prior to commencing services at HDST.
- These allergies are documented in the clients file and included in the alerts section of their file.
- We maintain a nut free environment at our clinic
- We request that clients do not consume any foods in the waiting room. This is reinforced by signage in the reception area.
- Staff are aware of their responsibilities to engage in thorough hand washing after consumption of known allergens prior to engaging with clients.
- Staff complete mandatory anaphylaxis training as part of HDST's annual first aid training.
- Staff are required to sanitise all surfaces that have had contact with food or allergens prior to engaging with clients.

First Aid

- All staff complete mandatory first aid training.
- A first aid kit is made available to the team and is replenished as needed.
- Part of first aid training, staff are aware of signs of choking and how to perform CPR



Feeding Therapy and Choking Risks

- Feeding assessment and therapy is only conducted by speech pathologist with further post graduate training in feeding therapy
- We see clients within our scope of practice ([SLP Scope of Practice \(Web view\)](#)) and any clients that fall outside these guidelines will be referred on.
- Staff acknowledge that there are known risks of choking when introducing solids to paediatric clients.
- To mitigate risk of choking, staff will:
 - Provide parent training prior to introducing any foods/beverages (including differentiating between typical gaging on solids and choking).
 - Encourage caregivers to complete a paediatric first aid course.
 - Encourage parents to bring their own food and feed their child in the session where and when indicated.
- In the case that the child chokes during a feeding assessment and/or therapy session, the therapist is trained to respond to the choking incident
- In the case of a choking incident, an incident report will be completed as per policy

Supply of foods and beverages at HDST

- Staff are required to perform a risk assessment for any group services including those where food/drink will be supplied
- Caregivers will be present at all individual paediatric feeding sessions
- Staff will discuss with parents before providing any foods/beverages
- All foods and beverages will be safely and appropriately stored and checked prior to use.

Responsibilities:

Governance:

- Maintain a safe environment for children and families at HDST
- Ensure our staff are adequately trained to provide feeding therapy to families
- Ensure all staff are trained and supervised in the implementation of this policy.

Clinic Managers:

- Ensure all staff are trained and supervised in the implementation of this policy.

Team Members:

- Ensure they have completed mandatory first aid training.

Families:

- Must have their own EpiPen and alert the team.

Tools and Resources:

Important documents

Other supporting documents

Child Safe Environment Policy

References:

Policy owner	Compliance		Content author	Compliance Team Leader	
Date published	April 2019	Document version	V 4.0 – July 2024	Revision due date	June 2025
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