HIGH-IMPACT AND HIGH-PREVALENCE RISKS POLICY AND PROCEDURE

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Purpose and Scope

The purpose of this policy and procedure is to outline Bilingual Care's approach to ensuring proactive and systematic identification, prevention and evaluation of High Impact, High Prevalence (HIHP) personal and clinical risks that may compromise the safety, health and well-being of consumers, and to reduce harm to consumers receiving Support at Home services.

It applies to all staff, health professionals and others involved, who are directly or indirectly responsible for the delivery of personal care, clinical support and domestic assistance under the Support at Home program and meets relevant legislation, regulations and Standards.

All staff, health professionals and consultant health professionals are accountable for their own practice and must only undertake work within their scope and Code of Practice of their professional body for HIHP supports.

Applicable Strengthened Aged Care Quality Standards

- *Standard 1. The Person*
- *Standard 2. The Organisation*
- *Standard 3. The Care and Services*
- *Standard 4. The Environment*
- *Standard 5. Clinical Care*
- *Standard 6. Food and Nutrition*

Definitions[1]

High-Impact Risks – risks that can have a significant effect and/or serious consequences on a person's safety, health, or wellbeing, and could cause serious harm or deterioration in a consumers' condition.

High-Prevalence Risks – clinical issues that occur frequently among a particular group that are affected by the same condition or risk.

Policy

Aligned with its *Clinical Governance Framework* and *Risk Management Policy and Procedure*, Bilingual Care recognises the need to manage all consumer risks. The organisation is

[1] Aged Care Quality and Safety Commission 2023, *Aged Care Quality and Safety Commission – Glossary*, Australian Government, accessed 18 October 2025, https://www.agedcarequality.gov.au/about-us/corporate-documents/aged-care-quality-and-safety-commission-glossary

committed to maximising the safety of aged care consumers who are vulnerable to high-impact or high-prevalence risks associated with personal and clinical care services.

Procedures

General

HIHP risks refer to clinical issues that occur frequently (High Prevalence) and have significant and or serious consequences for a consumer's health, safety and wellbeing (High Impact).

Common HIHP risks in supporting consumers at home are that the person may be more vulnerable due to frailty, multiple chronic co-morbidities, cognitive decline, mental health deterioration, limited supervision (includes falls, pressure injuries), malnutrition, under nutrition, dehydration, medication mismanagement, poor infection control practices, abuse or neglect (refer to **Table 1** to for detailed descriptions of HIHPs in an aged care setting)

HIHP Risk Management is about a cycle of identification, evaluation, mitigating risks and monitoring and evaluating for continuous improvement, as shown in the diagram below:



It is essential to monitor and prevent HIHP as the clinical care risk is high impact. The impacts include:

- **preventable harm, pain and suffering** - early identification and intervention can prevent, avoidable presentation of the consumer to an emergency department, preventable hospitalisation and unnecessary transitions of care from home to other support services
- **avoidance of undue stress** to the consumer, family and carers
- **reduction in quality of life** of the consumer
- **introduction of new medications** that were previously not required, increasing the risk of Polypharmacy and medication related incidents, and
- **increased costs** related to care

Bilingual Care ensures there are strategies, controls and processes in place to manage high-impact and high-prevalence risks. These include risk management strategies and policies and procedures that relate to:

- Governance
- Clinical Governance
- Compliance
- Continuous Improvement
- Risk Management
- Assessment, Planning and Reviews
- Decision making, Dignity and Choice
- Inclusion, Diversity and Culturally Safe Planning
- Personal Care
- Human Resources / Workforce Management
- Staffing
- Consumer Incident Management
- Infection Control
- Medication Management
- Workplace Incident Management and
- Associated Providers

The Clinical Advisor will monitor and oversee HIHP risks for accountability and the ongoing provision of safe support services.

Risk Identification

The Clinical Advisor will provide clear information to consumers (and their supporters/representatives) in ways that best suit their individual communications needs, on how Bilingual Care manages risks.

The Clinical Advisor must identify consumer risks via the *Consumer Risk Assessment* at initial intake and develop a *Care Plan* accordingly, as per Bilingual Care's *Initial Assessment and Care Planning Policy and Procedure*.

Home Environmental Risk Assessments will also be conducted at intake to identify any risks and strategies to mitigate risks in the home environment, completed in collaboration with the consumer and included as part of the *Care Plan*.

Consumer Risk Assessments and *Home Environmental Risk Assessments* must be conducted in accordance with the *Risk Management Policy and Procedure*.

Risk Management

Bilingual Care manages high-impact, high-prevalence risks through:

- screening and assessment processes, and using EziHealth to ensure identification, monitoring, and review processes are in place and implemented
- documenting all elements of care, including *Care Plan* development and review
- regular Quality Care Advisory Body and Leadership Team meetings that review incidents, feedback and complaints, and continuous improvement data and trends
- providing clear information to consumers and their supporters in ways that suit their individual communication needs, on current procedures and how the organisation manages risks, including through the *Consumer Handbook.*

- providing opportunities for consumers, their representatives, staff, and other stakeholders to provide feedback and

The Clinical Advisor will ensure staff are provided training and education on HIHP risks at induction, and mandatory ongoing training and professional development opportunities. The training will include:

- recognising risks
- identifying types of risks and
- the required reporting and escalation

The Clinical Advisor will track and undertake trend analysis of HIHP risks and incidents to support continuous improvement of ongoing care and support.

The QCAB will regularly review incidents, feedback and complaints for continuous improvement and data trends. As per the *Consumer Incident Management* and *Workplace Incident Management* policies and procedures, incident reporting provides Bilingual Care with the data and trend information required to implement continuous improvement strategies for consumers and the organisation.

High-Impact and High-Prevalence Risks

The common areas of high-impact or high-prevalence risk are identified in the Strengthened Aged Care Quality Standards (Standards 3 and 5).[2]

High Impact and High Prevalence Risks in Support at Home includes:

- Choking and swallowing
- Continence
- Falls and mobility
- Nutrition and hydration
- Mental health and wellbeing
- Delirium
- Oral health
- Pain and pain management
- Pressure injuries and wounds
- Sensory impairment, including declining hearing loss, vision loss and balance disorders

Other High Impact High Prevalence (HIHP) risks include:

- Medication management
- Restrictive Practices
- Aggressive or violent behaviour
- Infection control and Infectious disease outbreaks

The risks and examples in a home care setting, as identified by the Aged Care Quality and Safety Commission, are detailed in **Table 1** below.

[2] Aged Care Quality and Safety Commission (2025) *Quality Standards*. Accessed 18 October 2025 from https://www.agedcarequality.gov.au/providers/quality-standards

Table 1: Common HIHP Risks in Support at Home Settings

Risk Category	Examples	Risk Type	Examples in Home Support Context
1. Choking and Swallowing	• choking • aspiration pneumonia • death from choking	Choking/ Swallowing difficulties	• undiagnosed swallowing difficulties • change in appetite • weight loss
2. Continence	• incontinence • poor skin integrity • poor toileting practices	Incontinence	• poor toileting practices • incontinence and associated dermatitis
3. Falls and Mobility Decline	• slips, trips, • lack of mobility aids • poor monitoring of mobility	Falls	• unsafe environments • poor mobility • lack of supervision or aides
4. Nutrition and Hydration	• malnutrition • dehydration • swallowing difficulties • weight loss or gain • chronic conditions e.g. obesity, type 2 diabetes, cardiovascular diseases	Malnutrition, Dehydration	• missed meals • undetected swallowing issues • poor hydration monitoring • weight loss / gain • Urinary Tract Infection • constipation • delirium • obesity
5. Mental Health / Cognitive Decline	• depression • anxiety • social isolation • suicide risk • self-harm • dementia related risks • cognitive decline • wandering • confusion • poor decision making	Mental health decline, Cognitive decline	• depression • anxiety • isolation • suicide risk • wandering • confusion • poor decision making • dementia related risks • psychological and physical safety risks
6. Oral Health	• dehydration • malnutrition • weight loss • reduced ability to eat / drink and enjoy quality life	Oral health decline	• Poor oral health due to lack of regular checkups • poor dental care • poor diet
7. Pain	• confusion • depression • isolation • taking longer to get better	Lack of pain management	• interrupted sleep • poor nutrition • decreased mobility
8. Pressure Injuries and wounds	• poor skin integrity • lack of responsibility • inadequate wound care	Pressure Injuries and wounds	• poor skin care • poor nutrition and hydration monitoring • delayed wound management
9. Sensory Impairment	• hearing loss • vision loss • balance disorders	Sensory Impairment	• loss of independences, function and quality of life • lack of assistance devices and aides

Risk Category	Examples	Risk Type	Examples in Home Support Context
Other			
10. Medication Mismanagement	• missed dosages • incorrect administration • polypharmacy risks	Medication Errors and related adverse events	• missed doses • incorrect administration • poor reconciliation of medications
11. Delirium	• poor understanding about the difference between delirium, depression and dementia • incorrect diagnosis and treatment.	Delirium, inability to stay focused and pay attention, disrupted sleep pattern, hallucinations and delusion. Rapid mood changes.	• cognitive impairment • decline • increased risks of falls • incontinence • functional decline • decreased mobility • poor nutrition • confusion and disorientation - rapid onset usually due to infection
12. Restrictive Practices	• physical restraint • chemical restraint	Restraint	• freedom of movement restricted • physical, psychological harm • risk of falling • hospitalisation • death • side-effects related to psychotropic medications
13. Infection Control	• poor hygiene practices • cross contamination	Infection Control	• poor hygiene • cross contamination risks
14. Abuse or neglect	• physical, emotional, financial abuse • lack of safeguarding protocols	Abuse or neglect	• physical, emotional, financial abuse • lack of safeguard protocols in place
15. Aggressive or Violent Behaviours	• dementia • alcohol and drug abuse	Self-Harm, Threatening	• confrontational, aggressive and threatening to harm themselves • agitation • sundowning (increased confusion, restlessness, agitation and/or irritability as daylight begins to fade)

Table 2: High-impact, High–prevalence Consumer Risks and associated information as per the Standards, Governance Policies and Procedures, Service Delivery Policies and Procedures and Clinical Policies and Procedures.

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
1. Choking and Swallowing **Choking and swallowing** difficulties can be common and is high risk among consumers living at home. **Dysphagia** (swallowing difficulty) if not managed can lead to: • choking • aspiration pneumonia, and • death from choking. It is therefore important to implement processes to support safe chewing and swallowing when the consumer is eating, drinking, taking oral medications and during oral care support in the home. Staff must be trained to recognise and report any signs of distress e.g. coughing during mealtimes, changes in appetite and/or weight loss in a timely manner for intervention. Training and education competency should include: • food preparation, textured food and drinks preparation, including mealtime management training to be provided for staff assisting those with mealtime difficulties, and • providing effective and safe oral care to minimise choking as a result of the involuntary gag reflex. Evaluation by Speech Pathologist and recommendations for texture modified foods as appropriate and Dietitian recommendations on texture modified foods i.e. soft, minced, pureed food and thickened drinks to help reduce choking risk to be undertaken including regular follow-ups.	<u>Governance and Management Policies and Procedures</u> • Associated Providers Policy and Procedures • Continuous Improvement Policy and Procedure • Governance Policy and Procedure • Infection Control Policy and Procedure • Performance Management Policy and Procedure • Performance Review Policy and Procedure • Training and Development Policy and Procedure • Risk Management Policy and Procedure <u>Service Delivery Policy and Procedure</u> • Care Review Policy and Procedure • Case Notes Policy and Procedure • Incident Management Policy and Procedure • Consumer Rights Policy and Procedure • Feedback and Complaints Policy and Procedure • Food Storage and Preparation Policy and Procedure • Mealtime Management Policy and Procedure • Initial Assessment and Care Policy and Procedure <u>Clinical Policies and Procedures</u> • Clinical Governance Framework • Dysphagia Management Policy and Procedure • Enteral Feeding Policy and Procedure • Medication Management Policy and Procedure Supporting Documents • Assessment and review documentation • Mealtime Management Plans • Charts for diet, fluid balance, weight, and blood sugar monitoring

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
Pharmacist to review medications for ease of swallowing (where applicable).	Resources • Food, nutrition and & dining resources for providers (ACQSC) • Statement of Rights • *Au*SPEN Resources (Enteral and Parenteral Nutrition) • Dieticians Australia • Health-related Quality of Life (HRQOL) Instrument Training and Competencies • Oral Care Hygiene Competency • Food preparation • Hygiene and handwashing Referrals • Speech Pathologist • Dietitian
2. Continence Effective continence management is an important aspect of a consumer's quality of life. Managing continence in the home involves developing a personalised *Continence Management Plan* to address bladder and bowel control issues to optimise dignity, comfort, function and mobility. Ensuring risk of incontinence is minimised requires safe, timely and responsive assistance with toileting and includes: • establishing routines with timed bathroom visits e.g. after meals. • ensuring bathroom is accessible - raised toilet seat, grab bars to facilitate access, and • providing 1:1 assistance with the toileting process. Managing incontinence involves use of incontinence aids, pads and may also involve catheters. Skin hygiene care is important especially in the perineal areas to prevent irritation and infections.	Governance and Management Policies and Procedures • Associated Providers Policy and Procedures • Continuous Improvement Policy and Procedure • Governance Policy and Procedure • Infection Control Policy and Procedure • Performance Management Policy and Procedure • Performance Review Policy and Procedure • Risk Management Policy and Procedure • Training and Development Policy and Procedure Service Delivery Policies and Procedures • Care Review Policy and Procedure • Case Notes Policy and Procedure • Decision Making, Dignity and Choice Policy and Procedure • Feedback and Complaints Policy and Procedure • Personal Care Policy and Procedure • Service Delivery and Participation Policy and Procedure • Consumer Rights Policy and Procedure • Initial Assessment and Care Policy and Procedure

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
Protecting skin integrity and minimising incontinence associated dermatitis requires: • gentle cleaning of the perineal area with a non-irritating cleanser after each incontinence episode • keeping the skin dry by regularly changing soiled pads • protecting the skin with a moisture barrier cream or spray, and • timely consultation with healthcare professionals on any signs of dermatitis and/or excoriation for early treatment.	<u>Clinical Policies and Procedures</u> • Clinical Governance Framework • Dementia and Cognitive Decline Policy and Procedure • Urinary Catheter Management Policy and Procedure • Continence Management Plan • IDC / SPC Management Plan <u>Training and Competencies</u> • Urinary Catheters (IDC/SPC) • infection prevention and control • hygiene and handwashing
3. Falls and Mobility Falls are a significant risk and cause of harm for the elderly, especially those with cognitive impairment living at home. Falls management strategies include: • managing mobility to prevent functional decline by undertaking exercises that targets balance and functional mobility to reduce falls, and • ensuring effective and timely post falls care which includes immediate care post falls, assessment and review strategies to prevent future falls, update of Care Plan, education of staff. Monitoring falls and injury trends, reviewing reasons (lack of mobility aids, assistive aids, bed height, toileting needs, lighting), issues and consequences (bruises, fractures, head trauma, death) is vital in the development of strategies for the Management and Prevention of future falls. Ways to minimise risks can include: • managing cognitive impairment and delirium to reduce falls risk • managing dizziness, vertigo, syncope that can contribute to falls • managing continence and incontinence • creating a safe environment to prevent slips and trips resulting in falls	<u>Governance and Management Policy and Procedures</u> • Associated Providers Policy and Procedure • Continuous Improvement Policy and Procedure • Risk Management Policy and Procedure • Safety and Security Policy and Procedure • Training and Development Policy and Procedure • Performance Management Policy and Procedure • Performance Review Policy and Procedure <u>Service Delivery Policies and Procedures</u> • Care Review Policy and Procedure • Case Notes Policy and Procedure • Incident Management Policy and Procedure • Decision Making, Dignity and Choice Policy and Procedure • Inclusion, Diversity and Culturally Safe Service Delivery Policy and Procedure • Initial Assessment and Care Planning Policy and Procedure • Personal Care Policy and Procedure <u>Clinical Policies and Procedures</u> • Clinical Governance Framework • Dementia and Cognitive Decline Policy and Procedure

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
• using mobility aids to assist with safe mobilisation • supervision with mobility • using safe footwear and addressing any feet issues • regular hearing and vision checks to assist with identifying environmental hazards • undertaking medication reviews to adjust medications to minimise risk of falling, and • having vitamin supplements to improve muscle strength and bone mineral density Restrictive practices are to be the last option considered in care provision as it increases the risk of falls.	• Medication Management Policy and Procedure • Minimizing the use of Restrictive Practices Policy and Procedure • Falls Management Policy and Procedures <u>Training and Competencies</u> • Risk assessment (person and environment)
4. Nutrition and Hydration Malnutrition is a serious high-risk problem, especially for the elderly living at home, when they are not getting enough of the right nutrients the body needs. This can lead to weight and muscle loss, weakened immune system, falls and hair loss. Adequate Nutrition and Hydration processes include: • regular MST Screening to identify adults who are malnourished • minimising the impact of chronic conditions e.g. Type 2 Diabetes, Cardiovascular diseases, and • responding to risk of malnutrition, unplanned weight loss or gain Key components of home Nutrition and Hydration Support include: • nutritional assessment and planning to determine specific dietary needs, address decreased appetite, swallowing difficulties and develop a Nutrition Plan • assistance with menu planning, food budgeting, grocery shopping or having pre-prepared nutritionally balanced meals delivered to the home	<u>Governance and Management Policies and Procedures</u> • Associated Providers Policy and Procedures • Continuous Improvement Policy and Procedure • Governance Policy and Procedure • Infection Control Policy and Procedure • Performance Management Policy and Procedure • Performance Review Policy and Procedure • Risk Management Policy and Procedure • Staffing Policy and Procedure • Training and Development Policy and Procedure <u>Service Delivery Policies and Procedures</u> • Care Review Policy and Procedure • Case Notes Policy and Procedure • Consumer Incident Management Policy and Procedure • Consumer's Rights Policy and Procedure • Decision Making, Dignity and Choice Policy and Procedure • Feedback and Complaints Policy and Procedure • Initial Assessment and Care Planning

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
• assistance during mealtimes to ensure the consumer is safe and consuming adequate food and fluids • strategies to encourage adequate fluid intake - regular reminders providing appropriate drinks or thickened fluids • oral nutritional supplements • education on healthy eating choices, meal planning, managing meals for specific health conditions (e.g. Diabetes, Dysphagia) • monitoring of weight and nutritional intake, and • provision of appropriate and or modified eating aids.	Policy and Procedure • Mealtime Management Policy and Procedure <u>Clinical Policies and Procedures</u> • Clinical Governance Framework <u>Supporting Documents</u> • Assessment and review documentation • Mealtime Management Plans • Charts for diet, fluid balance, weight, and blood sugar monitoring <u>Resources</u> • <u>Statement of Rights</u> • <u>Food, nutrition and & dining resources for providers (ACQSC)</u> • <u>*Au*SPEN Resources (Enteral and Parenteral Nutrition)</u> • <u>Dieticians Australia</u> • <u>Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Assessment Tools</u> • <u>Falls Risk Assessment Tool (FRAT)</u> • <u>Health-related Quality of Life (HRQOL) Instrument</u> <u>Referrals</u> • Dietician • Speech Therapist • Occupational Therapist <u>Training and Competencies</u> • Monitoring weight/fluid changes and identifying malnutrition/dehydration
5. Mental Health / Cognitive Decline Managing mental health in a consumer's home can be high risk, complex and varies according to each individual's unique needs. It requires empathy, understanding, compassion and professional mental health support. Mental Health issues can impact on and affect the lives of the consumer, their family and friends.	<u>Governance and Management Policies and Procedures</u> • Associated Providers Policy and Procedures • Continuous Improvement Policy and Procedure • Governance Policy and Procedure • Infection Control Policy and Procedure • Performance Management Policy and Procedure • Performance Review Policy and Procedure

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
Processes to optimise mental health includes: • actively promoting mental health and well-being • responding to signs of deterioration of mental health • responding supportively to distress and symptoms of mental illness, including self-harm and suicidal thoughts, and • minimising risks to psychological and physical health Examples of mental health deterioration in the home context to be aware of are: • Depression • Anxiety • isolation • suicidal thoughts • wandering • confusion • poor decision making • cognitive decline • Dementia • physical and psychological risk signs. Support for mental health starts with talking to the GP, who may refer onwards to a Psychiatrist, Psychologist or other mental health professionals. Other support includes: • practical assistance and goal setting • assistance with accessing government services for therapeutic interventions • building support networks, and • accessing online treatment programs which can be free with professional referral. Strategies to manage mental health at home are: • encourage connection with others or community groups to build relationships for mental well-being thus reducing feeling of loneliness and stress • encourage physical activity, good nutrition and sleep	• Risk Management Policy and Procedure • Staffing Policy and Procedure • Training and Development Policy and Procedure <u>Service Delivery Policies and Procedures</u> • Care Review Policy and Procedure • Incident Management Policy and Procedure • Decision Making, Dignity and Choice Policy and Procedure • Initial Assessment and Care Planning Policy and Procedure • Personal Care Policy and Procedure <u>Clinical Policy and Procedures</u> • Delegation of Care Policy and Procedures • Dementia and Cognitive Decline Policy and Procedures <u>Training and Competencies</u> • trauma-informed care • mental health first aid

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
• learning new skills, hobbies, and • understanding and acknowledging feelings without being overwhelmed by them. In cases of severe mental issues at home, use a **Crisis Helpline** such as: • **Lifeline (131144**) • **Suicide Call Back Service (1300 659 467**) for 24/7 assistance • **Beyond Blue (1300 224 636)** for 24/7 support for depression and anxiety	
6. Oral Health Good oral health is about the ability to eat, drink and enjoy meals and enjoy a good quality life. Poor oral health can put consumers living at home at risk of malnutrition, dehydration, weight loss and can also impact confidence, dignity and mental well-being. Implementing processes to maintain oral health and prevent decline include: • facilitating access to a dentist or other oral health practitioner for overall health assessments at the commencement of care, regularly and when required • monitoring and responding on a timely basis to deterioration in oral health, and • assisting with daily oral hygiene needs To achieve effective oral health, ensure: • staff are trained and have the knowledge and skills to support consumers in their daily oral health care and respond to signs of poor oral health • processes to be in place to check and audit oral health, identification and escalation of mouth, dental and denture issues • toothbrushes in good condition, regularly replaced and toothpaste always available • processes to be in place and followed to care for dentures and re-insert dentures, and	<u>Governance Management Policy and Procedures</u> • Associated Providers Policy and Procedures • Governance Policy and Procedures • Continuous Improvement Policy and Procedure • Risk Management Policy and Procedure • Staffing Policy and Procedure • Training and Development Policy and Procedure <u>Service Delivery Policies and Procedures</u> • Care Review Policy and Procedure • Incident Management Policy and Procedure • Care Recipient Rights Policy and Procedures • Decision Making, Dignity and Choice Policy and Procedure • Mealtime Management Policy and Procedure • Initial Assessment and Care Planning Policy and Procedure • Personal Care Policy and Procedure <u>Clinical Policies and Procedures</u> • Clinical Governance • Delegation of Care Policy and Procedure • Dementia and Cognitive Decline Policy and Procedure <u>Training and Competencies</u> • Oral Health Competency

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
• a balanced diet as poor diet can lead to poor oral health. Consumers with cognitive impairment who resist oral hygiene will sometimes accept care from regular staff or family member. Always have a calm approach and clear simple explanation. Consumers who regularly resist oral care should be assessed by a Dental Practitioner who can demonstrate oral hygiene care to staff, who in turn can then support consumers with oral care issues.	
7. Pain Timely intervention and treatment of pain and getting help sooner than later is important to reduce pain, improve function and to continue enjoying quality of life in the home Both pharmacological and non-pharmacological therapies are essential for managing pain in the home to reduce risk factors associated with on-going pain. Physical and occupational therapy can help in restoring function while managing pain. Emotional support interventions combined with the above therapies can improve overall well-being and effectively relieve pain. Pain Management is a multifaceted approach and is indispensable especially for those coping with chronic pain e.g. Arthritis. Processes to manage pain include: • assessment of pain including challenges where the consumer is unable to communicate their pain • planning, monitoring and responding to pain relief, and • ensuring pain management is available 24 hours a day.	<u>Governance Management Policy and Procedures</u> • Associated Providers Policy and Procedure • Governance Policy and Procedures • Continuous Improvement Policy and Procedure • Risk Management Policy and Procedure • Staffing Policy and Procedure • Training and Development Policy and Procedure <u>Service Delivery Policies and Procedures</u> • Care Review Policy and Procedure • Initial Assessment Policy and Procedure • Personal Care Policy and Procedure <u>Clinical Policies and Procedures</u> • Clinical Governance <u>Supporting Documents</u> • Assessment and review documentation • Pain Management Monitoring • Referrals to health professionals (e.g., GP, palliative care team, physiotherapist) <u>Resources</u> • <u>Statement of Rights</u> • Guiding legislation relating to drugs and poisons • <u>Home Medicines Review</u> • Validated tools: ○ <u>Numerical Rating Scale</u>

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
Seeking Pain Management occurs when: • severe pain interferes with daily activities, sleep and quality of life • unexplained or unusual pain with no obvious cause, and • pain lasts more than 3 months and doesn't respond to over-the-counter medications or other conservative treatments. Other examples of pain where the consumer is **unable to communicate their pain** are: • confusion • depression • isolation • taking longer to get better • interrupted sleep • poor nutrition, and • decreased mobility Pain Management processes: The first step of pain management in the home is to work with the attending doctor to develop a Pain Management Plan to suit the consumer's needs, preferences and circumstances. This involves a comprehensive assessment, physical condition and psychological state to understand all contributing factors. Have systems and processes and trained staff in place to monitor and provide pain relief as needed, ensuring 24/7 pain management is available. Other Pain Management strategies can include: • gentle low impact exercise to maintain mobility, strengthen muscles and boost mood. • heat and or cold therapy to relax muscles and relief stiffness • reduce stress and emotional tension through deep breathing exercises, and • healthy lifestyle - nutrition, sleep, weight management, and avoiding harmful substances e.g. smoking, alcohol.	○ Wong-Baker FACES Pain Rating Scale ○ Abbey Pain Scale (if nonverbal and dementia diagnosis) ○ Health-related Quality of Life (HRQOL) Instrument • End of Life Directions for Aged Care Training and Competencies • Medication management • Pain management

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
8. Pressure Injuries and Wounds For elderly consumers, pressure injuries and wounds are high risk and can affect function and quality of life. Where pressure injuries or wounds persist, they can lead to: • reduced mobility • depression • social isolation • cognitive decline • pain • infection, and • discomfort. The primary factors contributing to pressure injuries and wounds relate mainly to poor nutrition and poor skin health. Pressure injuries and wounds need to be monitored, managed and/or prevented as soon as detected. Processes involved include: • screening consumers at intake and conducting initial skin inspection • conducting ongoing routine comprehensive skin inspections for rashes, pressure injuries, wounds • checking for any existing co-morbidities e.g. Diabetes, circulatory status, nutritional risk, limited mobility, existing pressure injuries • developing and implementing Prevention Plans and strategies specific for each consumer in collaboration the consumer, their family/supporters, multi-disciplinary team e.g. optimising nutritional intake, providing specialised pressure relieving devices, skin hygiene and incontinence management, re-positioning, using prophylactic dressings (as applicable) • treating existing pressure injuries and wounds by ensuring effective wound care management and infection / inflammation control. • monitoring as frequently as required - documenting all wound assessments,	Governance and Management Policy and Procedures • Continuous Improvement Policy and Procedure • Governance Policy and Procedure • Infection Control Policy and Procedure • Risk Management Policy and Procedure • Training and Development Policy and Procedure Service Delivery Policies and Procedures • Care Review Policy and Procedure • Case Notes Policy and Procedure • Incident Management Policy and Procedure • Feedback and Complaints Policy and Procedure • Inclusion, Diversity and Culturally Safe Service Delivery Policy and Procedure • Initial Assessment and Care Planning Policy and Procedure • Personal Care Policy and Procedure • Decision Making, Dignity and Choice Policy and Procedure Clinical Policies and Procedures • Clinical Governance Framework • Antimicrobial Stewardship Policy and Procedure • Wound Management Policy and Procedure Supporting Documents • Assessment and review documentation • Charts for wound monitoring Resources • Statement of Rights • Wounds Australia Publications including Clinical Guidelines • Wound Source • Health-related Quality of Life (HRQOL) Instrument Training and Competencies

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
management interventions and outcomes in consumer records. • providing the required skills, training and education for staff • providing psychological support for consumers, and • regularly evaluating outcome of pressure injuries incidences and prevalence.	• Hygiene and handwashing • Wound management
9. Sensory Impairment Sensory loss of e.g. sensory impairment, hearing loss, vision loss and balance disorders are high risk and can cause difficulties for managing everyday life in the home. Sensory impairment increases with old age and simple activities can become more challenging especially when sight and hearing is impaired. Sensory impairment can be minimised and managed by providing access to and supporting the use of assistive devices and aids to maximise independence, function and quality of life. There is a clear link between sensory assistance and improving a consumer's quality of life. This includes: • less social isolation • less stress and frustration and • reduced risk of confusion, cognitive decline, functional decline, falls, accidents, and depression. Processes involved to assist consumers with sensory impairments include: • developing a *Care Plan* that identifies assessed needs and to focus on wellness and reablement to help consumers meet their goals and quality of life. • accessing the required assistive technology, visual aids, hearing aids and assistive devices in collaboration with consumers and their family/supporters within available budget parameters.	<u>Governance Management Policies and Procedures</u> • Associated Providers Policy and Procedure • Continuous Improvement Policy and Procedure • Governance Policy and Procedure • Risk Management Policy and Procedure • Social and Physical Accessibility Policy and Procedure • Training and Development Policy and Procedure <u>Service Delivery Policies and Procedures</u> • Care Review Policy and Procedure • Case Notes Policy and Procedure • Decision Making, Dignity and Choice Policy and Procedure • Feedback and Complaints Policy and Procedure • Inclusion, Diversity and Culturally Safe Service Delivery Policy and Procedure • Initial Assessment and Care Planning Policy and Procedure <u>Clinical Policies and Procedures</u> • Clinical Governance Framework <u>Supporting Documents</u> • Assessment and review documentation <u>Resources</u> • <u>Statement of Rights</u> • <u>Screening Tools for Hearing</u> • <u>Diagnosis and Management of Hearing Loss in Elderly Patients</u>

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
• facilitating access to allied health professionals e.g. physiotherapist for balance disorders and management. • ensuring regular follow-ups for identified sensory issues with health care professionals.	• Health-related Quality of Life (HRQOL) Instrument Training and Competencies • Communication disorders • Hearing impairment

10. Delirium
 	
Delirium is different to Dementia and Depression and can easily be mistaken and wrongly treated.
 	
Delirium is a complex clinical need often caused by an underlying medical issue such as infection, medication side effect. or dehydration / malnutrition and is considered a medical emergency.
 	
It is important to identify and mitigate the clinical risk, deliver increased care and being alert to monitor deterioration and contributing clinical factors.
 	
The elderly are vulnerable and at high risk of Delirium due to factors like multiple medications, exacerbation of existing health conditions and or changes in their environment.
 	
Symptoms include:
• confusion or disorientation
• inability to focus or pay attention
• disrupted sleep patterns
• rapid mood changes
• short term memory problems
 	
These symptoms are often temporary if the underlying cause is identified and treated quickly.
 	
Serious complications can also be reduced with the right care and attention.
 	
Risks include:
• long term cognitive decline
• falls and injuries
	Governance Management Policies and Procedures
	• Continuous Improvement Policy and Procedure
	• Infection Control Policy and Procedure
	• Training and Development Policy and Procedure
	
	Service Delivery Policies and Procedures
	• Care Review Policy and Procedure
	• Case Notes Policy and Procedure
	• Incident Management Policy and Procedure
	• Initial Assessment and Care Planning Policy and Procedure
	• Personal Care Policy and Procedure
	
	Clinical Policies and Procedures
	• Clinical Governance Framework
	• Medication Management Policy and Procedure
	
	Supporting Documents
	• Assessment and review documentation
	
	Resources
	• Statement of Rights
	• Identifying Delirium – Screening and Assessment
	• Screening tools:
	  ○ Confusion Assessment Method (CAM)
	  ○ Family Confusion Assessment Method (FAM-CAM)
	  ○ 4AT
	• Minimising the Use of Restrictive Practices
	• Restrictive Practices Provider Resources

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
• worsening existing health conditions such as heart disease, respiratory issues or infections. Risk of Delirium can be reduced by: • proper hydration and nutrition • monitoring medications effects or interactions that could increase the risk of delirium • encouraging physical activity • maintaining a familiar environment • promoting mental stimulation and • getting enough sleep	• Health-related Quality of Life (HRQOL) Instrument Training and Competencies • differences between delirium, depression, and dementia
11. Medication Management - Safe and Quality Use of Medicines Medication mismanagement e.g. missed doses, incorrect administration, polypharmacy are some of the medication errors that are high risk that could occur in the home and can result in adverse events for the consumer. Safe medication management in the home involves: • assessment of the consumer to safely take their medications independently • considering health literacy of the consumer in all medication related communications • working together with the consumer to prevent and or manage risks, incidents, adverse reactions associated with medication use in the home • reporting and monitoring medication incidents and or adverse effects for safety and quality improvement • access to plain language medication related information for consumer, staff and all other health professionals • maintaining a medication list for those taking one or more medications for health professionals to reconcile • medication reviews regularly where polypharmacy is involved • no alteration of solid oral dose forms e.g. crushing should be avoided	Governance Management Policies and Procedures • Associated Providers Policy and Procedure • Compliance Policy and Procedure • Continuous Improvement Policy and Procedure • Open Disclosure Policy and Procedure • Performance Management Policy and Procedure • Performance Review Policy and Procedure • Privacy and Confidentiality Policy and Procedure • Records and Information Management Policy and Procedure • Position Descriptions and Duties Policy and Procedure • Training and Development Policy and Procedure Service Delivery Policies and Procedures • Care Review Policy and Procedure • Case Notes Policy and Procedure • Incident Management Policy and Procedure • Decision Making, Dignity and Choice Policy and Procedure • Elder Abuse and Neglect Policy and Procedure • Feedback and Complaints Policy and

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
• for swallowing difficulties, suitable alternatives medicines to be sought • safe storage to maintain quality of medications, minimise waste, safeguard the consumer's medications • unwanted, ceased or expired medications to be returned to the pharmacy for disposal to avoid accidental misuse and or harm. Only those authorised to do so can initiate medications upon a consumer's request for relief of minor symptoms conditions / ailments.	Procedure • Initial Assessment and Care Planning Policy and Procedure • Service Access and Intake Policy and Procedure • Service Delivery and Participation Policy and Procedure • Service Exit Policy and Procedure <u>Clinical Policies and Procedures</u> • Clinical Governance Framework Policy and Procedure • Medication Management Policy and Procedure • Delegation of Care Policy and Procedure • Minimising use of Restrictive Practices Policy and Procedure • Antimicrobial Stewardship Policy and Procedure <u>Supporting Documents</u> • Assessment and review documentation • Medication Plan and Consent Forms • Medication Management Checklists • Medication Incident Report Forms <u>Resources</u> • <u>Statement of Rights</u> • Guiding legislation relating to drugs and poisons • <u>Home Medicines Review</u> • <u>Health-related Quality of Life (HRQOL) Instrument</u> <u>Training and Competencies</u> • Medication management
12. Minimising Restrictive Practices Restrictive Practice use in the home is high risk and is limited and only considered as a last resort when there is risk of harm and alternative strategies have been tried. These interventions have high potential for harm and are practices that organisations can avoid with positive changes in how they	<u>Governance and Management Policy and Procedures</u> • Associated Providers Policy and Procedures • Governance Policy and Procedure • Continuous Improvement Policy and Procedure. • Risk Management Policy and Procedure • Training and Development Policy and

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
assess, plan, and deliver personal and clinical care for consumers. Restrictive Practices where used must be part of a Behaviour Support Plan, requires informed consent, be used in the least restrictive way possible for shortest necessary time. Examples of restrictive practice in the Home includes: • physical restraints • environmental restrictions like locked doors, seclusion where voluntary exit is prevented, and • use of medication (psychotropics) to manage behaviour Inappropriate use of restrictive practice is a reportable incident to SIRS (Serious Incident Reporting Scheme). Risks associated with Restrictive Practices include: • high risk of harm e.g. safe tissue injury, skin injury etc. • psychological and psycho-social injury including post-traumatic stress disorders e.g. fear, anxiety, depression, loss of dignity). Outcomes for consumers can be adverse and/or catastrophic, such as long-term psychological issues, physical injury or death. Alternatives to restrictive practices include: • individualised Behaviour Support Plan • de-escalation strategies • person-centred therapies e.g. music, aromatherapy or reminiscence therapy • meaningful interventions / activities instead of relying on physical or chemical restraints. If an organisation uses restrictive practices such as physical or chemical restraint, these are expected to be consistent with best	Procedure Service Delivery Policy and Procedure • Incident Management Policy and Procedure • Care Review Policy and Procedure • Decision Making, Dignity and Choice Policy and Procedure • Initial Assessment and Care Planning Policy and Procedure Clinical Policies and Procedures • Clinical Governance Policy and Procedure • Minimising the use of Restrictive Practices Policy and Procedure Supporting Documents • Assessment and review documentation Miscellaneous • Statement of Rights • Minimising the Use of Restrictive Practices • Restrictive Practices Provider Resources • Health-related Quality of Life (HRQOL) Instrument Training and Competencies • understanding and preventing elder abuse • use of physical restraints, environmental restraint, and chemical restraint • prevent escalating behaviours • de-escalation of high risk behaviours • reduce or eliminate use of restraint

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
practice and used as a last resort, for as short a time as possible and comply with relevant legislation.	

13. Abuse and Neglect
 	
When there is a lack of safeguarding protocols in place, abuse (physical, sexual, financial) and/or neglect (failure to provide appropriate support) could occur in the home care setting.
Risks of Abuse or Neglect for the elderly in the home setting includes:
• serious health issues e.g. physical injuries, premature mortality, depression, cognitive decline and financial devastation.
• risk of elder abuse can be heightened by factors such as social isolation, history of family violence, living in rented accommodation or public housing.
 	
It is crucial to report abuse or neglect where suspected to the relevant **authorities** e.g.
• **Police:** 000
• **National Elder Abuse Phone Line:**
  ○ 1800 353 374
• **Aged Care Quality and Safety Commission:**
  ○ online or via phone 1800 951 822
 	
Risks of Abuse can be reduced by:
• staying socially connected and straying in touch with friends
• maintaining independence
• staying physically and mentally healthy
• visiting the Doctor regularly
• staying emotionally healthy - asking for help when needed, related to anxiety, feeling down.
	<u>Governance and Management Policy and Procedures</u>
	• Continuous Improvement Policy and Procedure
	• Training and Development Policy and Procedure
	• Governance Policy and Procedure
	• Risk Management Policy and Procedure
	• Safety and Security Policy and Procedure
	• WHS / Occupational Health Safety Policy and Procedure
	
	<u>Service Delivery Policies and Procedures</u>
	• Initial Assessment and Care Planning Policy and Procedure
	• Care Review Policy and Procedure
	• Incident Management Policy and Procedure
	• Personal Care Policy and Procedure
	• Elder Abuse and Neglect Policy and Procedure
	• Feedback and Complaints Policy and Procedure
	• Decision Making, Dignity and Choice Policy and Procedure
	
	<u>Clinical Policies and Procedures</u>
	• High Impact, High Prevalence Policy and Procedure
	• Delegation of Care Policy and Procedure
	
	<u>Training and Competencies</u>
	• understanding and preventing elder abuse

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
14. Infection Control Poor infection control in the home care environment poses a significant risk to vulnerable individuals and increases the risk of infection due to hazards like poor hygiene, poor sanitation, contaminated surfaces, unsafe food handling, and improper waste disposal. Common infections include colds, flu, gastro-enteritis as well as more serious infections like pneumonia or sepsis, that can also occur and can lead to an increased risk of comorbidity, disability or death. To reduce risks of infection, staff working in the home environment must ensure good hygiene practices and take the appropriate infection prevention and control precautions when delivering care and services, to prevent cross-contamination and transmission-based infections. Safe practices for infection control include: • Proper cleaning practices • Hand hygiene • Respiratory hygiene • Cough etiquette • Waste management and disposal • Safe food handling using appropriate PPE PPE and cleaning agents are to be made available as needed to staff including education on how to use PPE correctly. Precautions and processes must be in place for outbreaks. An immunisation program for consumers and aged care staff should be promoted.	<u>Governance and Management Policy and Procedures</u> • Associated Providers Policy and Procedure • Governance Policy and Procedure • Continuous Improvement Policy and Procedure • Infection Control Policy and Procedure • Risk Management Policy and Procedure • Training and Development Policy and Procedure • Open Disclosure Policy and Procedure • Vaccination Policy and Procedure <u>Service Delivery Policies and Procedures</u> • Initial Assessment and Care Policy and Procedure • Care Review Policy and Procedure • Incident Management Policy and Procedure • Personal Care Policy and Procedure <u>Clinical Policies and Procedures</u> • High Impact, High Prevalence Policy and Procedure • Clinical Governance Policy and Procedure • Anti-microbial Stewardship Policy and Procedure • Infection Control Policy and Procedure <u>Training and Competencies</u> • Infection prevention and control • Hygiene and handwashing • Outbreak management
15. Aggressive Or Violent Behaviours Aggressive behaviours can pose significant risks in the home. Aggression or violence can occur in the elderly when unwell e.g. experiencing acute	<u>Governance and Management Policy and Procedures</u> • Continuous Improvement Policy and Procedure • Training and Development Policy and Procedure • Governance Policy and Procedure

High-prevalence / High-impact Risks	Linked Documents/Information to Support Response
or chronic pain, drug or alcohol withdrawal, Dementia, medication side effects, psychosis. Aggression or violence occurs when people have inappropriate skills to deal with feelings of frustration, fear, anxiety or as an expression of these feelings when unwell. Examples of aggression and violence in the home include: • Confrontation • Aggression • Threatening to harm others/self-harm • Agitation • Sun downing Key points to consider when dealing with episodes of aggressive or violent behaviours are: • Recognising common triggers e.g. emotional status, frustration, fear and anxiety to manage the situation effectively. • Engaging support services e.g. Counselling to cope with aggressive behaviours. • Providing support and resources to family members to help manage these challenges.	• Risk Management Policy and Procedure <u>Service Delivery Policies and Procedures</u> • Initial Assessment and Care Planning Policy and Procedure • Care Review Policy and Procedure • Incident Management Policy and Procedure • Service Delivery Participation Policy and Procedure • Personal Care Policy and Procedure <u>Clinical Policies and Procedures</u> • Clinical Governance Framework • Dementia and Cognitive Decline Policy and Procedure <u>Training and Competencies</u> • prevent escalating behaviours • de-escalation of high risk behaviours • reduce or eliminate use of restraint

Incidents and Reporting

Incidents relating to high-prevalence or high-impact risks must be reported in accordance with Bilingual Care's *Consumer Incident Management* and *Open Disclosure* policies and procedures.

Bilingual Care will ensure Serious Injury Management Scheme (SIRS) obligations are met where some HIHP risks (e.g. serious injury, abuse) triggers mandatory reporting of SIRS.

Care Plan Review

Where an incident is a result of a consumer's health deterioration, their *Care Plan* must be reviewed immediately, as per the *Care Review Policy and Procedure*.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Antimicrobial Stewardship Policy and Procedure*
- *Associated Providers Policy and Procedure*
- *Care Review Policy and Procedure*
- *Clinical Governance Framework*
- *Consumer Incident Management Policy and Procedure*
- *End of Life Care Policy and Procedure*
- *Governance Policy and Procedure*
- *Infection Control Policy and Procedure*
- *Initial Assessment and Care Planning Policy and Procedure*
- *Medication Management Policy and Procedure*
- *Personal Care Policy and Procedure*
- *Risk Management Policy and Procedure*
- *Service Access and Intake Policy and Procedure*
- *The Use of Restrictive Practices Policy and Procedure*
- *Training and Development Policy and Procedure*
- *Workplace Incident Management Policy and Procedure*
- *Wound Management Policy and Procedure*
- *Enteral Feeding Policy and Procedure*
- *Consumer Risk Assessments*
- *Home Environment Risk Assessments*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the QCAB. Reviews will incorporate staff, consumer, and other stakeholder feedback.

Bilingual Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Bilingual Care's service planning and delivery processes.

DOCUMENT CONTROL

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