# JUMBUNNA COMMUNITY PRESCHOOL AND EARLY INTERVENTION CENTRE INC.

| St 1d | CLIENT SAFETY AND SECURITY<br>KEY ELEMENTS OF CLIENT SAFETY AND WELLBEING |
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| **Applies to:** | **Version:** |
| **Specific responsibility:** | **Date approved: 5 Aug 2014** |

| **Policy context:** This policy relates to | |
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| Standards or other external requirements | Education and Care Services National Regulations, NDIS Practice Standards |
| Legislation or other requirements | Children (Education and Care Services National Law Application) Act 2010 No 104, Disability Services Act |
| Contractual obligations | National Disability Insurance Agency |

## POLICY STATEMENT

Jumbunna is committed to ensuring the safety and wellbeing of clients in the operation of our services, through consistent practices as set out in our policies and procedures. This policy provides a summary of our different organisational systems, and how they encompass client safety and wellbeing.

The organisation will:

- ensure the physical environment is safe
- conduct thorough screening of both staff and volunteers working with vulnerable clients
- assist and support clients to assess and manage risks
- support clients to safely and effectively manage medication
- provide all staff with information and training on duty of care
- promote and comply with the national safe transport principles
- ensure that clients are protected from abuse or neglect, and that any incidents of harm are promptly addressed and investigated
- provide staff induction and training and regularly review staff levels to ensure appropriate levels of care

## PROCEDURES

### 1. Physical Environment

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

The organisation will comply with fire risk management guidelines which outline specific requirements relating to building construction, furnishings, smoke detection systems, fire extinguishing equipment, means of exit, fire prevention, fire safety management, evacuation capability, fire and emergency evacuation plans, emergency

procedures and maintenance of essential fire safety services. Staff must be trained in relation to these guidelines. It is the responsibility of General Manager to ensure that compliance requirements are met.

For further guidance on fire refer to Fire Safety Policy and Emergency Preparation

For further guidance on emergency procedures: Emergency Procedures.

## 2. Staff Screening

Prior to commencing work with clients, all staff and volunteers will undergo a comprehensive screening process which will include NDIS Worker Screening and NSW WWCC, referee checks and interviews. The findings of the screening are to be documented in the personnel files of staff and volunteers.

## 3. Risk Assessment

A risk assessment will be undertaken by staff jointly with clients at assessment, enrolment, or as required.

Clients will be supported to identify and manage risks in their own environment and in any activities they undertake.

For services conducted in the client's home, the assessment will also include a Home Visit Risk/WHS assessment.

For more information refer to Risk Management

## 4. Suicide and Self-Harm

All clients presenting with suicidal and or self-harming behaviour will be assessed to determine the level and immediacy of suicide and/or self-harm risk.

The assessment for clients with self-harming or suicidal behaviour will include interviews with the client; observation; medical, psychiatric, and personal history; feedback from other staff; and information from family and carers.

If a client is assessed as being at risk of suicide and/or self-harm, intervention strategies to decrease the risk are to be developed and implemented.

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

## 5. Risk Management

Where risks of harm are identified, a range of harm minimisation strategies which may include harm minimisation actions such as avoidance of triggers, family support, reassurance with familiar objects, education, etc will be discussed with the client and family (where relevant). Agreed actions will then be documented in the client file.

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

Whenever staff are required to use restraint to prevent harm to the client or others, this will be documented on the client file, an incident report on an incident report form will also be completed. An investigation of the incident and the response will be undertaken and a report prepared outlining whether any further action is required.

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

## 6. Medication Management

Staff involved in the storage, transportation, administration or prompting of medication will be trained in the

Jumbunna medication policy and procedures and assessed as competent prior to undertaking any medication function.

Refer to Medication Management for further information.

## 7. Transport of Clients

All clients will be transported in accordance with the National Safe Transport principles.

## 8. Preventing and responding to abuse and neglect

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

Any suspected or reported allegations of abuse or neglect will be dealt with promptly and investigated and responded to in accordance to Jumbunna's Child Protection Policy and the NDIS Reportable Incident procedures.

## 9. Incident management and record keeping

- In the case of any accident or incident causing harm to a client, a detailed written incident report will be completed within 12 hours. The report should include:
  - description of the nature and extent of the incident
  - the name and contact details of all those involved, including any witnesses to the incident
  - action taken
  - the date and signature of the person making the report
  - any on-going or follow up action
- Records must be stored securely online and only accessed in accordance with Jumbunna's Confidentiality Policy

## 10. External reporting

Serious incidents will be reported to NDIS Quality and Safeguarding Commission and/or Department of Education Directorate in line with the organisation's incident reporting obligations.

## 11. Staff Induction and Training

All staff and volunteers will participate in an induction program prior to commencement. The induction program will include training on child protection, duty of care, risk assessment and management, professional boundaries, and ethical behaviour.

Staffing levels will be reviewed every 12 months though these may also be reviewed at the following times: eg following large client intakes, on staff request, following and increase in challenging client behaviour, incidents etc.

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

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

**DOCUMENTATION**

| Documents related to this policy | |
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| Related policies | Child Protection, Confidentiality, Incident, Injury, Trauma & Illness |
| Forms, record keeping or other organisational documents | Keep Them Safe |

| Policy Name: | Client Safety & Security | Policy Number: | |
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| Date Approved: | March 2024 | Approved By: | Senior Management Team |
| Date Issued: | March 2024 | Review Date: | 30 June 2025 |
| Version 1.6 | This version of the policy was approved March 2024 and replaces the version approved 24 August 2023 | | |