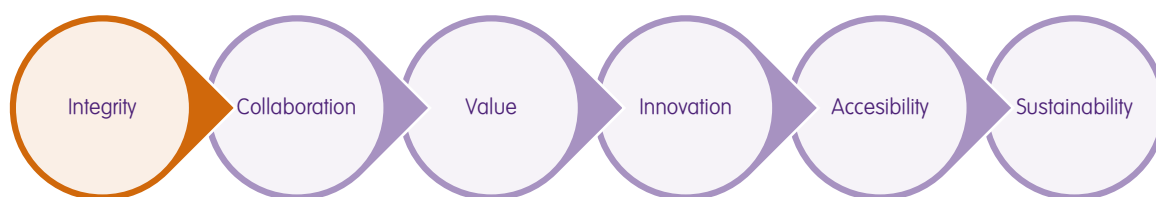


## HCA Disability Services - Critical incident Reporting (DHHS Victoria Only)



Integrity, Collaboration, Value, Innovative, Accessibility and Sustainability - are the values that underpin all of our services and relationships.

### Policy Statement

The safety and wellbeing of Customers and staff is paramount to HCA.

Under the Disability Act 2006 it is a compulsory requirement to report an incident that has occurred while delivering services funded by the Department of Human Services. Not only does the reporting requirements protect the customers but other key reasons is to learn and monitor from the incident if possible, prevent occurrence of similar incidents.

The Client incident reporting form can be accessed through Share point, Elmina and the DHHS webpage

The aims of client incident management and reporting are to:

- ensure timely and effective responses are taken to address immediate client safety and wellbeing
- be accountable to clients for actions taken immediately and planned in response to their experience of a critical incident
- ensure due diligence and responsibilities to clients are met
- support the provision of high-quality services to clients through the full and frank reporting of adverse events
- assure and enhance the quality of service and supports to clients through monitoring and acting on individual incidents as well as trends identified through the analysis of incident reports
- support organisational consistency
- ensure that identified deficits in service and support are addressed
- inform the appropriate ministers, the Secretary, deputy secretaries, executive directors and directors of significant incidents affecting clients in a timely and accurate manner.

### Compulsory reporting

Reporting of incidents is defined by two categories Category One and Category Two:

**Category One** client incident reports must be sent to the department designated divisional office as soon as possible and at the latest **within one working day** of the incident or **within one working day** from first being told of the incident.

**Category Two** client incident reports must be sent to the department designated divisional office as soon as possible and at the latest **within two working days** of the incident or two working days from first being told of the incident.

**A client incident report is required for all critical incidents occurring at the service or during service delivery that involve and/or impact upon customers/clients.**

This includes all critical incidents that occur:

- while a staff member is with the client
- when the client attends a service provider premises, including offices, residential services, respite facilities or day services
- when a staff member is providing in-home support or support in the community with the client
- onsite at the service, including inside and around the building and locations that are within view of staff.
- If a service provides 24-hour care (residential care, custodial services or statutory child protection) a report is required for all incidents involving clients of this service regardless of location.
- If a service does not provide 24-hour care, critical incidents occurring outside of service delivery may also need to be reported.

Considerations include:

- was the client hurt and is the client still at risk?
- do you need to significantly change your service delivery to the client/clients as a result (including police intervention)?

If an incident occurs where there are concerns about the safety and wellbeing of children and young people who are not current clients of the department, consideration should be given to reporting the concerns to the divisional child protection intake service.

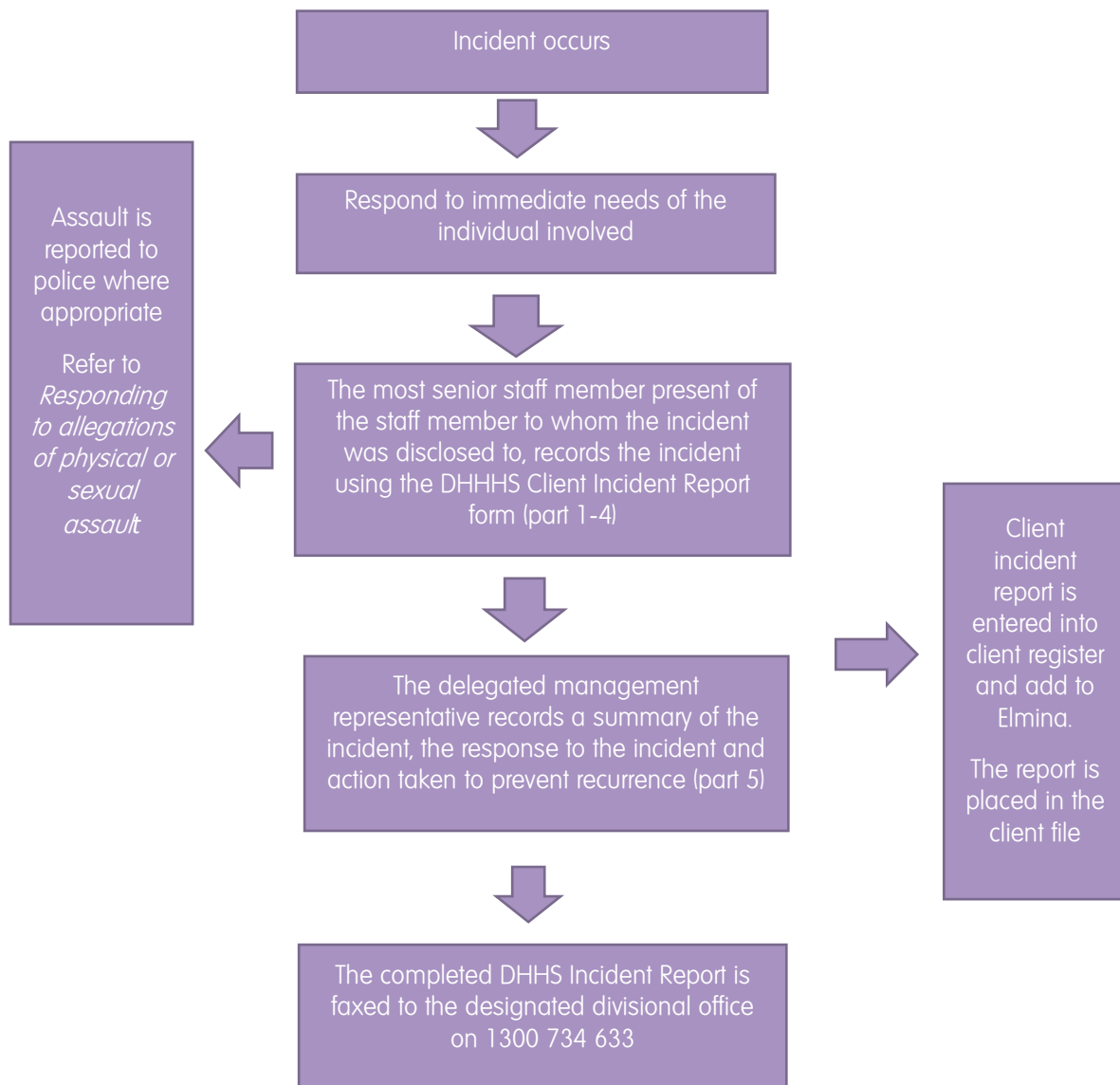
## Roles and Responsibilities

The responsibilities for managing incidents include:

- responding to the immediate needs of individuals involved, including staff, and taking any remedial action necessary to re-establish a safe environment; this is the first priority where safety is threatened
- communicating with the client and/or staff member, relatives, carers, friends or advocates and other service providers as appropriate and in a timely manner
- undertaking follow-up actions in relation to individual incidents
- reviewing incident information over time to identify lessons and practice implications, and make recommendations for improvement
- generating and implementing improvement strategies and action plans and monitoring and reviewing the effectiveness of actions taken
- undertaking compliance checks to assess the ongoing implementation of the Critical client incident management instruction.
- incident reports are to be reviewed as part of HCA's quality assurance
- critical client incident register or database (Elmina) must be available for all audits
- paper incident reports and related electronic data must be stored securely and only accessed by staff who have business purpose for doing so, paper reports need to be stored in a locked filing cabinets.
- access to electronic data should be limited to appropriate staff only.
- all incident reports are to be faxed to the designated divisional office using the designated fax number (1300 734 633) and confirmation is required that DHHS received the report

## Reporting a critical client incident

Figure 1: Reporting a critical incident



## How to choose an incident type and category

An **incident type** is simply a descriptor. For each incident only one incident type must be selected. There is a set list of incident types that can be used in incident reports.

When choosing an incident type, choose the incident type with the definition that best describes what happened in the incident, or the behaviour or circumstance that had the greatest impact.

Definitions of incident types

**Absent/missing client:** Where a client is absent and there are concerns for their safety and welfare or that of others.

**Behaviour – dangerous:** Client actions that lead to or place self or others at risk of harm.

**Behaviour – disruptive:** Client actions that cause disorder, are intrusive and/or offensive to others.

**Behaviour – sexual:** Sexually orientated actions by client in inappropriate circumstances.

**Behaviour – sexual exploitation:** Sex work of a client under the age of 18 years.

**Breach of privacy/confidentiality matters:** The inappropriate disclosure of confidential client information.

**Community concern:** Incidents that involve or impact upon clients which cause community concern.

**Death – client:** The death of a client during service delivery.

**Death – other:** The death of a person other than a client or staff member that involves or impacts upon a client.

**Death – staff:** The death of a staff member that involves or impacts upon a client.

**Drug/alcohol:** The use or misuse of drugs and/or alcohol and/or other substances.

**Escape – from a centre\*:** Successful or attempted breaking out or fleeing from within defined boundaries.

**Escape – from temporary leave\*:** The failure by client to return from leave.

**Illness:** An unforeseen illness that is not described in the client's documented care plan.

**Injury:** Actions or behaviours that unintentionally cause harm which requires medical attention.

**Medical condition known – deterioration:** The unanticipated and/or disproportionate deterioration of a known medical condition.

**Medication error – incorrect:** The administration of incorrect medication.

**Medication error – missed:** Missed administration of medication.

**Medication error – pharmacy:** An error in the dispensing of medication.

For example, there was an error in the written instruction or medication provided by a pharmacist that resulted in the administration of incorrect medication.

**Medication error – refused by client:** Client refused prescribed or authorised medication.

**Medication error – restraint PRN misuse:** The incorrect or unauthorised administration of PRN (from the Latin 'Pro re nata') restraint medication.

*\* This incident type is only relevant to clients in custodial care and/or disability services clients subject to compulsory treatment or judicial orders.*

**Medication error – other:** A medication error not listed above.

For example, a factor other than those listed above caused the incorrect administration of or access to medication.

**Physical assault:** Actions, or attempted actions, that involve the use of physical force against a person that result in, or have the potential to cause harm.

**Poor quality of care:** Inappropriate behaviour or inadequate care by caregivers or staff.

**Possession:** The possession of illegal or unauthorised goods.

**Property damage/disruption:** Damage or disruption to premises that involves or impacts upon clients.

**Self-harm:** Actions that intentionally cause harm or injury to self.

**Suicide attempted:** Actions that intentionally cause harm with the intention to end one's own life.

**Sexual assault – rape:** Penetration or attempted penetration (anal, oral, vaginal) through the use of physical force, intimidation and/or coercion without that person's consent.

**Sexual assault – indecent:** Unwanted sexual actions which are forced upon a person against their will, through the use of physical force, intimidation and/or coercion.

There are **two categories** of reportable incidents. In grading an incident, give consideration to the actual impact or apparent outcome for the client and the likelihood of recurrence.

**Category One** incidents are the most serious. A Category One incident is an incident that has resulted in a serious outcome, such as a client death or severe trauma.

**Category Two** incidents involve events that threaten the health, safety and/or wellbeing of clients or staff.

It is expected that senior staff will use their professional judgement in considering the sensitivity and appropriate grading of incidents being reported.

Refer to the categorisation table in *Critical client incident management summary guide and categorisation table: 2011* (available on the Funded Agency Channel [www.dhs.vic.gov.au/funded-agency-channel](http://www.dhs.vic.gov.au/funded-agency-channel))

## Factors to consider in determining whether an incident is reportable

In assessing the need for an incident report the senior staff member must exercise professional judgement. The following factors should be considered when determining whether an incident is reportable:

- Was the client hurt in the incident? To what extent?
- Is the client still at risk?
- Do you have to change your service delivery substantially as a result?

These factors are considered in more detail below.

### Severity of outcome

Consider:

- the nature and extent of the trauma
- the level of distress caused to the victim

If a client is admitted to hospital as an inpatient as a result of a physical or sexual assault, accident, sudden illness, injury, self-harm or possible overdose, the event is reportable as a Category One incident.

### Vulnerability of client

Consider the :

- age and stage of development, culture and gender of the client
- balance of power or position between alleged perpetrator and victim and the potential for exploitation
- a client's individual mental and/or physical capacity, understanding of potential risks and communication skills

An incident involving the conduct of (or negligence by) a staff member that significantly impacts on or places at risk the health, safety and wellbeing of a client is likely to be reportable to the department.

## Pattern and history of behaviour

Consider:

- the history and pattern of offending or being offended against
- the client's risk-taking behaviour
- the frequency of the event (and how recent it was if it is disclosed during the service delivery)
- the likelihood

## Reporting of death, assault and poor quality of care

### Death of a client

If a death of a client involves circumstances that are out of the ordinary, a client incident report may be required. For example:

- the death of a client in unusual or unexpected circumstances, such as, but not limited to, murder, overdose or suicide
- the death of a housing tenant where the deceased is not discovered for some time or discovered after concerns and a welfare check
- the death of a client in a residential facility or housing property where the condition of the facility or property or standard of care provided may have been a contributing factor
- any deaths of a client under the age of 18 years
- the death of a parent, guardian or carer in unusual or unexpected circumstances that places a client aged under 18 years or a client with a disability at risk
- the death has a direct or obvious correlation to the service the person was receiving
- the death is reportable, for example to the Commission for Children and Young People.

Client deaths as the consequence of the progression of a diagnosed condition or illness are not reportable to the department unless the death occurred in a disability residential service/care.

In order to meet with administrative functions under legislation the death of a client who was living in disability residential service/care (both community service organisations and department delivered) at the time of their death, which was a consequence of the progression of a diagnosed condition or illness, should be reported as a Category Two incident. Client deaths as the consequence of the progression of a diagnosed illness or condition are not reportable in all other disability services.

All deaths in unusual circumstances during service delivery are required to be reported as a Category One incident.

### Assault

Assaults of any type are unacceptable regardless of the intent of the person committing the violence. Any assault of a client must be reported.

Assaults can vary in nature from life-threatening events to incidents that threaten clients or others health, safety or wellbeing. To assist staff with accurate categorisation of the incident in their report further advice regarding allegations of physical and sexual assault is provided below.

Refer to *Responding to allegations of physical and sexual assault instruction: technical update 2014*, for reporting and management requirements of allegations of physical and sexual assault.

Refer also to the categorisation table in *Critical client incident management summary guide and categorisation table*. 2011 (available on the Funded Agency Channel [www.dhs.vic.gov.au/funded-agency-channel](http://www.dhs.vic.gov.au/funded-agency-channel))

### Sexual Assault

Sexual assault includes rape, assault with intent to rape and indecent assault. An indecent assault is an assault that is accompanied by circumstances of indecency. Examples are unwelcome kissing or touching in the area of a person's

breasts, buttocks or genitals. Indecent assault can also include behaviour that does not involve actual touching, such as forcing someone to watch pornography or masturbation.

Inappropriate touching by a client with a disability needs to be considered in the context of the individual client's behaviour or disability. A behavioural support plan should be developed for the client (or an existing plan should be reviewed). A police report may not be necessary or appropriate in this case.

Staff should be mindful that sex-offending behaviour (for offenders both with and without a disability) develops via a progression of behaviours that increase in severity over time. Accurate categorising and reporting of inappropriate sexual behaviour will help identify the need to intervene and assist the client to develop appropriate behaviour.

A client exposing themselves in a public place needs to be considered in the context of the individual client's behaviour or disability. If the behaviour is such that criminal charges are likely, or the client has previously been charged with sexual offences, then the incident must be categorised as Category One.

### **Staff to client assault**

Allegations of assault of a client by a staff member, volunteer carer or member of the carer's household must be reported as a Category One incident regardless of whether medical attention is required and regardless of the type of assault alleged (for example, alleged rape or indecent assault).

### **Sex work by a client**

Sex work by a client under the age of 18 years is a Category One incident and should be recorded as 'Behaviour – sexual exploitation'. Sex work must be recorded as a Category One incident due to the criminal nature of the activity. A care plan must be put in place to reduce the risk of harm to the client.

Members of the public who are known to be engaging clients in sex work must be reported to the police.

All allegations of sexual assault are to be reported as a sexual assault (refer to section 7.2.1 'Sexual assault').

### **Poor quality of care incidents**

Poor quality of care concerns may, depending on the extent and nature of impact on the client be defined as either Category One or Category Two incidents.

In general, it is anticipated that poor quality of care concerns would represent lower level risks to the health and wellbeing of a client than physical or sexual assault and are therefore likely to be defined as Category Two incidents.

Poor quality of care should be defined as a Category One incident where it results in the need for medical intervention. If poor quality of care cannot be excluded as contributing to a client's need for medical intervention, it should be reported and defined as a Category One incident.

In grading a poor quality of care incident, HCA should be informed by any previous incident reports regarding the client, the carer or the family of the client or carer. Where there are previous incident reports, HCA will consider the number, timing and subject of previous incident reports.

Situations where an incident report is required for clients receiving disability services may include (but are not limited to): concerns, especially ongoing or repeated concerns, about:

- hygiene in the residential facility
- quality of diet provided to the client
- inappropriate clothing
- lack of bedding
- poor levels of supervision
- inappropriate behaviour support
- the methods used to respond to dangerous or disruptive behaviour by a client (that has already been determined not to be assault)
- where it is alleged that the staff of a facility or an in-home carer has been engaged in criminal behaviour
- inappropriate behaviour by staff or caregivers such as not cooperating with reasonable community access arrangements or making derogatory comments about the client or their family.

### **Privacy**

Respecting the privacy of individuals who are involved in or witness to an incident is an important consideration in dealing with incident reports, which often contain personal details and other sensitive information.



## Obligations and requirements

There are a number of Victorian Acts that regulate the collection of personal information. In Victoria these include the *Information Privacy Act 2000* and *Health Records Act 2001*. Other legislation that regulates service provision is the *Disability Act 2006* and the *Children, Youth and Families Act 2005*. Privacy legislation does not override this legislation, it supplements it.

The Health Records Act applies to the Victorian Government sector, Victorian Government funded health services, private health services within Victoria, and any other organisations in Victoria that hold health information.

## Occupational health and safety

Under the Victorian *Occupational Health and Safety Act 2004* the employer must notify WorkSafe immediately after they become aware of a serious incident at a workplace. Notification to WorkSafe is required where any person (not just an employee) is involved in a serious incident at a workplace. Under the Act, all Victorian employers are required to have a register of injuries as specified by WorkSafe Victoria. This register must be readily accessible in all workplaces. Refer to <http://www.worksafe.vic.gov.au/> for more information.

Many incidents involve or affect staff. The health, safety and wellbeing of employees are core management responsibilities. Prevention of workplace risks to health, safety and wellbeing is the most effective way to reduce occupational illness and injury. Community service organisations are required to report all incidents that may lead to a claim against the organisation to the insurer, Victorian Managed Insurance Authority, as detailed in its insurance manual for service providers. If a department staff member is injured or becomes ill in the workplace a Disease/injury/near miss/accident (DINMA) form must be completed.

## Fire risk management

The department has developed a series of guidelines to provide a consistent approach to fire risk management in certain buildings. The Fire Risk Management Guidelines (Capital Development Guidelines Series 7) encompass fire-related policy and procedures.

The fire incident reporting procedure (guideline 7.1, appendix 6) differs from the procedure indicated on the client incident report form. It includes information on who discovered the fire, the method of extinguishment, information about the spread of the fire, burning and smoke and the extent of evacuation.

## Reporting to the coroner

In addition to reporting client deaths through departmental incident reporting processes a statutory obligation to report deaths to the Coroner may also apply. A 'reportable death' to the Coroner includes (but is not limited to) deaths:

- that appear to be unexpected, unnatural or violent or to have resulted, directly or indirectly, from accident or injury
- of a person whose identity is unknown
- where the person was held in care immediately before their death.

A 'person held in care' includes a person under the control, care or custody of the Secretary, Department of Human Services. The *Victorian Coroner's Act 2008* is available at <http://www.coronerscourt.vic.gov.au/>

## Reporting alleged criminal acts

Alleged criminal acts that occur during service delivery must be reported to the police as soon as practicable. HCA is responsible for fulfilling this expectation.

## Review Details

## Related Policies and Procedures

HCA Disability Standard 1 Rights  
DHHS Victoria standard 1 Empowerment

## References

Critical client incident management instructions (DHHS)

<http://www.dhs.vic.gov.au/funded-agency-channel/about-service-agreements/incident-reporting/human-services>



