KORU CARE AUSTRALIA
DISABILITY & AGED CARE SUPPORT

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ABN: 46564969103

Risk Management Policy and Procedure

Koru Care Australia

This policy establishes how Koru Care Australia identifies, assesses, treats, records, escalates and reviews risk so that clients, workers, the organisation and the community are protected while individual rights, choice, control and independence are upheld.

Document governance	Details
Document owner	Operations Manager / Director
Applies to	Directors, managers, employees, contractors, volunteers, students, agency staff, support workers, nurses and any person performing work for or on behalf of Koru Care Australia.
Service context	NDIS, aged care, brokered services, private services, community support, transport, personal care, domestic assistance, social support, nursing, yard maintenance and related administration.
Version	1.0
Status	Approved
Effective date	28/07/2026
Review date	28/07/2027, or earlier following a serious incident, material change, regulatory change, audit finding or failure of a risk control.
Policy code	KCA-POL-RMP-001

Risk management quick guide	What this means in practice
Spot and speak up	Report hazards, emerging risks, unsafe conditions, service concerns and control failures as soon as they are identified.
Make immediate danger safe	Stop or modify unsafe work, protect the client and others, obtain urgent help and contact management. Call Triple Zero (000) for immediate danger or a medical emergency.
Record the risk	Use BrightSafe for work health and safety risks and incidents, ShiftCare for client-related risks and incidents, and the organisational risk register for material business and service risks.
Use effective controls	Eliminate risk where reasonably practicable. Where it cannot be eliminated, use the most effective combination of controls available.
Escalate high or extreme risk	Notify the Operations Manager or Director promptly. Extreme risk must not be accepted as routine work and may require the activity or service to stop.
Review and learn	Check whether controls work, update records and use incidents, feedback, audits and trends to improve services.

1. Purpose

The purpose of this policy is to provide a consistent, proportionate and rights-based system for managing risks that may affect clients, workers, service quality, legal and regulatory compliance, finances, information, assets, reputation and business continuity.

Risk management is intended to prevent avoidable harm, support informed decisions, strengthen service reliability and create a culture in which risks are identified early, discussed openly and addressed at the level where they can be managed most effectively.

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2. Scope

This policy applies to all Koru Care governance, planning, services, workplaces, home and community settings, vehicles, equipment, systems, projects, contractors, suppliers, partnerships and work-related activities.

It applies to organisational risks and individual client risks, including risks that arise during intake, assessment, service planning, rostering, service delivery, transport, clinical and personal care, domestic assistance, yard maintenance, community access, administration, emergency response and service cessation or transition.

Specialised risk areas are also managed under their relevant Koru Care policies and procedures. This policy provides the overarching framework and does not replace more specific legal, clinical, safeguarding, incident, emergency, privacy or occupational health and safety requirements.

3. Definitions

Term	Meaning
Hazard	A source, situation, behaviour or condition with the potential to cause injury, illness, abuse, loss, disruption, non-compliance or other harm.
Risk	The effect of uncertainty on objectives, commonly considered by combining the likelihood of an event with the consequence if it occurs. Risk may involve threats or opportunities.
Risk assessment	The documented process of identifying, analysing and evaluating a risk, including existing controls and the need for further treatment.
Inherent risk	The level of risk before additional controls are applied.
Residual risk	The level of risk remaining after existing and proposed controls are considered.
Risk treatment	An action or combination of actions used to eliminate, prevent, reduce, share, avoid or otherwise manage risk.
Risk owner	The person with authority and accountability to manage a particular risk, monitor controls and ensure actions are completed.
Risk register	The controlled record of material risks, ratings, controls, actions, owners, due dates and review outcomes.
Dignity of risk	The right of a person to make informed choices and take reasonable risks as part of autonomy, independence and ordinary life, with appropriate support and safeguards.
So far as is reasonably practicable	A Victorian occupational health and safety test that considers likelihood, potential harm, what is known about the risk and controls, availability and suitability of controls, and cost after considering the risk.

4. Policy principles

- Risk management will be integrated into governance, planning, service delivery, quality management, decision-making and continuous improvement rather than treated as a separate administrative task.
- Koru Care will identify and manage risks to clients, workers and the organisation using systems proportionate to the size, scale and complexity of services.
- Immediate safety and safeguarding concerns take priority over routine operations, schedules, convenience or financial considerations.
- Risk controls will focus on eliminating or controlling the source of risk wherever reasonably practicable, rather than relying only on warnings, training or personal protective equipment.

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- Clients and their chosen supporters will be involved in identifying and managing risks that affect their services, rights, goals, preferences and daily lives.
- Risk management will support choice and control and will not unnecessarily restrict independence, participation or positive risk-taking.
- Workers and Health and Safety Representatives, where applicable, will be consulted about health and safety risks and controls that directly affect them.
- Reports made in good faith will be treated as an opportunity to prevent harm and improve systems. Retaliation for raising a genuine risk or safety concern is not acceptable.
- Decisions, controls, responsibilities and reviews will be documented at a level appropriate to the seriousness and complexity of the risk.

5. Risk management framework

Koru Care uses a continuous risk management cycle informed by AS ISO 31000:2018 and sector requirements. The cycle is supported by ongoing communication and consultation, recording and reporting, and monitoring and review.

1. Establish the context, objectives, people affected, legal requirements, service circumstances and risk criteria.
2. Identify what could happen, why it could happen, who or what could be affected, and the potential positive or negative consequences.
3. Analyse the risk by considering existing controls, likelihood, consequence, control effectiveness and uncertainty.
4. Evaluate the risk against Koru Care criteria to determine priority, escalation, treatment and acceptance requirements.
5. Treat the risk by selecting and implementing effective controls, assigning responsibility and setting timeframes.
6. Monitor and review the risk, controls and actions, and revise them when circumstances, evidence or outcomes change.
7. Communicate and consult throughout the process and retain records sufficient to explain the decision and demonstrate action.

Risk assessment is not a one-off exercise. A risk may need to move through the cycle several times as controls are implemented, circumstances change or further information becomes available.

6. Risk categories

Risks may overlap more than one category. The assessment must consider the combined effect rather than managing each aspect in isolation.

Risk category	Examples relevant to Koru Care
Client safety and wellbeing	Health deterioration, falls, medication, nutrition, mobility, personal care, infection, environment, transport, community access, communication and emergency needs.
Safeguarding and rights	Abuse, neglect, exploitation, violence, coercion, discrimination, restrictive practices, financial abuse, privacy breaches and barriers to choice or complaints.
Worker health and safety	Manual handling, fatigue, psychosocial hazards, aggression, lone work, vehicles, hazardous substances, equipment, infection, remote travel and environmental hazards.
Service delivery and quality	Missed or unsuitable supports, inadequate assessment, rostering failures, documentation errors, competency gaps, poor coordination and discontinuity of supports.
Clinical risk	Nursing care, medication-related support, infection prevention, deterioration, clinical documentation, delegated care and escalation of health concerns.

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Risk category	Examples relevant to Koru Care
Emergency and continuity	Bushfire, flood, extreme weather, power or telecommunications failure, pandemic, workforce shortage, vehicle failure, supplier disruption and loss of premises or systems.
Governance and compliance	Failure to meet legislation, standards, registration, reporting, contractual, industrial, policy, insurance, delegation or governance obligations.
Financial, fraud and assets	Fraud, theft, billing error, insolvency, cash-flow pressure, incorrect pricing, misuse of funds, insurance gaps, equipment loss and asset damage.
Information, privacy and cyber	Unauthorised access, data loss, cyberattack, inaccurate records, inappropriate disclosure, system outage and poor records retention.
Workforce and conduct	Recruitment, screening, competence, supervision, misconduct, conflicts of interest, worker availability, performance and key-person dependency.
Reputation and stakeholders	Loss of trust, poor communication, unresolved complaints, adverse publicity, partner failure and community impact.

7. Roles and responsibilities

Role	Responsibilities
Director	Provide governance oversight; set risk expectations; approve risk appetite and significant risk acceptance; ensure resources and insurance; receive high and extreme risk escalation; monitor material risks and control failures.
Operations Manager	Maintain the organisational risk system and register; coordinate assessments and reviews; assign owners and actions; monitor overdue treatments; escalate material risks; integrate risk information into operations, quality and business continuity.
Managers, coordinators and rostering staff	Identify and assess operational and client risks; ensure controls are reflected in service arrangements and rosters; consult workers and clients; monitor actual conditions; act on reports and document decisions.
Nurses and clinical workers	Assess and escalate clinical risks within scope; follow clinical governance, documentation and incident requirements; contribute professional advice to controls and care plans.
Supervisors and senior workers	Monitor work conditions and control effectiveness; stop or modify unsafe work; support workers to report concerns; escalate changes and verify corrective actions.
Workers, contractors and volunteers	Take reasonable care; follow controls and procedures; report hazards, incidents, emerging risks and changes; participate in consultation, training and reviews; do not undertake work they cannot perform safely or competently.
Clients and chosen supporters	Contribute information, goals, preferences and lived experience; participate in risk decisions where practicable; advise of relevant changes; work with Koru Care on agreed controls.
Health and Safety Representative	Represent workers in consultation about health and safety hazards, risk assessments and controls within the designated work group, where an HSR is elected.

8. Communication, consultation and participation

Koru Care will involve the people who understand the work, service or lived experience when identifying risks and developing controls. Consultation will be timely and meaningful, and views will be considered before decisions are finalised where reasonably practicable.

Consultation may include clients, family members, advocates, nominees, workers, HSRs, contractors, clinicians, care partners, funding bodies, community organisations and relevant specialists, depending on the risk and the person's preferences.

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- new or changed services, tasks, equipment, technology, locations, contracts or work practices;
- intake, care planning, home and environmental assessments and service reviews;
- hazard reports, incidents, near misses, complaints, feedback, audits and worker concerns;
- changes in a client's health, behaviour, mobility, support network, environment or decision-making support needs;
- changes to rosters, workload, travel, staffing, worker capability or emergency arrangements; and
- selection, implementation and review of controls that affect workers or clients.

Information will be communicated in a form that is accessible and appropriate to the person, including use of plain language, interpreters, communication aids, Easy Read or support from a chosen representative where required.

9. Establishing the context and risk criteria

Before rating a risk, the assessor must understand the activity, objective, service environment, people affected, legal and contractual duties, time pressures, available resources, interdependencies and assumptions. The assessment should define what is in scope and what decision is required.

Risk ratings are determined using Appendix A. The highest reasonably foreseeable consequence should be considered across people, safeguarding, service, compliance, financial, privacy, reputation and continuity impacts. A numerical score assists consistency but does not replace professional judgement or legal duties.

Where a specific law, clinical standard, funding requirement or Koru Care procedure imposes a higher standard or mandatory control, that requirement takes precedence over the general matrix.

10. Identifying risk

Risk identification should consider causes, events, circumstances, existing vulnerabilities, people exposed, consequences and possible control failures. Both obvious and less visible risks, including cumulative and psychosocial risks, must be considered.

Sources of risk information include:

- client assessments, care plans, home risk assessments, health information and worker observations;
- workplace inspections, vehicle and equipment checks, task analysis and safe work procedures;
- incidents, near misses, complaints, feedback, compliments, restrictive practice concerns and safeguarding reports;
- BrightSafe, ShiftCare, rosters, timesheets, travel schedules, audit results, training records and quality indicators;
- financial reports, billing reviews, insurer advice, contracts, supplier performance and business continuity exercises;
- privacy, cyber and system alerts, data quality checks and access reviews;
- legal, regulatory, standards, funding and sector changes; and
- consultation with clients, workers, HSRs, service partners and relevant professionals.

A worker does not need to complete a full risk assessment before reporting a concern. Early reporting is encouraged so that immediate controls and a proportionate assessment can be arranged.

11. Analysing risk and existing controls

The assessor will consider the nature and duration of exposure, who may be harmed, the reliability of existing controls, the likelihood of controls failing, and the severity and reversibility of potential harm. Risks should be assessed under normal operations and reasonably foreseeable abnormal or emergency conditions.

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Existing controls must be described specifically. Statements such as “staff are trained” or “policy in place” are not sufficient without considering whether the control is current, understood, available, followed, supervised and effective in the actual setting.

The assessment should record both the inherent risk and residual risk where useful. For client and task assessments, the focus may be on the current risk and the expected residual risk after agreed controls are implemented.

12. Evaluating, prioritising and escalating risk

Risks are compared with the rating and escalation requirements in Appendix A. Priority is influenced by the rating, legal duties, vulnerability of people exposed, urgency, uncertainty, control effectiveness, number of people affected and the potential for catastrophic or repeated harm.

- Low risks may be managed through routine controls and local monitoring.
- Medium risks require documented controls, a responsible owner and review by the relevant manager or coordinator.
- High risks require prompt escalation to the Operations Manager or Director, interim controls, a formal treatment plan and frequent review. Work must not continue where safe and lawful delivery cannot be assured.
- Extreme risks require immediate action and Director notification. The activity must stop or not commence unless action is necessary to protect life or prevent greater harm and is undertaken under emergency procedures.

A risk rating must not be reduced merely to avoid escalation, preserve a service arrangement or meet operational targets. Uncertainty should be recorded, and a precautionary approach used where potential harm is serious and information is incomplete.

13. Treating risk

Risk treatments must be proportionate, practical, assigned to a responsible person and supported by realistic completion dates. Interim controls are required when the preferred control cannot be implemented immediately.

Treatment options may include avoiding or ceasing an activity, removing the source of risk, changing likelihood or consequence, redesigning work, adding resources or competencies, transferring or sharing risk through contracts or insurance, accepting a controlled residual risk, or pursuing an opportunity with safeguards.

Each treatment plan should state:

- the risk and intended outcome;
- existing controls and identified gaps;
- specific actions, responsible person and due date;
- resources, approvals, consultation or specialist advice required;
- interim controls and escalation arrangements;
- how effectiveness will be measured; and
- the residual risk and next review date.

14. Hierarchy of controls for health and safety risks

For occupational health and safety risks, Koru Care will eliminate risks so far as is reasonably practicable. If elimination is not reasonably practicable, risks will be reduced using the most effective control or combination of controls available.

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Control level	Application
1. Eliminate	Remove the hazard or do not perform the hazardous activity. This provides the highest and most reliable protection.
2. Substitute	Replace the hazard, equipment, substance, task or method with a safer alternative.
3. Isolate	Separate people from the hazard through distance, barriers, exclusion zones or scheduling.
4. Engineering controls	Use physical design, guarding, mechanical aids, ventilation, vehicle or equipment features, or changes to the environment.
5. Administrative controls	Use procedures, training, supervision, rostering, permits, signage, checklists, task rotation and communication.
6. Personal protective equipment	Use suitable PPE as the lowest and least reliable level, normally in combination with higher-level controls.

Administrative controls and PPE rely heavily on human behaviour and must not be used as the only control where a more effective reasonably practicable control is available.

15. Dignity of risk, choice and supported decision-making

Koru Care recognises that meaningful life involves choice and reasonable risk. Risk management must support, rather than unnecessarily replace, a client's decision-making and should seek the least restrictive way to address foreseeable harm.

When a client chooses an activity or arrangement involving risk, Koru Care will, as appropriate:

- understand the person's goal, values, preferences and communication needs;
- provide accessible information about benefits, risks and reasonable alternatives;
- support the person to involve a nominee, advocate, family member or other chosen supporter;
- identify controls that preserve the person's choice as far as possible;
- document the discussion, informed decision, agreed responsibilities and review triggers; and
- review the arrangement when circumstances, capacity, controls or outcomes change.

Dignity of risk does not permit abuse, neglect, unlawful conduct, unauthorised restrictive practice, avoidable exposure of workers or others to unsafe conditions, or the waiver of Koru Care's legal and professional duties. Where a choice cannot be supported safely or lawfully, management will explain the reasons, consider alternative supports and document the decision.

16. Client-specific risk assessment and planning

Client risks must be assessed before or at service commencement and reviewed when there is a material change, incident, complaint, hospitalisation, new task, environmental change, worker concern or scheduled care-plan review.

Assessments should be proportionate to the services delivered and may consider:

- health conditions, deterioration signs, mobility, falls, transfers, personal care and medication-related support;
- communication, cognition, sensory needs, decision-making support, behaviours and emotional wellbeing;
- abuse, neglect, exploitation, family violence, financial abuse, restrictive practice and social isolation risks;
- home access, cleanliness, utilities, fire safety, smoke, pets, pests, sharps, weapons, substances and other environmental hazards;
- infection risks, food safety, allergies, clinical waste and personal protective equipment;
- transport, community access, rural distance, road conditions, extreme weather and emergency arrangements;

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- lone work, worker-client compatibility, manual handling, aggression, psychosocial hazards and task competency; and
- reliance on Koru Care for essential daily living needs and the consequence of service interruption.

Agreed risks and controls must be reflected in the appropriate ShiftCare profile, care plan, risk assessment, service instructions, alert or other controlled client record. Information provided to workers must be relevant, current, accessible and limited to what they need to deliver safe and person-centred support.

17. Service commencement, change and cessation

A documented risk review is required when commencing a new service type, entering a new location, accepting unusually complex work, using new equipment or technology, changing a service model, engaging a critical supplier, or making a significant organisational change.

The review should consider client need, worker capability, travel and rural access, funding adequacy, staffing resilience, emergency arrangements, legal and registration requirements, equipment, information systems, insurance and continuity of support.

Koru Care may delay, modify, suspend, transition or decline a service where essential information is unavailable, required controls cannot be implemented, workers would be exposed to unacceptable risk, the service is outside competence or registration, or delivery would otherwise be unsafe or unlawful. Decisions must be proportionate, documented, communicated respectfully and supported by continuity and referral planning where required.

18. Organisational risk register

Koru Care will maintain at least one organisation-wide risk register covering material strategic, operational, client, safeguarding, workforce, financial, compliance, information, emergency and business continuity risks. Separate registers or assessments may be used for specific programs, projects, sites or high-risk activities where this improves control.

The register will include the minimum fields in Appendix B. It will identify a risk owner and action owner, record current and target ratings, and distinguish between controls already in place and further actions proposed.

The Operations Manager will review the register at least quarterly, with the Director, focusing on high and extreme risks, overdue actions, emerging risks, recurring incidents, control failures and changes in residual risk. Material risks may be reviewed more frequently according to their rating and volatility.

19. Risk acceptance and authority

Risk acceptance means a conscious, documented decision to retain a residual risk after considering legal duties, available controls, expected benefits, consequences and monitoring. Acceptance does not remove the need to monitor the risk or implement reasonably practicable controls.

Residual rating	Minimum authority and response
Low	Relevant risk owner or manager may accept and monitor within routine operations.
Medium	Operations Manager or delegated manager must confirm controls, action ownership and review date.
High	Director approval is required for ongoing residual acceptance. Interim controls and a documented treatment plan are mandatory.
Extreme	Not accepted as routine operations. Activity must stop or not commence until reduced. Any exceptional emergency decision rests with the Director and must be documented and urgently reviewed.

No person may accept a risk that involves unlawful conduct, unauthorised restrictive practice, deliberate abuse or neglect, concealment of a reportable event, or failure to meet a non-delegable health and safety duty.

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20. Incidents, complaints, feedback, audits and data

Risk management and quality management are linked. Koru Care will use incident, complaint, feedback, audit, workforce, financial and service data to identify individual risks, recurring patterns and system weaknesses.

- Work health and safety hazards, incidents and near misses are recorded through BrightSafe or the current approved OHS reporting system.
- Client incidents, changes and service-related risks are recorded through ShiftCare and managed under the Incident Management and Reportable Incident Procedure.
- Material organisational risks, trends and treatment actions are recorded in the organisational risk register and continuous improvement system.
- Reportable incidents, serious injury, privacy breaches, safeguarding concerns and other mandatory notifications are escalated under the applicable legal and Koru Care procedure.

Investigations will consider system causes, contributing conditions and control effectiveness rather than focusing only on individual error. Lessons and corrective actions will be shared with relevant people without disclosing unnecessary personal information.

21. Safeguarding and serious risk escalation

Any concern involving abuse, neglect, exploitation, violence, sexual misconduct, coercion, financial abuse, unlawful restrictive practice, serious injury, imminent danger or significant deterioration must be treated as a priority safeguarding risk.

The immediate response is to protect the person, obtain emergency or medical help where required, preserve relevant evidence, notify management and follow the applicable incident and mandatory reporting process. Workers must not investigate beyond their role where doing so could compromise safety, evidence or procedural fairness.

Where there is immediate danger or a medical emergency, call Triple Zero (000). Other urgent external escalation may include police, emergency services, the NDIS Quality and Safeguards Commission, the Aged Care Quality and Safety Commission, WorkSafe Victoria, a privacy regulator, funding body or other authority, as required by the circumstances and applicable procedure.

22. Emergency, disaster and business continuity risk

Risk assessments must consider foreseeable emergencies and disruptions, including bushfire, flood, storm, heatwave, pandemic, power or telecommunications failure, cyber incident, workforce shortage, vehicle breakdown, supplier failure and loss of access to premises or records.

The assessment must consider how dependent clients are on Koru Care for essential supports and how their health and safety would be affected by disruption. Priority arrangements, contact methods, backup staffing, transport, alternate service options and escalation pathways must be proportionate to that reliance.

Emergency and continuity controls are tested and reviewed through drills, scenario discussions, actual events, system tests and post-event debriefs under Koru Care's Emergency and Disaster Management and Business Continuity arrangements.

23. Information, privacy, cyber, financial and fraud risk

Koru Care will manage information and financial risks through access controls, accurate records, segregation of duties where practicable, approval limits, reconciliation, secure systems, backups, staff screening, confidentiality, conflict-of-interest processes and incident response.

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Suspected fraud, theft, corruption, serious conflict of interest, privacy breach, unauthorised disclosure, cyberattack or significant data loss must be escalated immediately to the Operations Manager or Director and managed under the relevant policy and legal notification process.

Risk controls must reflect the sensitivity of health, disability, aged-care, financial and identity information and the potential impact on vulnerable people if information is inaccurate, unavailable or disclosed inappropriately.

24. Contractors, suppliers and partner risks

Koru Care remains responsible for managing risks within its control when services or critical functions are delivered through contractors, suppliers, brokers, care partners or technology providers.

- due diligence proportionate to the service and risk;
- clear contracts, scopes, responsibilities, insurance and performance requirements;
- worker screening, competence, confidentiality and safeguarding requirements where relevant;
- incident, complaint, privacy, emergency and escalation arrangements;
- monitoring of performance, service continuity and control effectiveness; and
- contingency arrangements for critical supplier or system failure.

25. Monitoring, review and assurance

Risk owners must monitor whether controls are implemented, available and effective. Evidence may include observations, audits, supervision, client and worker feedback, incident trends, completion records, system reports, financial review, competency checks and testing of emergency arrangements.

Risks and controls must be reviewed when:

- a control is not working, is not followed or is unavailable;
- an incident, near miss, complaint, safeguarding concern or audit finding occurs;
- a client, worker, HSR, regulator, funder or partner raises a concern;
- there is a change to a person, task, environment, roster, service, system, supplier or legal requirement;
- new evidence, technology or a more effective control becomes available;
- an action is overdue or the risk rating may have changed; or
- the scheduled review date is reached.

The Director and Operations Manager will use risk information to inform internal audit, policy review, workforce planning, training, budgeting, insurance, service design and continuous improvement.

26. Training and awareness

Risk management responsibilities will be included in induction and ongoing education relevant to each role. Training may be delivered through BrightSafe, NGO Training Centre, internal Koru Care education, supervision, toolbox discussions or an external provider.

- how to recognise and report hazards, client risks, safeguarding concerns and control failures;
- how to make an immediate situation safe and escalate urgent concerns;
- use of BrightSafe, ShiftCare, risk assessments, alerts and the organisational risk register;
- risk rating, treatment planning, hierarchy of controls and review of control effectiveness;
- dignity of risk, supported decision-making and least restrictive practice;
- role-specific emergency, privacy, clinical, financial, cyber and compliance risks; and
- manager responsibilities for consultation, documentation, escalation and assurance.

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27. Records, confidentiality and document control

Risk records must be accurate, objective, current, sufficiently detailed and stored in the approved controlled system. Records may include risk assessments, registers, care-plan controls, home assessments, consultation notes, action plans, incident and complaint records, audit findings, approvals, reviews and training records.

Personal, health and sensitive information will be collected and shared only where necessary and lawful. Access is limited to authorised people with a legitimate need to know. Risk records must not use stigmatising language or unsupported conclusions about a client or worker.

Superseded assessments must be retained or archived in accordance with Koru Care's recordkeeping requirements so the history of decisions and changes can be understood.

28. Related Koru Care documents

- Work Health and Safety / Occupational Health and Safety Policy
- Incident Management and Reportable Incident Procedure
- Emergency and Disaster Management Policy and Procedure
- Business Continuity Plan
- Client Intake, Assessment, Care Planning and Review procedures
- Home Risk Assessment and task-specific risk assessments
- Transport and Driver Safety Policy and Procedure
- Fatigue Management Policy and Procedure
- Manual Handling and Safe Work Procedures
- Medication Management and Clinical Governance procedures
- Infection Prevention and Control Policy and Procedure
- Complaints and Feedback Management Policy
- Privacy, Information Management and Cyber Security policies
- Human Resources, Worker Screening and Education and Training policies
- Financial Delegations, Fraud Control and Conflict of Interest procedures

29. Legislative, standards and guidance framework

This policy is informed by current requirements and guidance relevant to Koru Care, including:

- National Disability Insurance Scheme Act 2013 and National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018, as amended.
- National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018 and NDIS Practice Standards, including provider governance and operational management risk requirements.
- Aged Care Act 2024, Aged Care Rules 2025 and the strengthened Aged Care Quality Standards, including Outcome 2.4 Risk management.
- Occupational Health and Safety Act 2004 (Victoria), Occupational Health and Safety Regulations 2017 and Occupational Health and Safety (Psychological Health) Regulations 2025.
- Privacy Act 1988, Australian Privacy Principles and applicable health records and data breach requirements.
- Fair Work Act 2009 and applicable industrial instruments.
- AS ISO 31000:2018 Risk management - Guidelines, used as a good-practice framework and not as a claim of certification.
- WorkSafe Victoria guidance on risk management, consultation and the hierarchy of control.

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30. Staff acknowledgement

I acknowledge that I have read and understood this Risk Management Policy and Procedure. I understand that I must report hazards, incidents, emerging risks and control failures; follow agreed controls; participate in consultation and review; and stop or escalate work where there is an immediate or unacceptable risk.

Name	Signature	Date

31. Review history

Version	Date	Summary of changes	Approved by
1.0	28/07/2026	Policy developed for Koru Care Australia using the supplied risk management guide and the Koru Care policy format. Expanded to cover current NDIS and aged care risk requirements, Victorian OHS duties, dignity of risk, organisational risk registers, escalation, safeguarding, emergency continuity and Koru Care systems.	Director

32. Reference sources used for this policy

Source	Relevance to this policy
Supplied Risk Management Policy guide	Core concepts for scope, principles, risk register, identification, assessment, mitigation, review, responsibilities and dignity of risk.
Koru Care Fatigue Management Policy and Procedure	Koru Care document governance, page design, wording style, responsibilities, consultation approach, reporting systems and review structure.
NDIS Quality and Safeguards Commission: Core module - Provider governance and operational management	Current NDIS risk management outcome and indicators covering participants, workers, organisational, financial, WHS, information, incident, complaint, workforce and emergency risks.
NDIS Quality Indicators Guidelines, compilation effective 1 July 2026	Current risk indicators, including proportionate systems, insurance, emergency planning, continuity risk and infection controls.
Aged Care Act 2024, Aged Care Rules 2025 and Strengthened Aged Care Quality Standards	Current rights-based aged care framework and Outcome 2.4 requirements to identify, assess, document, manage, analyse and continuously review risk.
WorkSafe Victoria risk management, consultation and hierarchy of control guidance	Victorian approach to identify, assess, control and review risk, consultation with workers and HSRs, and selection of reasonably practicable controls.
AS ISO 31000:2018 Risk management - Guidelines	Good-practice principles and process for integrated, structured, inclusive and continually improving organisational risk management.

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Appendix A - Risk Assessment Method and Matrix

Use this method for organisational, service, project, client and task risks unless a specific clinical, OHS or regulatory tool is required. Consider the highest reasonably foreseeable consequence and use professional judgement. A score never overrides a mandatory legal control or the need to act on immediate danger.

A1. Likelihood

Rating	General description
5 - Almost certain	Expected to occur in most circumstances, is occurring repeatedly, or there is strong evidence it will occur.
4 - Likely	Will probably occur in many circumstances or has occurred more than once in similar operations.
3 - Possible	Could occur at some time and there is a credible pathway or history of occurrence.
2 - Unlikely	Could occur but is not expected under current conditions and controls.
1 - Rare	May occur only in exceptional circumstances; the pathway is remote but plausible.

A2. Consequence

Rating	General description
5 - Catastrophic	Death, permanent severe harm, multiple people seriously affected, systemic abuse or neglect, prolonged loss of essential support, major regulatory action, business-threatening loss or irreversible data/privacy impact.
4 - Major	Serious injury or illness, hospitalisation, major safeguarding breach, substantial service disruption, significant non-compliance, major financial loss, serious privacy breach or sustained reputational damage.
3 - Moderate	Medical treatment, temporary significant harm, substantiated complaint, reportable or material control failure, repeated missed supports, moderate financial or operational loss, or material privacy impact.
2 - Minor	First aid or short-term low-level harm, limited service delay, isolated documentation or process failure, manageable complaint, small financial loss or limited disclosure.
1 - Insignificant	No injury or negligible effect, brief inconvenience, easily corrected error, minimal cost and no material impact on rights, privacy, service or compliance.

A3. Risk matrix

Likelihood / Consequence	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost certain	**5 M**	**10 H**	**15 H**	**20 E**	**25 E**
4 Likely	**4 L**	**8 M**	**12 H**	**16 H**	**20 E**
3 Possible	**3 L**	**6 M**	**9 M**	**12 H**	**15 H**
2 Unlikely	**2 L**	**4 L**	**6 M**	**8 M**	**10 H**
1 Rare	**1 L**	**2 L**	**3 L**	**4 L**	**5 M**

Risk level key: L = Low (1-4), M = Medium (5-9), H = High (10-16), E = Extreme (17-25).

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A4. Required response

g	Minimum response
Low	Maintain controls, manage routinely, record where relevant and review when circumstances change.
Medium	Document controls and actions, assign an owner and due date, manager review, monitor until stable.
High	Prompt Operations Manager or Director escalation, interim controls, formal treatment plan, frequent review a Director approval for ongoing residual acceptance.
Extreme	Immediate action, stop or do not commence routine activity, notify Director, protect people, obtain urgent specialist or external help and reduce the risk before resuming.

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Appendix B - Minimum Organisational Risk Register Fields

The organisational risk register may contain additional fields, but should include enough information to understand the risk, make decisions, monitor actions and demonstrate review.

Field	Minimum content
Risk ID and category	Unique identifier and relevant category or business area.
Risk statement	Clear cause-event-impact description, including who or what may be affected.
Context and source	Activity, service, location, objective, report, incident, audit or change that identified the risk.
Existing controls	Specific controls currently in place and evidence of their operation.
Inherent rating	Likelihood, consequence and rating before additional controls, where useful.
Current residual rating	Likelihood, consequence and rating after current controls.
Treatment actions	Further controls required, including interim controls.
Risk owner and action owner	Person accountable for the risk and person responsible for each action.
Due dates and status	Target dates, progress, barriers, overdue status and completion evidence.
Target residual rating	Expected rating after successful completion of treatments.
Consultation and approvals	People consulted, client involvement, specialist advice and required acceptance authority.
Monitoring indicators	Data, observations, audits, events or thresholds used to confirm control effectiveness.
Review date and history	Next review date, changes in rating, completed actions and reasons for decisions.
Links to related records	Incident, complaint, audit, care plan, policy, project, business continuity or corrective-action references.

Appendix C - Immediate Risk Escalation Guide

Step	Required action
1. Make the situation safe	Stop or modify the unsafe activity, move people from danger where safe, secure equipment or the environment and provide first aid within competence.
2. Obtain urgent help	Call Triple Zero (000) for immediate danger, serious injury, medical emergency, fire or urgent police assistance.
3. Protect the client and others	Arrange supervision, replacement support, safe transport, medical review, emergency accommodation or another immediate control as required.
4. Notify management	Contact the Operations Manager, Director or nominated operational contact as soon as possible. Do not wait for a form to be completed.
5. Preserve information	Record factual observations, times, people involved and immediate actions. Preserve evidence and do not conduct an unauthorised investigation.
6. Report through the correct system	Use BrightSafe for OHS matters, ShiftCare for client incidents and risks, and the organisational risk register for material systemic or business risk.
7. Make external notifications	Follow the relevant procedure for regulators, funding bodies, police, emergency services, insurers, privacy notifications or other mandatory reporting.
8. Review and prevent recurrence	Assess root and system causes, verify controls, update care plans or procedures, communicate lessons and monitor corrective actions.

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Appendix D - Practical Risk Assessment Prompts

Area	Questions to consider
People and rights	Who may be affected? Are vulnerability, communication, culture, choice, dignity, privacy, safeguarding or decision-support needs relevant?
Task and environment	What is being done, where, with what equipment or substance, under what conditions, and what could change or go wrong?
Service reliance	How dependent is the client on this support, and what would happen if it were late, unsuitable, interrupted or unavailable?
Workers	Are staffing, competence, fitness for work, lone work, travel, workload, manual handling, aggression or psychosocial factors relevant?
Existing controls	What controls actually operate in practice? Are they reliable, accessible, supervised and used consistently?
Emergency and failure	What if power, communications, vehicles, systems, staffing, suppliers or usual carers fail?
Combined and cumulative risk	Are several moderate factors interacting to create a high risk? Could repeated low-level events cause serious harm over time?
Choice and alternatives	What outcome does the client want? Can the choice be supported through less restrictive controls or a safer alternative?
Evidence and uncertainty	What information is missing? Is professional advice required? Does uncertainty justify interim controls or a precautionary approach?
Review	How will Koru Care know controls are working, who will check, what triggers escalation and when is the next review?