HOME AND COMMUNITY VISITS - RISK MANAGEMENT PROCEDURE FOR INPATIENTS OF THE LONG TERM VENTILATION SERVICE (CHW)

PRACTICE GUIDELINE ©

DOCUMENT SUMMARY/KEY POINTS

Note: This document is to be read in conjunction with the CHW Home & Community Visiting – Risk Management Procedure.

- In caring for children who are inpatients of the CHW Long Term Ventilation Service (at home or out of the hospital environment) the following is required:
  - Assistant in Nursing (AIN) or Enrolled Nurses (EN) must have completed the workplace assessments for working with children who require long term ventilation prior to attending a home visit
  - The family assumes care for their child whilst they are at home. A gate pass form must be signed.
  - All risks must be identified in relation to each individual home and family situation and documented in a risk management plan.
  - Staff and families will be familiar with the relevant individualised risk management plans prior to leave being approved.
  - All equipment and checks must be in place before the outing is attended.
  - An emergency script must be provided by the Respiratory CNC prior to outings off-site (Appendix 3)

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure & Guideline Committee	
Date Effective:	1st January 2018	Review Period: 3 years
Team Leader:	LTVU Case Coordinator	Area/Dept: Sleep Medicine / Long Term Vent

CHANGE SUMMARY

- Due for mandatory review – updates made to appendix list and hyperlinks. Nil major changes.

READ ACKNOWLEDGEMENT

- All staff working with a long term ventilated (LTV) child should read and acknowledge this document.

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1 Overview

Children with long term ventilation requirements are admitted to The Children's Hospital at Westmead (CHW) for long periods of time whilst the child is stabilised, as their therapy becomes established and as family members and other carers are educated and trained in how to effectively care for their child at home. As part of the discharge planning process, it is invaluable for children with long term ventilation requirements to have a staged transition from the hospital to home and community environment. This planned process involves both daytime and overnight home visits, with each visit requiring different levels of support. In some instances there may be a requirement for staff from CHW to be present in the home environment both within and outside of normal working hours.

The following sections outline the family, nursing staff and CHW management responsibilities and should be adhered to in conjunction with the CHW Home & Community Visiting: Risk Management policy: http://webapps.schn.health.nsw.gov.au/epolicy/policy/3415

2 Family Responsibilities

- Prior to commencing the first out of hospital visit, the family must be familiar with the home visiting policy and aware of their responsibilities. A copy of the policy must be kept in the child's backpack at all times.
- The family must agree to the process of planned home visits/outings and that they will assume primary care of their child whilst they are home. A gate pass form must be signed. (Refer to CHW Admitted Patient Leave Policy)
- The family are responsible for checking all equipment prior to discharge and to ensure they have the correct amount of consumables for the visits. An emergency equipment checklist is available to assist families in this process
- The family must be present in the home and contactable at all times during an overnight home stay. Nursing staff are available to support the family with the child's care at home during this time.
- A fully charged mobile phone must be available for staff to use at all times. The family must ensure the mobile phone is charged whilst at home.
- The family are not required to provide meals for staff however they are required to provide access to a kettle, fridge and microwave.
- The nurse must be provided with a comfortable chair and have easy access to a bathroom.
- Parents must be familiar with the folders containing all necessary information which are available in the child's backpack (See Appendix 4 for folder contents).
- CHW staff working a 12 hour shift are entitled to the following breaks (in negotiation with the family, the staff member and the Nurse Unit Manager):
    - **i.** Day shift of 12.5 hours includes one half hour meal break and two x 20 minute tea breaks.
    - **ii.** Night shift of 12.5 hours includes one thirty minute meal break and a further one hour break or two x 30 minute breaks.

- CHW staff working 10 hour shifts are entitled to 2 x 20 minute tea breaks (in negotiation with the family, the staff member and the Nurse Unit Manager).
- 12 hour shifts commence at 0730hrs and end at 2000hrs (day shift) or commence at 1930hrs and end at 0800hrs (night shift). 10 hour night shifts commence at 2200hrs and are completed at 0800hrs
- As the families will be required to resume care during break periods, staff will need to negotiate break times at the commencement of the shift.
- If staff are utilising a taxi to attend the visit, they will arrive at CHW at the shift commencement time and arrive at the home following this.
- Outside house lights and internal lights must be left on to allow the CHW staff member to arrive safely to, and move within, the house.
- The family must protect the CHW staff from any pets.
- The family must provide suitable parking for CHW staff.
- The CHW staff member must be treated with respect. Any aggressive, violent or rude behaviour will not be tolerated by the staff member.
- Other equipment required must be easily available and in working order (e.g. hoist charged)

3 Management Responsibilities

The Nursing Unit Manager of the child's home ward must ensure that:

- The Home Visit Safety Risk Assessment sheet has been completed, and any potential issues have been resolved before proceeding with planned home visits (see Risk assessment sheet). The Risk Assessment is reviewed annually.
- Ensure all CHW staff entering the home have read, understood and are confident in their ability to adhere with the CHW Home & Community Visiting – Risk Management Procedure.
- Ensure that appropriate management strategies are implemented in a timely manner in response to incidents / issues that may arise.

The Sleep Medicine / Long Term Ventilation CNC must ensure that:

- A copy of '*the ambulance script*' (Appendix 3) is available if it becomes necessary to contact an ambulance during the visit. This ensures that Ambulance NSW is notified that the child is on long term ventilation.
- A NSW Ambulance P1 Protocol is completed before the child leaves the hospital on gate pass. This protocol alerts the NSW Ambulance service of the address of a child on long term ventilation and any specific directions for care.

4 Nursing Staff Role Responsibilities

The CHW nursing staff member must:

- Have read and understood the CHW Home & Community Visiting – Risk Management Procedure
- Assistants in Nursing (AIN) and Enrolled Nurses (EN) must have completed the workplace assessments for working with children who require long term ventilation in the in-patient setting prior to attending a home visit.
- Be familiar with the individualised risk management plans for each child (see Appendix 1 for template).
- Behave in a professional manner at all times.
- Have completed manual handling training as per CHW guidelines which includes completion of mandatory on-line HETI Hazardous Manual Tasks training (Course Code: 39962652). Additional training should be provided if required for individual children including development of an individualised manual handling plan.
- Ensure that a mobile phone is available for nursing staff use.
- Provide the Nursing Unit Manager/After Hours Nurse Manager with a list of emergency contact details.
- Report any incidents that occur on the visit immediately to the Nursing Unit Manager or After Hours Nurse Manager during the shift that this has occurred.
- If the CHW staff member feels a threat to their safety at any time, they must ensure the child's safety whilst protecting their own safety. The police should be called if they feel any risk to their safety and an ambulance should be called to transport the child back to CHW.

Specific responsibilities for Home Visits by Nursing Staff

In addition to the above staff responsibilities, staff performing home visits must:

- Be familiar with appropriate emergency procedures including:
  - Wake the family & instruct them to call an ambulance.
  - Commence the required resuscitation procedures.
- Call the Nursing Unit Manager/Team Leader/After Hours Nurse Manager on arrival at the child's home.
- Arrive at the family home at the official commencement time of their shift.
- If staff are utilising a taxi to attend the visit, they will arrive at CHW at the shift commencement time and arrive at the home following this.

  Note: A taxi voucher will only be issued under exceptional circumstances and needs to be negotiated with the Nursing Unit Manager.

Specific Responsibilities for School and Community Visits without a Parent /Guardian Present

In addition to the above staff responsibilities, nursing staff performing School Visits or Community visits without a parent or guardian present are required to:

- Obtain verbal consent from the parent/guardian to leave the hospital with their child. This must be documented in the progress notes.
- Notify the Nursing Unit Manager/Team Leader/After Hours Nurse Manager when they are leaving the hospital.
- Notify Nursing Unit Manager/Team Leader/After Hours Nurse Manager on arriving back at the hospital.
- Be familiar with appropriate emergency procedures including:
    - How to instruct a bystander and/or call an ambulance.
    - Commence the required resuscitation procedures.
- Complete the Equipment Checklist prior to the child leaving the Ward / Hospital.
- The AIN may administer individual doses of medication from blister packs/pre measured syringes if the medication has the child's name and instructions on the bottle and was dispensed from the CHW pharmacy. The AIN cannot calculate or draw up medication doses. A RN remains ultimately responsible to ensure that medication instructions & administration are clear & correct.

5 Equipment

- Mobile Phone- fully charged
- Child's folder including policies and contact numbers
- Laerdal bag with O_2 tubing
- Full Oxygen Cylinder, with adaptors for ventilator and O_2 tubing for bagging
- Suction Unit (checked) with fully charged batteries
- Fully Charged Batteries (Checked)
- Appropriate Sized Suction Catheters
- Size 12 suction catheter
- Spare tracheostomy tube
- Sodium Chloride 10mL X 5
- Water for Irrigation 10mL X 5
- Syringes 5mL, 20mL X 5
- Spare Trache Tapes
- Lubricating Jelly
- Scissors
- Gloves
- Humidivents
- Yankeur Sucker

6 Risk Management Plan

A Risk Management Plan needs to be developed for each different setting the child leaves the hospital to attend. These risk management plans must take into account the differing risks and mitigation strategies utilised in the different settings. Plans must be individualised to each child and tailored to identify their specific risk factors.

Included in Appendix 1, is a Risk Management Plan template. If the child is under the care of the hospital, it is the responsibility of the Long Term Ventilation Case Manager to ensure appropriate plans are in place in consultation with relevant stakeholders. If the child is already managed in the community, this template can be provided as a guide to the managing team.

Appendix 1: Risk Identification & Management Plan Cover page Template

Risk Management Plan prepared by:

This document needs to be prepared by the local area health service/the school and the family.

Input needs to be provided by the treating team as required.

Context:

Child specific information including age, name, diagnosis, functional abilities, hours at school, medical requirements, Transportation to school, location of school, specific training requirements, illness management plan for carer and/or child, school excursion plan, Environmental factors, Photos of the child and their equipment may be included.

Need to state the purpose of the document e.g. for management of the child at school, at home, in community etc. as well as the intended audience for the document.

In relation to school:

- *The schools responsibility is to review their evacuation plans in the context of the long term ventilated child, oxygen, mobility, weight of equipment, and route of egress.*

Introduction/Background:

This document has been drafted by the Long Term Ventilation (LTV) team at the Children's Hospital at Westmead as a guide for developing a risk management plan for a ventilated child. Consideration needs to be given to the individual needs of the child. Consideration needs to be given to the "duty of care" of other agencies involved (i.e. school etc).

The risk ratings have been based on the NSW Health Risk Matrix (Appendix 2). **Each facility needs to consider their own risk matrix and how this relates to the identified risks.**

Definitions:

- **Accredited Carer**: Work place assessments achieved in Suctioning, Tracheostomy Change, manual ventilation using a bagging technique, and Resuscitation. Assessments attended by the Tertiary referral hospital or Carer agency.
- **Trained School Staff**: Training provided on risks associated with child, bagging, resuscitation and in taking direction from the accredited carer.
- **Contingency Plan**: Escalation plan developed by the school.
- **Parent/Guardian**: trained to care for child in the community, training provided by discharging facility.

Note: *Below are examples of possible risks associated with taking a child using long term ventilation support into the community. Not all risks listed below will be relevant to all children. Please use as a guide to develop an individualised risk management plan.*

Risks Identified:

1. Respiratory/ ventilator risks
    - **i.** Apnoea/ Desaturation due to airway obstruction, decannulation and/or blockage
    - **ii.** Ventilator/ Equipment /Gas failure
    - **iii.** Loss of power or battery failure
    - **iv.** Cardio-respiratory arrest, death

2. Access issues & Environmental risks
   i. Staff cannot access child, his/her ventilator, tubing or tracheostomy due to crowding by students (*specific for schools)*
   ii. Fire or emergency (*specific for schools)*
   iii. The ventilator and child getting wet in the rain
   iv. High or low environmental temperatures

3. Medical risks
   i. Development of red areas or potential pressure areas- on elbows, neck, around brace, around tracheostomy tapes etc.
   ii. Concerns with catheterisation- e.g. possible infection, unable to pass catheter, change in colour or smell
   iii. Wet or soiled nappy
   iv. Child complaining or visibly sick/ dizzy or blurred vision
   v. Child's gastrostomy button falls out

4. Manual handling risks
   i. Child falls out of wheelchair or rolls off change table onto ground
   ii. Hoist breaks down
   iii. Hoist sling rips or malfunctions
   iv. Staff member injures during to manual handling procedure
   v. Manual handling of ventilator pole
   vi. Injury to child due to incorrect manual handling procedures, which could result in joint dislocation, fractures, wounds, pressure areas and chronic changes.

5. Transport risks/ Mobility risks
   i. Child falls over in wheelchair/ buggy
   ii. Child's feet / arms collide with are run into an obstacle (i.e. wall or a child)
   iii. Other children get run into by child's wheelchair or ventilator pole
   iv. Oxygen being carried on wheelchair
   v. Transport breakdown or no suitable vehicle for transport

6. Carer Risks
   i. Injury to carer or parents
   ii. Sickness of accredited carer

iii. Accredited carer requiring a short break

Each risk is covered in more detail in the below "Risk Identification and Management Plan". Risks have been assessed using the NSW Health Risk Matrix (Appendix 2).

Risk Identification & Management Plan

(Refer to the NSW Health Risk Matrix for information on the Risk Management Process)

1. Respiratory/Ventilator Risks

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Apnoea/ Desaturation due to airway obstruction, decannulation and/or blockage.	Major	Likely	E	1. Suction tracheostomy and ensure it is insitu. 2. Hand ventilate child with Self inflating bag 3. Instil 0.2ml of Normal saline if secretions thick or suction catheter difficult to pass 4. Continue with steps 1-3 until condition improves. 5. If tracheostomy blocked or has come out replace immediately. 6. Reposition and settle Child. 7. Staff and carers received in-service/training on tracheostomy suctioning, tracheostomy changes and hand ventilation. The carer attending school is to be accredited for all care. 8. If no improvement in clinical condition, call 000 and ask for an ambulance. Equipment Required at School Self inflating Bag, Spare Oxygen on wheelchair, suction equipment, spare tracheostomy.	Parent, Accredited Carer, Trained School staff to support carer, Contingency Plan		Moderate	Unlikely	N

Ventilator/ Equipment /Gas failure	Major	Possible	H	1. Hand ventilate Child with Self inflating Bag, check equipment 2. Ventilator failure, call parent at home to bring spare ventilator, if unavailable call 000 and ask for an ambulance. 3. Circuit failure, replace circuit with spare in bag, the school staff will be required to hand ventilate child while the circuit is changed. Carer accredited to change the circuit. 4. Gas Failure, Change oxygen cylinder with spare cylinder, if no oxygen call 000 and ask for an ambulance. Manage child on the ventilator until help arrives or hand ventilation if required. 5. Suction unit failure, call 000 and call an ambulance. 6. Bag breaks, call 000 and call an ambulance. Use ventilator where possible. 7. If mechanical/equipment problem not resolved within 5 minutes, call 000 for an ambulance. **Equipment Required at School** Self inflating Bag, Spare Oxygen, Phone, spare Circuit	Parent Competent Carer, Trained School staff to support carer, Contingency Plan		Moderate	Unlikely	N

SAMPLE

Loss of power or battery failure	Moderate	Possible	H6	1. Hand ventilate child, check equipment 2. Mains power connector to be with ventilator/in emergency bag. If battery failure, plug into mains power. Change batteries. 3. If mains power failure, use battery power. 4. Avoid draining internal battery on the ventilator. 5. If external battery depleting, call Parent to bring spare ventilator 6. Hand ventilate and call ambulance if power unable to be restored. **Equipment Required at School** Self inflating Bag, Oxygen, Phone, spare battery, battery charger, main power cord for ventilator	Parent Competent Carer, Trained School staff to support care, Contingency Plan		Moderate	Unlikely	N
Cardio-respiratory arrest, death	Catastrophic	unlikely	F	1. Commence resuscitation, All carers trained in CPR 2. Call 000 and ask for an Ambulance **Resources Required at School** Mobile phone, Self inflating bag, Oxygen	Parent Competent Carer, Trained School staff to support carer		Catastrophic	unlikely	F

SAMPLE

2. *Access Issues and Environmental Risks*

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Staff cannot access child, the ventilator, tubing or tracheostomy due to crowding by students (*specific for schools)*	Catastrophic	Likely	B	1. Education to be provided to children on Child's needs including issues with crowding and access to his equipment. 2. Children not to touch any of child's equipment including the wheelchair 3. Child requires supervision at all times by the accredited carer. The accredited carer to carry a whistle in case of emergency to alert other staff members to assist and to clear the children. Whistle system to be developed by school. 4. Staff on playground duty to carry a mobile phone in case of emergencies.	School, Accredited carer, Teachers		Moderate	Possible	M
Fire or emergency in the school grounds *(specific for schools)*	Catastrophic	Unlikely	F	1. School to develop fire evacuation plan in accordance with local emergency procedures. 2. Accredited carer to remain with Child at all times during the evacuation or emergency.	School, Accredited carer, Teachers		Moderate	Unlikely	N

SAMPLE

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
The ventilator and Child getting wet in the rain.	Major	Likely	E	1. Child to remain under cover at all times during inclement weather. 2. When it is wet underfoot, Child is not permitted on the grass or dirt areas. He is to remain on surfaced areas at all times. 3. When Child is mobilising between rooms/ transport to school etc. an umbrella should be held to protect him and the ventilator where cover is not available.	School, Accredited carer, Parents, Teachers		Negligible	Unlikely	X
Child becoming acutely unwell due to extremes in environmental temperatures	Major	Almost certain	D	1. Child has difficulty with temperature sensation and self regulation of his body temperature this puts him at risk of his body temperature becoming too high or too low if in an inappropriate environment or attire is insufficient. 2. Child is not to be left in direct sunlight unprotected for any period of time. 3. Child is to wear protective clothing for both the heat and the cold. 4. Ensure school sun protection procedures are followed	School, Teachers, Parents		Negligible	Unlikely	X

SAMPLE

3. Medical Risks

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Child develops red areas or potential pressure areas- on elbows, neck, buttocks, around brace, around tracheostomy tapes	Moderate	Likely	K	1. Accredited carer and parents to provide regular checks of child's skin integrity and observe for red marks or developing pressure areas. If red marks are located they should be monitored over a period of 30 minutes and if red area persists, follow appropriate nursing management as provided in training. 2. If child has an existing pressure area this must be communicated to school, accredited carers and the parents on a daily basis as well as the current management plan. 3. If a broken down skin area is identified, Parent should be contacted and potential pressure causing agent is reduced. E.g. if skin is broken down on the buttocks or sacral area, remove child from chair and place in side lying or red area around neck- ensure tapes are not too tight, try repositioning or applying a dressing.	School, Accredited carer, Parents		Minor	Possible	R

SAMPLE

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Concerns with catheterisation e.g. possible infection, unable to pass catheter, change in colour or smell of urine	Moderate	Almost certain	J	1. Attend to catheter as trained, using appropriate technique 2. If unable to pass catheter, carer should contact parent and ask if they are able to try once more. 3. If change in colour or smell, carer should inform parent to have urine checked by GP/hospital.	Accredited carer, Parents		Moderate	possible	M
Wet or soiled nappy causing wetness which may contribute to development of pressure areas and social discomfort.	Minor	Possible	R	1. Ensure catheters are performed at scheduled times and check nappy at this time. 2. If nappy is wet or soiled change nappy and communicate to parent on return home from school. 3. If there is an indication that the child is unwell due to excessive soiling or urination contact the parent as per Healthcare plan.	Accredited carer, Teacher, School, Parents		Negligible	Possible	W
Child complaining of feeling sick/ dizzy or blurred vision	Minor	Possible	R	1. Lie child flat on change table to see response to different position. If no change in clinical condition call 000 for an ambulance and communicate this to parent. 2. If child responds to lying down, communicate with parent on return home.	Parent Accredited carer		Minor	Possible	R

SAMPLE

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Childs gastrostomy button falls out.	Minor	Possible	R	1. Deflate balloon if inflated. 2. Reinsert the gastrostomy button. 3. Add 4mls of water to the balloon and continue to use the button. 4. If you are not trained in this area and the child has a gastrostomy, cover the site with a dressing and return to CHW for a surgical review. 5. If concerned, call stoma CNC in hours otherwise present to ED.	Parent Accredited Carer		Minor	Possible	R

SAMPLE

4. Manual Handling Risks

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Child falls out of wheelchair or rolls off change table onto ground	Major	Possible	H	1. Ensure child is secured in the wheelchair with appropriate restraints as educated by therapists. 2. Child is not to be left unattended on the change table. 3. If Child does fall out of the wheelchair, ensure Child is safe and not injured and assess airway as per point 1 a). 4. When child is safe, if hoist available get hoist and hoist child as per Safe Work practice attached to hoist. 5. If hoist unavailable due to environment (e.g. in playground) then top and tail lift with two adults and an additional person to hold and monitor the tubing.	Parent, Accredited Carer, Trained School staff to support carer		Negligible	Unlikely	X

SAMPLE

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Hoist breaks down	Moderate	Likely	K	1. Regular safety checks should be conducted on the hoist once a week. 2. Check Safe Work Practice attached to hoist for trouble shooting. 3. Check battery has been attached correctly and is charged. 4. Ensure red emergency button hasn't been knocked in. 5. If Child is in sling and hoist when it breaks down, hoist should have manual safety mechanism to release the child.	Parent, Accredited Carer, Trained School staff to support carer		Minor	Possible	R
Sling rips or malfunctions	Moderate	Likely	K	1. Regular weekly checks of sling to ensure there are no rips or tears. 2. Follow safe work practice to ensure slings are used in correct way. 3. Slings to be washed as per manufacturers instructions. 4. If sling rips whilst child insitu then one adult to operate the hoist and the other to support the child's body weight with their upper limbs, held close to their body.	Parent, Accredited Carer, Trained School staff to support carer		Negligible	Unlikely	X

SAMPLE

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Staff member injures self due to manual handling (*specific for school)*	Major	Likely	E	1. Safe manual handling procedures to be followed at all times, including utilisation of the sling and hoist for all transfers. (Unless in event of emergency as outlined above) 2. Staff and carers to undergo regular manual handling training, including specific training related to child's needs. 3. If manual handling concerns arise or an injury is sustained follow employment reporting guidelines for WHS and injury.	Community/ hospital therapists, Accredited carer, School, Teachers		Moderate	Possible	M
Manual Handling of the ventilator pole	Major	Possible	H	1. Comply with safe manual handling procedures 2. Wheel the pole only, not to be lifted under any circumstances 3. Pole should not be used if damaged, report to school	Parents, Community/ hospital therapists, Accredited carer, School, Teachers		Moderate	Possible	M
Injury to child due to incorrect manual handling procedures, which could result in joint dislocation, fractures, wounds, pressure areas and chronic changes.	Major	Possible	H	1. Appropriate manual handling procedures in place for the child 2. Use of manual handling equipment as required, for example hoist, appropriate slings, and joint protective splints, shower trolleys, slides. 3. Manual handling should always be developed by the Occupational therapist and physiotherapist as required.	Community/ hospital therapists, Accredited carer		Major	Unlikely	I

SAMPLE

5. Transport/Mobility Risks

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Child falls over in their wheelchair	Catastrophic	Unlikely	F	1. Child is to remain predominantly on flat, even surfaces. A flat grassed area is permitted under supervision. 2. If it is wet or muddy the child is not to go on the grassy or muddy areas of the playground. 3. If child falls over in the wheelchair check the airway and ensure the child is not injured and safe. 4. Manual wheelchair needs to be lifted by a minimum of 3 adults (following safe manual handling guidelines). 5. Power wheelchair needs to be lifted by a minimum of 4 adults. Ensure power wheelchair is switched off prior to lifting the wheelchair (following safe manual handling guidelines). 6. Once child's wheelchair is upright again check the airway again and ensure the child is not injured and does not require any further medical attention. 7. Check wheelchair for damage, including tyres and frame of wheelchair.	Parent, Community/ hospital therapists Accredited carer School Teachers		Minor	Unlikely	U

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Child's feet / arms collide with an obstacle (e.g. wall)	Minor	Possible	R	1. Child to wear shoes and socks at all times at school. 2. Ensure ankle huggers on footplates are strapped around child's ankles at all times. 3. Considerable care must be taken when pushing Child in the manual wheelchair. 4. If child does hit their feet remember that the child has considerably impaired sensation and may not report feeling any pain despite doing damage. Therefore in all instances of hitting their feet- remove shoes and socks, roll up pants and inspect for red, broken or swollen areas. Follow first aide if injury has been sustained. 5. Report the incident to the parents when returning home.	Community/ hospital therapists Accredited carer School Teachers Parents		Negligible	Unlikely	X
Other children get run into by Child's wheelchair (*specific for school)*	Moderate	Likely	K	1. Education of students to be provided with support from therapists re. Child and child needs. 2. Children are not to touch Child's wheelchair or equipment.	Community/ hospital therapists Accredited carer School Teachers Parents		Minor	Unlikely	U

SAMPLE

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Oxygen being carried on wheelchair risk of explosion or manual handling risk.	Major	Unlikely	I	1. Ensure oxygen is secured to wheelchair on existing brackets. Check on a daily basis that oxygen is restrained appropriately. 2. If Oxygen cylinder falls off replace onto wheelchair using safe manual handling techniques. 3. Comply with Manufacturers MDS.	Community/ hospital therapists Accredited carer School Teachers Parents		Moderate	Rare	O
Transport breaks down/ no suitable vehicle for transport	Moderate	Possible	M	1. Call a wheelchair accessible taxi if the child remains stable. 2. If battery life is low, may need to call an ambulance on 000.	Parent Accredited Carer Transport Driver		Minor	Possible	R

SAMPLE

6. *Carer Risks*

Identified Risks	Initial Risk			Actions Required or Implemented	Person(s) Responsible	Date/ Timeframe	Residual Risk		
	Consequence	Likelihood	Rating				Consequence	Likelihood	Rating
Injury to carer or parents	Major	Possible	H	3. All Carers to be familiar with safe lifting techniques 4. Injury to carer unable to continue to care for child. Call parent if child can be supervised by an assistant carer. Call 000 and ask for an ambulance if child's condition deteriorates or the family is not able to attend	Community/ hospital therapists Accredited carer School Teachers Parents		Negligible	Possible	W
Sickness of accredited carer	Major	Possible	H	5. Injury to carer unable to continue to care for child. Call parent if child can be supervised by an assistant carer. Call 000 and ask for an ambulance if child's condition deteriorates or the family is not able to attend	Community/ hospital therapists Accredited carer School Teachers Parents		Negligible	Possible	W
Accredited carer requiring a short break	Major	Possible	H	1. Ensure child is clinically stable, assess ventilation and secretions prior to leaving the child 2. Child to be left in the supervision of a trained carer or adult.	Community/ hospital therapists Accredited carer School Teachers Parents		Negligible	Possible	W

SAMPLE

Appendix 2 – NSW Health Risk Matrix

NSW Health Risk Matrix

Risk rating	Action required
Red = Extreme (A – E)	Escalate to CE or Head of Health service or Secretary, MoH. A detailed action plan must be implemented to reduce risk rating with at least monthly monitoring and reporting.
Orange = High (F – K)	Escalate to Senior Management. A detailed action plan must be implemented to reduce risk rating.
Yellow = Medium (L – T)	Specify Management Accountability and Responsibility. Monitor trends and put in place improvement plans.
Green = Low (U – Y)	Manage by routine procedures. Monitor trends.

CONSEQUENCE EXAMPLES

NSW HEALTH RISK CATEGORIES	Catastrophic	Major	Moderate	Minor	Minimal
Clinical Care & Patient Safety	Unexpected multiple patient deaths unrelated to the natural course of the illness.	Unexpected patient death or permanent loss/reduction of bodily function unrelated to the natural course of the illness.	Unexpected temporary reduction of patient's bodily function unrelated to the natural course of the illness which differs from the expected outcome.	Patient's care level has increased unrelated to the natural course of the illness.	First Aid provided to patient unrelated to the natural course of the illness.
Health of the Population	An increase in the prevalence of known conditions contributing to chronic diseases across the state-wide population health KPI categories currently measured by NSW Health and or an increase of more than 10% in one or more category.	Failure to materially reduce the prevalence of known conditions contributing to chronic disease across the majority of the state-wide population health KPI categories measured by NSW Health and or an increase of more than 5% up to 10% in one or more category.	Failure to materially reduce the prevalence of more than one of the known conditions contributing to chronic disease from the state-wide population KPI categories measured by NSW Health and or an increase of more than 2% and up to 5% in one or more category.	Failure to reduce the prevalence of one of the known conditions contributing to chronic disease from the state-wide population health KPI categories measured by NSW Health or an increase of up to 2% in one or more category.	A preventative Health program has not demonstrably met planned objectives but the prevalence of known condition is continuing to decrease in line with KPI targets.
Workforce	Unplanned cessation of a critical state-wide program or service or multiple programs and services.	Unplanned cessation of a service or program availability within a Service Area with possible flow on to other locations.	Unplanned restrictions to services and programs in multiple locations or a whole hospital or community service.	Unplanned service delivery or program delays localised to department or community service.	Minimal effect on service delivery.
Communication & Information / Facilities & Assets / Security	Cessation of services due to loss, damage or unauthorised access to property, assets, records and information.	Prolonged service disruption or suspension of services due to the loss, damage or unauthorised access to property, assets, records and information.	Temporary suspension of services due to the loss, damage or unauthorised access to property, assets, records and information.	Localised disruption to services. Minor loss, damage or unauthorised access to property, assets, records and information.	Minimal effect on services. No loss or damage to property, assets, records or information.
Emergency Management	State-wide system dysfunction resulting in total shutdown of service delivery or operations.	Services compromised as service providers are unable to provide effective support and other areas of NSW Health are known to be affected.	Disruption of a number of services within a location with possible flow on to other locations in the area.	Some disruption within a location but manageable by altering operational routine.	No interruption to services.
Legal	Legal judgement, claim, non compliance with legislation resulting in indeterminate or prolonged suspension of service delivery.	Legal judgement, claim, non compliance with legislation resulting in medium term suspension of service delivery.	Legal judgement, claim, non-compliance with legislation resulting in medium term but temporary suspension to services.	Legal judgement, claim, non-compliance with legislation resulting in short term disruption to services.	Legal judgement, claim or legislative change but no impact on service delivery.
Finance	More than 5% over budget NOT recoverable within the current or following financial year. Unable to pay staff or finance critical services.	Up to 5% over budget or a material overrun NOT recoverable within the current financial year. Unable to pay creditors within MOH benchmark.	Up to 5% over budget but recoverable within current financial year.	Up to 1% temporarily over budget and recoverable within current financial year	Less than 1% over budget. Temporary loss of or unplanned expenditure related to individual program or project but no net impact on budget.
Work Health & Safety	Multiple deaths or life threatening injuries or illness to non-patients.	Death or life threatening injury or illness causing hospitalisation of non-patients.	Serious harm, injury or illness causing hospitalisation or multiple medical treatment cases for non-patients.	Minor harm, injury or illness to a non-patient where treatment or First Aid is required.	Harm, injury or illness not requiring immediate medical treatment.
Environmental	Permanent effect on the environment or is unlikely to recover.	Long term effect on the environment. The environment will only recover through external assistance / intervention (EPA)	Short term effect on the environment. Environment likely to make a full recovery through local planning and response measures.	Minor effect on the environment. Environment to make a full recovery by routine procedures	No lasting effect on the environment.
Leadership and Management / Community Expectations	Failure to meet critical priority KPI's included in the service's performance agreement. Sustained adverse national publicity. Significant loss of public confidence, loss of reputation and/or media interest across NSW in services.	Failure to meet a significant number of priority KPI's included in the service's performance agreement. Sustained adverse publicity at a state-wide level leading to the requirement for external intervention. Systemic and sustained loss of public support/opinion across a service.	Failure to meet a number of priority KPI's included in the services' performance agreement. Increasing and broadening adverse publicity at a local level, loss of consumer confidence, escalating patient/consumer complaints. Extended loss of public support/opinion for a Facility/Service.	Failure to meet one or more of the KPI's (excluding priority KPI's) included in the service's performance agreement. Periodic loss of public support.	Minimal impact on local operations, local management review and occasional adverse local publicity.

CONSEQUENCE RATINGS

Probability	Frequency	LIKELIHOOD	Catastrophic	Major	Moderate	Minor	Minimal
> 95% to 100%	Several times a week	Almost certain	A	D	J	P	S
> 70% to 95 %	Monthly or several times a year	Likely	B	E	K	Q	T
> 30% to 70%	Once every 1 -2 years	Possible	C	H	M	R	W
> 5% to 30%	Once every 2 – 5 years	Unlikely	F	I	N	U	X
< 5%	Greater than once every 5 years	Rare	G	L	O	V	Y

Appendix 3- Emergency Script Template

EMERGENCY "SCRIPT" FOR

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Call 000 and state the following:

- ***Age of child***
- **KNOWN PATIENT OF CHILDREN'S HOSPITAL AT WESTMEAD**
- **NEEDS TO ATTEND CLOSEST HOSPITAL FOR ASSESSMENT**
- **TRACHEOSTOMY IN SITU**
- **OXYGEN DEPENDEDENT (if required)**
- **INVASIVE VENTILATION REQUIRED**

SAMPLE

Appendix 4- Emergency bag folder

EMERGENCY FOLDER FOR

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Contents:

- ☐ Individual Risk Management Plan
- ☐ Emergency Contact List
- ☐ Ambulance Script
- ☐ Emergency Equipment Checklist
- ☐ Home Visiting Policy and Procedure
- ☐ Other

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SAMPLE