

Current Known Risks & Controls

Last Reviewed: 17/04/2023



Links to Risks

Risks to EnableOT fall into the three categories below. To navigate to the risk you are seeking, click on the appropriate link.

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1. Organisational

Risks that put EnableOT, as a business and service provider at risk.

Risk	Controls	Date Identified:	03/02/2003	Impact Level:	Moderate		
		Likelihood:	Likely	Risk Exposure:	High		
1.1 Financial <ul style="list-style-type: none"> Earning capacity is dependent on factors out of EnableOT's control. Changes in Funding Sources – criteria, rebates Individual staff performance affecting EnableOT reputation. Minimal financial buffer (Profit-for-Purpose value) 	<ol style="list-style-type: none"> Increase diversity of funding sources – govt., corporate, private. Allocate a portion of every month's gross earnings towards building an increasing buffer. Increasing number & proportion of high perf staff for EnableOT to weather a temporary period of low performance from a staff member. Training staff for high performance in their roles. 	Historical Review Dates:	•				
		Change of Controls History (incl date):	•				
		Outstanding Actions: <ul style="list-style-type: none"> •Continue to build financial buffer •Expand every clinician's referral base to include multiple sources where eligible 				Person(s) Responsible:	<ul style="list-style-type: none"> • Director • Individual Clinicians.
		[Link back to contents]					

Risk	Controls	Date Identified:	26/06/2014	Impact Level:	Minor		
		Likelihood:	Certain	Risk Exposure:	Tolerable		
1.2 Lack of Sufficient Equipped Staff <ul style="list-style-type: none"> Lack of qualified/equipped people available to meet the need - everyone needs intense training/support when commenced for min.2yrs. <ul style="list-style-type: none"> ○ Clinical competency to match client complexity ○ IT competency to match mobile setup Conflicts of interest cannot be resolved because insufficient team members to have alternates. Small team – service delivery and continuity vulnerable to extended staff illness, or deterioration in physical/mental wellbeing 	<ol style="list-style-type: none"> Mattermost secure messaging allowing collegial support for clinical & tech questions. Supervision occurs in pairs, and pairs regularly mixed up to expand familiarity with more than just own clients. Taking on student placements to drive interest in new graduates who have some experience in EnableOT's services & competencies. Increasing development of work-simplification of systems Library of education videos 	Historical Review Dates:	•				
		Change of Controls History (incl date):	<ul style="list-style-type: none"> • 2022 Library education videos • 02/06/2019 Decision to take students after advertisements don't work • 10/11/2018 Mattermost platform • 30/05/2017 Supervision into pairings • 01/08/2016 Supervision 				
		Outstanding Actions: <ul style="list-style-type: none"> •Recommence student placements •Increasing work simplification systems 				Person(s) Responsible:	<ul style="list-style-type: none"> • Director • Individual Clinicians
		[Link back to contents]					

Risk	Controls	Date Identified:	c.2000	Impact Level:	Moderate
		Likelihood:	Unlikely	Risk Exposure:	High
1.3 Lacking 'Key Personnel' Redundancy <ul style="list-style-type: none"> For many critical aspects of organisational functioning, a single key person is the only person with the knowledge and capacity to perform those key functions. Director is critical in almost every level of the organisation – direct services to clients, supervision & training of staff, organisational management, systems improvements – leading to competing priorities and a risk that something key will be missed. Similar for others to a slightly lesser degree: Practice Manager & IT Support During transition period of equipping and delegating to others, key work is unable to be completed in the meantime. 	<ol style="list-style-type: none"> Central point on system where information about critical logins for bare-minimum operation is located. Practice Manager & Tech Support know how to locate that information if need arises Gradual duplication of capacities of administrative and clinical roles. Critical documentation for the running of business is on shared drive between Director & Practice Manager Regular meetings between key personnel for cross familiarisation 	Historical Review Dates:	<ul style="list-style-type: none"> 12/07/2020 Admin commence some Tech assistant work 12/07/2019 Two senior clinicians commenced Clinical Supervisor role 1/12/2018 Practice Manager employed 		
		Change of Controls History (incl date):			
		Outstanding Actions: <ul style="list-style-type: none"> Develop 'what you need to know if something happens to me' doc for key personnel tasks critical for ongoing survival of EnableOT 		Person(s) Responsible: <ul style="list-style-type: none"> Director 	
[Link back to contents]					

Risk	Controls	Date Identified:	c.2005	Impact Level:	Moderate
		Likelihood:	Possible	Risk Exposure:	Tolerable
1.4 Loss of Critical Data <ul style="list-style-type: none"> • Security breach of data because it is a small system. • Building or contents damage that takes out critical IT infrastructure • Electrical surges that take out critical IT infrastructure • Equipment/device failure • Staff not keeping device software up to date, so allows malware/viruses onto system. 	<ol style="list-style-type: none"> 1. Spam Hero protection platform filters emails before they enter EnableOT local system 2. Antivirus protection software on all PC's 3. Multi-redundancy in back-ups: synchronising staff EnableOT content of PCs & devices to server, server backed up weekly to separate server, downloading Halaxy platform contents monthly, servers are RAID systems, so that failure of several harddrives will not result in loss of data 4. Back up server located offsite in case of catastrophic building damage in either place 5. Jotform Platform – compliance with Australian Health data management legislation 6. Surge protection systems – allowing servers to operate for an hour after loss of power, and then to safely turn themselves off 7. Staff education about location of EnableOT content & to plan for device failure in how they do their manual backup choices 8. Team weekends – prompts and assistance to keep devices safe and operational 9. Dedicated Tech Channel on Mattermost to ask Qs and share knowledge to keep devices functioning 10. Development of 'how to' videos for aspects of Tech competency that we expect staff to do themselves 11. Paying for VNC Remote Access Professional so Practice Manager can remotely access staff devices to fix issues and prevent loss of data or device corruption 12. Documented 'how to's that tech savvy staff can follow 	Historical Review Dates:	•		
		Change of Controls History (incl date):	•		
		Outstanding Actions: <ul style="list-style-type: none"> • Clean up and centralise documented 'how to' protocols for installing and operating key systems • Explore the consistency of anti-virus software for best protection & incl as requirement for staff on devices 		Person(s) Responsible: <ul style="list-style-type: none"> • Director • Practice Manager • Tech Support Admin 	
		[Link back to contents]			

Risk	Controls	Date Identified:	c.2000	Impact Level:	Moderate	
		Likelihood:	Possible	Risk Exposure:	Tolerable	
<p>1.5 Interruption to Business Continuity by Disasters/Pandemic/Terrorism</p> <ul style="list-style-type: none"> • Unable to deliver services while business disrupted • Management efforts absorbed by adaptations to disaster – other management functions left undone: <ul style="list-style-type: none"> ○ Accumulated backload ○ Stressed staff ○ Increasing chaos in systems • Primary IT system failures: <ul style="list-style-type: none"> ○ Interruption to critical communications (phone network, Mattermost) – staff & client anxiety + mistakes made out of lack of information ○ Lack of access to critical data for running of a mobile business – unable to connect with server to access saved files, unable to connect with key internet-dependent platforms (Halaxy, Mattermost, Email) 	<ol style="list-style-type: none"> 1. For clients whom intense support is critical, EnableOT aims to not be the only provider – so that between us the client’s needs can get met in crisis situation. 2. Adapting face to face services to non-contact methods to still meet client needs as best possible. 3. Lean management system that can operate with minimal input – so that EnableOT can function without management intensely ‘managing’ during these periods. 4. While communication is available- Mattermost platform for broadcasting key information and providing each other, and clients, with emotional and physical support to make the best of an uncontrollable situation 5. Following government directives for actions to take and communicating this to team members. 6. A workforce that is used to working independently and making quality judgments in complex, ambiguous and overwhelming situations 7. Staff can operate core elements of their roles (if circumstances allow), using the equipment they have and don’t have to log in to meet the needs of their clients 8. Due to supervision pairing, if usual Clinical Supervisor is not contactable, they can check clinical decisions with each other, if communication allows. 	Historical Review Dates:	• 17/03/2023			
		Change of Controls History (incl date):	•			
		<p>Outstanding Actions:</p> <ul style="list-style-type: none"> • Develop Red Cross RediPlans for Disaster preparation with clients categorised as “Variable-Need” and “Confirmed-Need” as per our Positive Supports Policy <p style="text-align: right;">Person(s) Responsible:</p>				

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Risk	Controls	Date Identified:	c.2000	Impact Level:	Moderate
		Likelihood:	Certain	Risk Exposure:	Extreme
<p>1.6 Small Town- Conflicts of Interest</p> <ul style="list-style-type: none"> • Small teams in small towns – mixing personal with professional lives is impossible to avoid • Friends/family members needing intervention and we're the only provider equipped to meet need • Needing access to resources for clients only family/friends can provide • Providing supervision and support of staff in competing organisations 	<ol style="list-style-type: none"> 1. Disclose any Conflicts of Interest that relates to service delivery with clients as part of drawing up a service agreement 2. Brainstorming in supervision sessions custom strategies for each situation to minimise conflict of interest. Different staff member etc. 3. Organisational culture not precious about competition, but focussed on building more equipped teams everywhere so that more clients are helped 	Historical Review Dates:	•		
		Change of Controls History (incl date):	•		
		<p>Outstanding Actions:</p> <ul style="list-style-type: none"> • 			Person(s) Responsible: • EnableOT team as whole
[Link back to contents]					

Team Members

Risks that put EnableOT's team members at risk of harm.

Risk	Controls	Date Identified:	c.2014	Impact Level:	Major		
		Likelihood:	Likely	Risk Exposure:	Extreme		
2.1 Home Office Environment <ul style="list-style-type: none"> • slip/trip/fall • occupational overuse syndrome • static, sustained harmful posture • vision damage • fire & electrical • ventilation • temperature • sound 	<ol style="list-style-type: none"> 1. Promoting safe ergonomic awareness for home office set up 2. Mobile practice (out of home office) limits desk time 3. Encourage safe fatigue (physical, mental, emotional) management – reinforced by casual collegial commentary on Mattermost 4. EnableOT management practices early adoption of solutions that makes home work easier 	Historical Review Dates:	•	Outstanding Actions: •Home working risk assessment on Jotform – initial, then yearly requirement			
		Change of Controls History (incl date):	•				
						Person(s) Responsible:	<ul style="list-style-type: none"> • Practice Manager
		[Link back to contents]					

Risk	Controls	Date Identified:	c.2000	Impact Level:	Catastrophic		
		Likelihood:	Likely	Risk Exposure:	Extreme		
2.2 Vehicle and Travel Hazard <ul style="list-style-type: none"> • collision • loss of control • vehicle failure • driver fatigue • distraction by passenger • excessive heat • surface burns • delays • rushing to make flights/trains 	<ol style="list-style-type: none"> 1. Licensed drivers 2. Vehicles serviced and in safe condition 3. Current vehicle registration 4. Vehicle insured – fit for purpose, and sufficiently covered for a suitable replacement vehicle for minimal disruption to service delivery 5. Dynamic Risk Assessment – vehicle, passengers, driver, external environment (peak hour, heavy rain etc) 6. Good time management – building in buffers for unexpected 7. Scheduling appointments with time between for sufficient travel without rushing 	Historical Review Dates:	•	Outstanding Actions: <ul style="list-style-type: none"> • 			
		Change of Controls History (incl date):	•				
						Person(s) Responsible:	
		[Link back to contents]					

Risk	Controls	Date Identified:	c.2000	Impact Level:	Moderate	
		Likelihood:	Certain	Risk Exposure:	Extreme	
2.3 Client's Home Environment to Staff <ul style="list-style-type: none"> Exposure to substances Slip/trip/fall Exposure to unhygienic surfaces and items Animal allergies, diseases, attacks Excessive heat Exposed electrical risks 	<ol style="list-style-type: none"> Dynamic Risk Assessment for hazards and requirement to instigate in-situ controls Training in Risk Assessment as part of Team Weekends Client Support Profile – with known client risks & their controls Sitting up-wind of, and outside, with clients who smoke during appointments, if asking them not to smoke is not appropriate. Basic infection control training and activities – hand washing etc 	Historical Review Dates:	•			
		Change of Controls History (incl date):	•			
		Outstanding Actions:			Person(s) Responsible:	• xxx

Risk	Controls	Date Identified:	c.2000	Impact Level:	Major	
		Likelihood:	Certain	Risk Exposure:	Extreme	
2.4 Clients <ul style="list-style-type: none"> injurious level of aggression exposure to infection injurious level of abuse undisclosed/unknown triggers – leading to unconscious fight/flight/freeze responses hostile others invited into sessions by client loss of reputation because less needy clients are put aside to deal with those with high-needs first 	<ol style="list-style-type: none"> Client Support Profile – for known client risks Dynamic Risk Assessment for in-situ risk reduction Training in Risk Assessment as part of Team Weekends Training in de-escalation and co-regulation techniques Strategies for caseload management to meet the needs of all clients to a satisfactory level Basic infection control activities – hand washing etc 	Historical Review Dates:	•			
		Change of Controls History (incl date):	•			
		Outstanding Actions:			Person(s) Responsible:	• xxx

Risk	Controls	Date Identified:	c.2013	Impact Level:	Moderate	
		Likelihood:	Certain	Risk Exposure:	Extreme	
2.5 Workload – Complex Clients <ul style="list-style-type: none"> physically, cognitively, socially, emotionally & spiritually demanding easily triggered aspects of receiving payment are dependent on clients undertaking tasks that are beyond their load capacity (eg. service agreements) equipped for working with each client ‘on the fly’ – expected to face situations as yet unprepared for working in non-stop ambiguity and relentless adaptation (nothing ever as planned) their ‘stuff’ brings up our ‘stuff’ – transference clients not able to grasp implications of the risks they are taking – forcing constant ethical dilemmas about dignity of risk vs. duty of care, or, upholding confidentiality or breaching confidentiality to access emergency support need to stimulate cognitive dissonance (eliciting distress/discomfort) to elicit insight and change number of clients doesn’t reflect the load 	<ol style="list-style-type: none"> Weekly Supervision sessions – support in managing caseload, equipping as needed for each client as needed Supervision pairs – support with understanding Simplified Service Agreements, SMS & online-based intake processes – lower demand on clients and on staff Within systems, prompts are embedded so staff follow best-practice in service delivery easily without the need to retain information, or source information from policies & procedures Pre-warning of extended period of ‘floundering’ (2yrs typical) in advance of employment, and building acceptance of it during supervision Rigorous expectation of awareness of impact of work on self, and self on work, in supervision. To make this vulnerability safe, it is modelled by Director. Developing attunement skills to nudge safely at the edge client’s comfort, but not push 	Historical Review Dates:	•			
		Change of Controls History (incl date):	•			
		Outstanding Actions: •Strategic onboarding process – create brief intensives				Person(s) Responsible: • Director
		[Link back to contents]				

Risk	Controls	Date Identified:	c.2000	Impact Level:	Major		
		Likelihood:	Likely	Risk Exposure:	Extreme		
2.6 Workload: 24hr Crisis support <ul style="list-style-type: none"> • Burnout • Physical exhaustion from sleep deprivation • Desensitising to client distress • Less needy clients get less quality service • Mistakes • Trauma – clients harming themselves despite support 	<ol style="list-style-type: none"> 1. Weekly Supervision – with active strategies to support clients so they don't need to call in crisis 2. Freedom (expectation) to adjust daytime work to recuperate without needing to explain/justify 3. Clinicians can call on Clinical Supervisor, and turn, Director for own support, and as backup to take crisis calls when needed 4. Safety to reveal how have been affected by clients – debrief and support at anytime from each other – Mattermost, phone, in person 5. Boundaries on clients calling afterhours for non-crisis situations – losing access to this support if abused 6. Support for staff to prioritise personal high needs (eg. young children, significant life events) over the needs of client crises 7. Dynamic Risk Assessment – determining risk to self and client, to manage the load 	Historical Review Dates:	•	Outstanding Actions: Person(s) Responsible:			
		Change of Controls History (incl date):	•				
				•		Person(s) Responsible:	
						[Link back to contents]	

Risk	Controls	Date Identified:	c.2014	Impact Level:	Minor		
		Likelihood:	Certain	Risk Exposure:	Tolerable		
2.7 Workload: internal systems are developed behind the need intentionally (so that only build what is necessary) <ul style="list-style-type: none"> • stress caused by chaos – lack of consistency • inability to easily orient new staff members • lack of knowledge • duplication of tasks/resources • non-centralised location of variations • inconsistent service delivery and quality • superseded forms still in circulation 	<ol style="list-style-type: none"> 1. Prioritise key elements to systemise as soon as a consistent way is identified 2. Extensive consultation with clinicians to clarify needs and develop minimal systems 3. Continuous improvement activities to refine new systems and methods 4. Created central storage and access point 	Historical Review Dates:	• 2022 – uploaded current versions to central location for access	Outstanding Actions: Person(s) Responsible:			
		Change of Controls History (incl date):	•				
				•		• Director • Practice Manager • Clinicians	
						[Link back to contents]	

Risk	Controls	Date Identified:	c.2016	Impact Level:	Major
		Likelihood:	Certain	Risk Exposure:	Extreme
2.8 Workload: From Other Providers <ul style="list-style-type: none"> Others withdrawing services for those clients of highest-need because too hard – EnableOT often only provider with continuity high turnover of support workers necessitating repetition of training, or new workers without adequate training – EnableOT Team member frustration + progress is sabotaged and it looks like it is due to EnableOT’s incompetency limiting client’s capacity building by ill equipped, and insightful, supports 	<ol style="list-style-type: none"> Extensive efforts to build positive relationships with other providers, & keep them as provider for high-needs clients – providing them with support, so they maintain willingness to service a client Video record client-specific training and encourage providers to have new supports access this early in commencing client support Pitch our training at the level of supports – making no assumptions of skill Sourcing a ‘champion’ within the other provider who will lead their colleagues in implementation Expanded NDIS Registration groups to include core supports so we can provide competent supports into situations where no other provider 	Historical Review Dates:	<ul style="list-style-type: none"> 2021 – expanded NDIS registration groups to allow EnableOT to provide core supports 		
		Change of Controls History (incl date):	<ul style="list-style-type: none"> 		
		Outstanding Actions:			
[Link back to contents]					

Risk	Controls	Date Identified:	30/11/2018	Impact Level:	Moderate
		Likelihood:	Certain	Risk Exposure:	Extreme
2.9 Workload: Always ‘SAFEHANDS’ requirement <ul style="list-style-type: none"> In the Therapeutic Alliance, it is always about the client’s needs, never about our own Bracing self in sessions – trauma causing 	<ol style="list-style-type: none"> Proactively meet own needs as surface Held, in turn, by the ‘safe hands’ of EOT Management Safety to reveal how have been affected by clients – debrief and support at anytime from each other – Mattermost, phone, in person Training in self-awareness to move out of ‘bracing’ state in session (connection to self) “Circle of Security –Parenting” training Weekly Supervision 	Historical Review Dates:	<ul style="list-style-type: none"> 		
		Change of Controls History (incl date):	<ul style="list-style-type: none"> 		
		Outstanding Actions:			
•Expand number & skill of Clinical Supervisors to share being the ‘safehands’ for team members					
[Link back to contents]					

Risk	Controls	Date Identified:	c.2000	Impact Level:	Minor	
		Likelihood:	Possible	Risk Exposure:	Tolerable	
2.10 Workload: Personal growth requirement <ul style="list-style-type: none"> Emotionally intensity – exhausting Vulnerable to other team members taking advantage (exposure) Colleagues ‘stuff’ and trigger own ‘stuff’ Becomes too much and staff member leaves 	<ol style="list-style-type: none"> Break up intensity with fun and light activities – Mattermost & Team Weekends Culture of emotional safety from existing staff Freedom to choose when and what to share – staff are allowed ‘readiness’ without favouritism towards those who share deeply Expectation is only that growth is happening not measured – not how much, not how fast, not the focus, not the depth. Individual to the person Expectation for personal growth is for everyone – Director, to the most junior member. Everyone is equal in the value of their sharing and the importance of their personal journey. Pre-warning of expectation to grow and exposure to deep sharing in advance of employment, and building acceptance of it during supervision Availability of colleagues and Director for support if anything surfaces that needs additional help 	Historical Review Dates:	•			
		Change of Controls History (incl date):	•			
		Outstanding Actions: <ul style="list-style-type: none"> 				Person(s) Responsible:

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Risk	Controls	Date Identified:	02/02/2014	Impact Level:	xxxx		
		Likelihood:	xxxx	Risk Exposure:	xxxx		
2.11 Workload: IT complexity of mobile practice <ul style="list-style-type: none"> precious cognitive and emotional energy, and time, taken up with technical difficulties management team hijacked from other duties to deal with tech issues multiple systems from BYO devices <ul style="list-style-type: none"> need to design templates for multiple platforms multi-operational system knowledge needed by tech support and management compatibility issues software and hardware providers changing function of their systems, making EnableOT system no longer functional – constant reworking and relearning required 	<ol style="list-style-type: none"> Develop new systems with future change redundancies in mind (and always a paper alternative) Management team does all the trials before deployment to minimise staff stress and the development of clear steps Divide IT task into two categories: <ol style="list-style-type: none"> One-offs: Practice Manager does for via remote desktop access Repetitive: Clinicians trained with how-to document We don't go to 'new' if we can find a way for a new functionality to be met within familiar systems Uploaded 'how-to's to central system Employed additional admin support 	Historical Review Dates:	<ul style="list-style-type: none"> 2022 – Uploaded 'how-tos' for central access 2023 – employed additional admin 				
		Change of Controls History (incl date):	<ul style="list-style-type: none"> 				
		Outstanding Actions:				Person(s) Responsible:	<ul style="list-style-type: none"> Director Practice Manager
		<ul style="list-style-type: none"> 					
[Link back to contents]							

Risk	Controls	Date Identified:	c.2014	Impact Level:	Moderate		
		Likelihood:	Certain	Risk Exposure:	Extreme		
2.12 Workload: small team size <ul style="list-style-type: none"> sole provider in a location vulnerable to absence or loss of other team members in-the-moment availability to get support from colleagues/supervisor can be compromised by the other's workload and client work vulnerable to cliques volume of referrals outweighs team capacity staff feel obligation to accept more than reasonable in desire to make a difference 	<ol style="list-style-type: none"> All formal support is by phone – so anyone can be sourced by a colleague for assistance in the same manner, and minimise cliques forming Triannual Team Weekends – for connection Supervision pairs, with regular mash-ups, so everybody works with everybody else Freedom for staff to determine all aspects of their caseload – including location Small team size is known risk when commenced – informed choice 	Historical Review Dates:	<ul style="list-style-type: none"> 2023 – two experienced OTs starting May 				
		Change of Controls History (incl date):	<ul style="list-style-type: none"> 				
		Outstanding Actions:				Person(s) Responsible:	<ul style="list-style-type: none"> All staff
		<ul style="list-style-type: none"> Grow EnableOT to big enough 					
[Link back to contents]							

Risk	Controls	Date Identified:	c.2014	Impact Level:	Major	
		Likelihood:	Certain	Risk Exposure:	Extreme	
<p>2.13 Lone worker</p> <ul style="list-style-type: none"> isolation monitoring for help weight of decision making on own (no opportunity for casual support/guidance – “water cooler” talk) Dynamic Risk Assessment by self – bias and complacency leads to loss of anticipatory awareness that would identify risks in familiar env tendency to push self (the nature of the team members EnableOT attracts) dependency on functioning remote IT systems to carry out duties device location may be off – sabotage Flic Protocol 	<ol style="list-style-type: none"> Embedded Dynamic Risk Assessment into every clinical note so that a prompt exists for maintaining anticipatory awareness Flic alert buttons (hidden & wearable)– double click activates team member’s phone to SMS location, sends coded msg to a minimum of two people (can be more) Director & Practice Manager indicating distress, rings EnableOT emergency virtual number which then phones through a rotating list of team members until someone picks up. It’s identified as emergency # on recipient’s device so they answer covertly to listen in while the staff member’s phone screen reverts to home screen. Environment is able to be monitored covertly and a decision made as to the degree of distress and how urgently the team member needs assistance. The team member in distress (knowing they are being monitored can give covert clues as to what is happening and assist in the recipient’s decision making. Their phone makes a unique notification sound so they know the Flic protocol has been activated. Flic protocol is practiced every team weekend. Triannual Team Weekends – connect everyone together Mattermost instant messaging platform with social and work channels. 	Historical Review Dates:	•			
		Change of Controls History (incl date):	•			
		<p>Outstanding Actions:</p> <ul style="list-style-type: none"> Intensive training on DRA Explore way to turn location automatically on during periods of working 				Person(s) Responsible: • Director
		[Link back to contents]				

Risk	Controls	Date Identified:	c.2016	Impact Level:	Minor
		Likelihood:	Certain	Risk Exposure:	Tolerable
2.14 Team Weekends/Retreats <ul style="list-style-type: none"> Travel of distance to and from Financial contributions Bunking in with colleagues Emotional and mental exhaustion (work week, work weekend, work again the following week) Car pooling – an accident could wipe out EnableOT clinician base 	<ol style="list-style-type: none"> Staff in control of their schedule and can build in alternate days off pre- or post- weekend Car pool – both convenient, cost effective and relationship building Dynamic Risk Assessment of methods of travel Let team members to decide room allocation Supervision pair mash-ups in order to make everyone connected to everyone else THUMPER!! Source the most affordable accommodation, and only book for the appropriate numbers 	Historical Review Dates:	• Nov2022 – set fixed location Magnetic Is. Less travel for most. Cheaper.		
		Change of Controls History (incl date):	•		
		Outstanding Actions: <ul style="list-style-type: none"> • Discuss the risk of carpooling so staff aware of when making decision of who to drive 			Person(s) Responsible:
[Link back to contents]					

Risk	Controls	Date Identified:	c.2000	Impact Level:	Minor
		Likelihood:	Possible	Risk Exposure:	Tolerable
2.15 Community activities with clients <ul style="list-style-type: none"> Environmental exposure (sunburn) Activity’s potential to harm client or staff member Unknown trauma triggers Unexpected exposure of client’s confidentiality by recognition of clinician 	<ol style="list-style-type: none"> Collection as much information about the community activity as possible Dynamic Risk Assessment Staff trained in attunement to respond appropriately if triggered to co-regulate Development of phrases that overcome the risk of the client being identified as a client 	Historical Review Dates:	•		
		Change of Controls History (incl date):	•		
		Outstanding Actions: <ul style="list-style-type: none"> • Education about phrase development for encounters that might breach confidentiality 			Person(s) Responsible:
[Link back to contents]					

Risk	Controls	Date Identified:	2016	Impact Level:	Moderate
		Likelihood:	Certain	Risk Exposure:	Extreme
2.16 Dependency on key personnel <ul style="list-style-type: none"> organisationally, clinically, financially, and sometimes mentally 	<ol style="list-style-type: none"> Expanding capacity of experienced staff to meet clinical and mental health needs of colleagues Supervision of Clinical Supervisors Encouraging external supervision and outside-of-Enable networking Freedom to develop alternate income streams – either under Enable or separately 	Historical Review Dates:	<ul style="list-style-type: none"> 2022 – Negotiated a flat rate contribution to EnableOT overheads May 2023 – employed 2 more staff 		
		Change of Controls History (incl date):	<ul style="list-style-type: none"> 		
		Outstanding Actions:			Person(s) Responsible:
[Link back to contents]					

Risk	Controls	Date Identified:	c.2014	Impact Level:	Moderate
		Likelihood:	Possible	Risk Exposure:	Tolerable
2.17 Financial pressure <ul style="list-style-type: none"> if don't work, don't earn Spurious accusations leading to suspension of clinical work Changes in funding source eligibility/amounts without notice (all eggs in one basket) Expectation of charging according to financial circumstances (finding a way to make this sustainable and honourable) 	<ol style="list-style-type: none"> Pre-warn about the need to take care of own financial buffer – setting aside sick leave, holiday leave etc Increase diversity of funding sources – govt., corporate, private. Expectation for 'honourable <u>both</u> ways' re: decision to work with clients who cannot pay full fees. Training in facilitating this discussion with clients Availability of administrative support for invoicing activities Efficient complaints and feedback protocol – to expedite resolution of suspension and return to earning 	Historical Review Dates:	<ul style="list-style-type: none"> 		
		Change of Controls History (incl date):	<ul style="list-style-type: none"> 		
		Outstanding Actions:			Person(s) Responsible:
[Link back to contents]					

Risk	Controls	Date Identified:	c.2000	Impact Level:	Major	
		Likelihood:	Very unlikely	Risk Exposure:	Tolerable	
<p>2.18 Staff risk to their EnableOT colleagues</p> <ul style="list-style-type: none"> • abusive, insulting or offensive language or comments • aggressive and intimidating conduct • belittling or humiliating comments • victimisation • practical jokes or initiation • unjustified criticism or complaints • deliberately excluding colleague from work-related activities • withholding information that is vital for effective work performance • setting unreasonable timelines or constantly changing deadlines • setting tasks that are unreasonably below or beyond a person’s skill level • denying access to information, supervision, consultation or resources to the detriment of the worker • spreading misinformation or malicious rumours • changing work arrangements such as rosters and leave to deliberately inconvenience a particular worker or workers. 	<ol style="list-style-type: none"> 1. Culture of caring 2. Zero tolerance for Workplace Bullying 3. Team members have control over caseload and work hours 4. Equal opportunity to new referrals within approved clinical field 5. Management modelling respectful behaviours 6. Dealing with unreasonable behaviour as soon as it becomes evident in a respectful, caring way 7. Ensuring reports of bullying are taken seriously 8. Support staff sufficiently so they don’t fail 9. Event of Concern reporting protocol – including bullying 	Historical Review Dates:	•			
		Change of Controls History (incl date):	•			
		<p>Outstanding Actions:</p> <ul style="list-style-type: none"> • 				Person(s) Responsible: Individual team members.
		<p>[Link back to contents]</p>				

Risk	Controls	Date Identified:	2019	Impact Level:	Major
		Likelihood:	Likely	Risk Exposure:	Extreme
2.19 Infection Control and Outbreaks (Risk to staff) <ul style="list-style-type: none"> • Clients with variable capacity to manage personal and environmental hygiene and/or govt directives • Clients with beliefs that conflict with govt directives regarding outbreak management • Staff with beliefs that conflict with govt directives • Client’s mental health trauma triggered by use of PPE 	<ol style="list-style-type: none"> 1. Team members supplied with larger PPE required as part of outbreak (eg. face masks). 2. Existing structure for team resources – each member source and use own disposable PPE supplies 3. Mattermost – team-wide communication/ education about govt directives for public health management & expectation to comply 4. Telehealth options as much as possible 5. Dynamic Risk Assessment – evaluating risk of infection against risk to client’s mental health risk exposure. Checked with EnableOT Management 	Historical Review Dates:	•		
		Change of Controls History (incl date):	•		
		Outstanding Actions: <ul style="list-style-type: none"> • 	Person(s) Responsible: <ul style="list-style-type: none"> • Managemnt • Indiv team members 		

[\[Link back to contents\]](#)

Clients and Informal Supports

Risks that put EnableOT's clients, and their informal supports, at risk of harm.

Risk	Controls	Date Identified:	c.2000	Impact Level:	Moderate/Maj		
		Likelihood:	Certain	Risk Exposure:	Extreme		
3.1 Client's home environment to Client <ul style="list-style-type: none"> Exposure to substances Slip/trip/fall Exposure to unhygienic surfaces and items Animal allergies, diseases, attacks Excessive heat Exposed electrical risks Other residents and family members – potentially negative impact 	<ol style="list-style-type: none"> Dynamic Risk Assessment for hazards and requirement to instigate in-situ controls Training in Risk Assessment as part of Team Weekends Client Support Profile – with known client risks & their controls Engage with family and co-residents to build healthy therapeutic relationship where can hope to bring about a change in risk exposure 	Historical Review Dates:	•				
		Change of Controls History (incl date):	•				
		Outstanding Actions:			•	Person(s) Responsible:	<ul style="list-style-type: none"> Individual team members Client and Family

Risk	Controls	Date Identified:	c.2000	Impact Level:	Catastrophic		
		Likelihood:	Possible	Risk Exposure:	Extreme		
3.2 Vehicle and travel hazard pertaining to clients <ul style="list-style-type: none"> collision loss of control vehicle failure driver fatigue distraction by passenger excessive heat surface burns delays 	<ol style="list-style-type: none"> When being transported in EnableOT staff-owned vehicles: <ol style="list-style-type: none"> Staff are Licenced drivers Vehicles are serviced & in safe condition Current vehicle registration with CTP Client is appropriately restrained Dynamic risk assessments Don't drive client's vehicles Scheduling appointments with time in mind, so no unsafe, rushed driving 	Historical Review Dates:	•				
		Change of Controls History (incl date):	•				
		Outstanding Actions:			•	Person(s) Responsible:	<ul style="list-style-type: none"> Individual team member

Risk	Controls	Date Identified:	c.2013	Impact Level:	Minor		
		Likelihood:	Possible	Risk Exposure:	Tolerable		
3.3 Confidentiality breaches <ul style="list-style-type: none"> • legal • financial • ethical • traumatising to client and escalate risk of harm • lost Therapeutic Alliance • loss of confidence in service integrity • unintended consequences for client 	<ol style="list-style-type: none"> 1. Privacy, Confidentiality & Information Management Policy 2. No 'Google' apps 3. Secure storage and exchange of data of digital information about clients – protected sites, protected platforms, protected servers 	Historical Review Dates:	•				
		Change of Controls History (incl date):	•				
		Outstanding Actions:			Person(s) Responsible:		
		<ul style="list-style-type: none"> • Secure Messaging for email – source a solution 			• Director		
[Link back to contents]							

Risk	Controls	Date Identified:	c.2000	Impact Level:	Moderate		
		Likelihood:	Very unlikely	Risk Exposure:	Tolerable		
3.4 Staff risk to clients <ul style="list-style-type: none"> • Inappropriate interactions • Unauthorised use of Restrictive Practice (VNED) • Violence, neglect, exploitation, discrimination (informal & formal) 	<ol style="list-style-type: none"> 1. Culture of caring – always 'safehands' 2. Policy – no tolerance for VNED 3. Weekly supervision 4. Feedback & Complaints process 5. Culture of open disclosure about errors 6. Culture of building client relationships with significant others 7. Complying with consent 	Historical Review Dates:	•				
		Change of Controls History (incl date):	•				
		Outstanding Actions:			Person(s) Responsible:		
		<ul style="list-style-type: none"> • Employee Agreements – no tolerance for VNED 			• Practice Manager		
[Link back to contents]							

Risk	Controls	Date Identified:	c.2014	Impact Level:	Moderate	
		Likelihood:	Certain	Risk Exposure:	Extreme	
3.5 Disruption in continuity of care <ul style="list-style-type: none"> client gets inconsistency care – new provider unaware of what done previously client doesn't receive care at all – usually no other provider does what EnableOT does poor transitions to other providers 	<ol style="list-style-type: none"> Supervision in pairs – so increases the likelihood that another EnableOT team member is familiar enough with a client's case to step in Clinical documentation is on online platform allowing access to EnableOT team members – to facilitate someone stepping in Video training for new staff 	Historical Review Dates:	•			
		Change of Controls History (incl date):	•			
		Outstanding Actions:			•	Person(s) Responsible:
						[Link back to contents]

Risk	Controls	Date Identified:	2019	Impact Level:	Major	
		Likelihood:	Likely	Risk Exposure:	Extreme	
3.6 Infection Control and Outbreaks (Risk to clients) <ul style="list-style-type: none"> Staff who home visit with many clients – risk of spread Staff with beliefs that conflict with govt directives Client's mental health trauma triggered by use of PPE 	<ol style="list-style-type: none"> Team members supplied with larger PPE required as part of outbreak (eg. face masks). Existing structure for team resources – each member source and use own disposable PPE supplies Rigorous practice of infection control practices between clients. Mattermost – team-wide communication/ education about govt directives for public health management & expectation to comply Telehealth options as much as possible Dynamic Risk Assessment – evaluating risk of infection against risk to client's mental health risk exposure. Checked with EnableOT Management 	Historical Review Dates:	•			
		Change of Controls History (incl date):	•			
		Outstanding Actions:			•	Person(s) Responsible:
						[Link back to contents]

Risk	Controls	Date Identified:	2021	Impact Level:	Major
		Likelihood:	Likely	Risk Exposure:	Extreme
3.7 Disasters and Emergencies <ul style="list-style-type: none"> Client (or critical informal supports) severely injured, dead, or unable to meet daily living needs, critical health care and/or safety in the aftermath. Client's functional capacity significantly reduced (temporarily or permanently) from additional impairments or stress 	<ol style="list-style-type: none"> Triaged disaster care system for our client caseload, categorising into those who need us to help Disaster plan and those who don't. Using Aust Red Cross Rediplan resources. Having prescribed responses before, during & after. EOC App – in the moment guidance for required actions Clinical Note TickFlick prompt for emergency response 	Historical Review Dates:	<ul style="list-style-type: none"> 2023 – Disaster plan concept developed 		
		Change of Controls History (incl date):	<ul style="list-style-type: none"> 		
		Outstanding Actions: <ul style="list-style-type: none"> •xxxx 			Person(s) Responsible: <ul style="list-style-type: none"> • xxx
[Link back to contents]					

Template for additional risks:

Risk	Controls	Date Identified:	xxxx	Impact Level:	xxxx
		Likelihood:	xxxx	Risk Exposure:	xxxx
1.1 xxxxx <ul style="list-style-type: none"> xxxxxx 	4. xxxx	Historical Review Dates:	•		
		Change of Controls History (incl date):	•		
		Outstanding Actions: <ul style="list-style-type: none"> xxxx 		Person(s) Responsible: <ul style="list-style-type: none"> xxx 	
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