

CLIENT CRITICAL INCIDENT REPORTING POLICY

1. POLICY PURPOSE AND RATIONALE

It is important that all serious incidents that occur within Anglicare Victoria programs are reported to management.

The aims of incident reporting are to:

- Support the provision of safe and high quality services to clients through the full and frank reporting of adverse events and subsequent analysis.
- Assure and enhance the quality of Anglicare Victoria's programs, through monitoring, and acting on trends identified through incident reports.
- Inform Anglicare Victoria management of significant incidents affecting clients and staff, in a timely and accurate manner.
- Ensure that due diligence and duty of care requirements are met and any identified deficits addressed.
- Minimise the risk of harm from care provided, and the environment in which it is provided
- Support organisational consistency.

The key reason for reporting incidents is to learn from them and if possible, prevent their repetition. Without a detailed analysis of mishaps, incidents, and near misses, we may fail to uncover problems that are potential hazards to clients and staff.

The aim of this document is to ensure that all staff within the organisation are aware of the guidelines and requirements for reporting client related critical incidents. DHS funded programs should use this policy in conjunction with the *DHS "Critical Client Incident Management Instruction November 2011 – Final Draft"* which is the current reporting framework.

It is expected that team leaders and program managers will work with their teams to ensure that staff have a clear understanding of what needs to occur if an incident takes place and how this is to be reported.

Following these instructions will ensure consistency of critical incident reporting across Anglicare Victoria, which will provide staff from the Regions and Central Office with accurate data for reviewing and learning from incidents, resulting in better service provision for clients. In addition, it alerts relevant staff to issues that could have potentially serious consequences that in turn trigger other important processes such as Quality of Care Reviews, reassessment of level of risk to clients and high level risk management negotiations with DHS, etc.

DHS FUNDED PROGRAMS

As part of Anglicare Victoria's service agreement with the Department of Human Services, we are required to comply with departmental client incident reporting processes for category one and two incidents. Reporting of incidents as defined in the DHS incident reporting instruction is compulsory to ensure Anglicare Victoria and DHS comply with the requirements and expectations associated with public accountability, legal obligations and insurance requirements.

2. DEFINITIONS

Client – a child, young person or adult who receives services delivered or funded by Anglicare Victoria

A Client Critical Incident - An event where a client receiving services through Anglicare Victoria is adversely affected or at risk as a result of the incident. This event may also include an adverse effect on other persons such as staff or members of the community.

“What constitutes a service delivered by Anglicare Victoria”

A client receiving services delivered through Anglicare Victoria includes those clients where

- The organisation provides 24 hour care or support eg. foster care, residential care and/or a refuge,
- A statutory child protection and youth services clients including youth justice,
- A client who is provided with case work support eg. family services, legal services, financial counselling, Adolescent case management services, Disability services etc.,
- A client who enters our premises for the first time and may request support
- A client who participates in a community group activity eg. Homelessness service BBQ

There are two categories of reportable incidents, and in grading them, consideration is given to both the actual impact and apparent outcome for the client and staff Anglicare Victoria and DHS, and to the likelihood of recurrence.

Categories

Category One

Category One client 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. Events that have the potential to involve the relevant minister, or high levels of public or legal scrutiny are also category one incidents.

There is intense public and media interest in the operations of Victoria’s child welfare system, and it is essential that the Chief Executive Officer and relevant departmental staff are able to respond quickly to issues and events that may arise.

Category one incidents include:

- The death of, or serious injury to, a client or staff member.
- A sudden injury to a client where they have been admitted to hospital as an “in-patient”
- All allegations of, or actual serious physical or sexual assault of or by a client or staff member or volunteer.
- A serious fire involving death or serious injury
- A serious fire resulting in closure or significant damage to parts of a building or its contents and/or which poses a threat to the health and safety of other clients or staff.
- Serious property damage resulting in closure or significant damage to parts of a building or its contents, which pose a threat to the health and safety of staff or clients
- The apparent alcohol or drug related death of an Alcohol and Drug Services client irrespective of location of the incident.
- An event that has the potential to involve the relevant Minister or the CEO of Anglicare Victoria.

- An event that has the potential to subject Anglicare Victoria or the Department of Human Services (DHS) to high levels of public, media or legal scrutiny.

It is not feasible to list every possible type of category one incident, and it is expected that staff will use their judgement in considering the sensitivity and appropriate grading of individual incidents. If a staff member is uncertain in this regard, they should consult with their Team Leader, Program Manager or Regional Manager.

Category Two

Category two incidents involve events that seriously threaten the health, safety and/or wellbeing of clients or staff, but do not meet the category one definition. Category two incidents typically include:

- An injury for which a person attends and/or receives treatment by a medical practitioner but is not admitted to hospital as an in-patient
- Assaults that do not classify as a category one incident.
- Serious threats made against clients or staff.
- Unethical behaviour by staff, particularly if it involves taking advantage of clients.
- Client behaviour that could result in potential risk to client or others.
- Property damage
- Criminal behaviour resulting in police intervention. *(Staff will need to use their judgement in relation to this incident type. Some clients or client groups may have more frequent involvement in the criminal justice system than others. Serious charges should always be reported).*
- Unauthorised absenteeism resulting in a warrant being sought or a missing persons report filed for a client.
- Incidents that did not lead to significant client or staff injury or death, but very nearly did (near misses).
- Incidents that have the potential to escalate to category one.

During Service Delivery

Incident reports are required when the incident occurs during (i) the provision of 24 hour care, (ii) incidents occurring at the service or during service delivery (for example while a staff member is with the client), and (iii) for incidents outside of service delivery that have a direct and obvious correlation to delivery of service.

Programs that fall within the scope of reporting

PART A: DHS FUNDED PROGRAMS

The following list has been taken directly from the DHS Critical Client Incident Management Instruction – November 2011

Program	Activity	Category	
		One	Two
Disability Services (DS)			
DS Individual Support	Day Services	√	√
	Flexible Support Packages	√	√
	Individual Support Packages	√	√
	Outreach Support	√	√
DS Information, Planning and Capacity Building	Case Management	√	√
	Access	√	√
DS targeted Services	Respite Care	√	√
	Behaviour Intervention Services	√	√
	Independent Living Training	√	√
DS Residential Accommodation Services	Residential Institutions	√	√
	Shared Support Accommodation	√	√

Child, Youth Families (CYF)			
CYF Family and Community Services	Child FIRST / Family Services	√	
	Family Violence / Sexual Assault Services	√	
	ACCO (residential services Cat 1 & 2)	√	√
	Early Parenting / Infant Services	√	√
	Placement Prevention / Family Coaching (OOHC 1 & 2)	√	√
CYF Home Based Care	Placement Prevention and Reunification	√	√
	Permanent Care	√	√
	Lead Tennant	√	√
	HBC – General	√	√
	HBC – Intensive	√	√
	HBC – Complex	√	√
	Therapeutic Foster Care	√	√
	Leaving Care	√	√
CYF Kinship Care	HBC – Kinship Care	√	√
CYF Residential Care	Residential Care	√	√
CYF Secure Welfare	Secure Welfare Services	√	√
CYF Statutory Child Protection Services	Child Protection Services	√	√
	Child Protection After Hours	√	√
Youth Services & Youth Justice (YJCS)			
CYF YJ Statutory Community Services	Community Services	√	√
CYF YJ Refugee Minor Program	Refugee Minor Program	√	√
CYF YJ Youth Services	Youth Support Services	√	√
	Adolescent Support Program	√	√
	Finding Solutions	√	√
	Youth Justice Community Support Services	√	√
CYF YJ Custodial	Malmsbury	√	√
	Parkville	√	√
	Melbourne	√	√
Housing & Community Building (H&CB)			
H&CB Homelessness Assistance	Crisis Accommodation Services and Crisis Support Services	√	
	Homelessness Service Support	√	√
	Transitional Housing	√	√
H&CB Long Term Housing Assistance	H&CB Community Managed	√	√
	H&CB Public Managed	√	√

Please note: while this table captures most major areas the list is not exhaustive. With the exception of out-of-home care, category three incidents do not need to be provided to the department. The department's direct services and CSOs are required to maintain a register or database of these incident reports.

PART B: NON DHS FUNDED PROGRAMS

Anglicare Victoria has an expectation that all programs regardless of their funding source report to senior management all critical incidents that occur within programs. This includes Community Programs and Parish Partnerships.

Community Programs and Parish Partnerships staff are only required to report on incidents that meet the Category One criteria.

Program	Activity	Category	
		One	Two
Community and Regional Programs			
Alcohol and Drug Services	FADS Family Alcohol and Drug Services	√	
	Drug and Alcohol Parent Support Program	√	
	Drug & Alcohol: Counselling, Consultancy and Continuing Care (4C's)	√	
	Linking Youth and Families Together (LYFT)	√	
	Forensic AOD (ACSO COATS)	√	
Financial Counselling	NILS	√	
	Generalist Financial Counselling	√	
Emergency Relief	Regional & PP ER Program	√	
	Victorian Bushfire Case Management Service	√	

Community Justice	Community Legal Services	√	
	Victims Assistance and Counselling Programs (VACP)	√	
	Koori Offender Support and Mentoring Programs	√	
	Koori Youth Justice	√	
	Youth Justice Group Conferencing	√	
Bushfire Services	Victorian Bushfire Case Management Service	√	
Wangaratta Activities	Parish Partnership with Diocese of Wangaratta	√	
	Playgroups	√	
	Home work Clubs	√	
	Community Gardens / Kitchens	√	
Aboriginal Services	Albury Court House Project	√	
	Sharing Stories Walking together	√	
	Blue Healers	√	
Parish Partnerships			
Lazarus Centre	Breakfast Program	√	√
	Material aid services		√
Mission House	Emergency Relief	√	√
	Op Shop	√	√
Diocesan & Partnerships			
Anglican Diocese of Melbourne - Southern Region	Computer Classes	√	√
	English as a second language - Numeracy & Literacy Classes	√	√
	Craft and Friendship	√	√
	Broadband for Seniors	√	√
	Sewing classes	√	√
	Art therapy classes	√	√
	Sudanese Educational Support	√	√
	Strength Training Classes	√	√
	Community Lunches	√	√
	Sudanese Junior Soccer	√	√
	Emergency Relief - food parcels and supermarket vouchers	√	√
Anglican Diocese - Ballarat	material aid program for clients experiencing hardship	√	√
	breakfast program for homeless and isolated people	√	√
	Parish partnership work to meet community need	√	√
Anglican Diocese of Gippsland	Mainly Music Programme	√	√
	Community Projects	√	√
	No Interest Loans Scheme (NILS)	√	√
Geelong Region	Karen Settlement Program	√	√
	Applied Suicide Skills Intervention Training (ASIST) for Secondary School teachers.	√	√
	Facilitating Aged Care Pastoral Care Program	√	√
Sudanese Support Centre - Box Hill	Sewing Program	√	√
	Directed Child Care	√	√
	School Tutoring	√	√

3. PROCEDURES

3.1 When to write an incident report:

An incident report is required whenever an event occurs during service delivery that represents a threat or risk to a client or others in a program. Incident reports are to be completed using the "DHS Client Critical Incident" form which is located on the Intranet.

An Incident report should be printed and placed on paper file. Case notes about an incident report should also be prepared and attached to the client file.

3.3 Writing the incident report:

The incident report form must be completed by the most senior witness to the incident, or the person to whom the incident was reported, if there were no witnesses. The incident report should contain all necessary factual details. It must include who was involved; how, where and when the incident occurred; who is injured and the nature and extent of injuries (if applicable); and what action is being taken in response to the incident. Objective language should be used. The information necessary for the aims of incident reporting is required. Consistent with privacy principles, it may not be necessary to name witnesses. All reports must be legible and presented in the specified report format.

An incident may occur that involves a client who is involved with a number of programs or agencies. In this case, the agency or program which first becomes aware of the incident must complete the incident report, unless a more appropriate program or agency takes responsibility for reporting the incident. If the agency or program which first becomes aware of the incident is not the lead agency or the agency with prime responsibility for the client, then they must ensure the lead program or prime agency is informed.

DHS funded programs only:

The worker writing the report must complete and sign the parts 1-4 of the client critical incident report. Once an incident report is completed by a witness or the person to whom the incident was reported, the completed sections of the report must not be changed, amended or altered in any way or for any reason. Occasionally, other witnesses or individuals may disagree with the content of the report. Where this occurs, the alternative views must be put in writing, as a separate attachment to the completed incident report.

The nominated line manager is then required to complete and sign parts 5 & 6 of the report. Prior to signing off on incident reports, Team Leaders and/or Program Managers must complete a thorough quality check of the report.

All Programs:

All incident reports must be completed as soon as possible, but for category one incidents, no later than the next working day. Category two incidents must be completed no later than two working days after becoming aware of the incident.

Client incidents where there is damage to property

From time to time, client incidents may involve damage to property. This may include damage to vehicles or Anglicare owned / leased properties. In instances where property damage is incurred as a result of a client incident, staff are to report this damage to the Anglicare Victoria Property and Fleet Helpdesk on 1800 804 090 in a timely manner and certainly no longer than 24 hours following the incident. In partnership with regional staff, staff from the Property and Fleet Helpdesk will manage the issue and coordinate activities necessary to ensure the safety of clients and staff.

Anglicare Victoria Requirements for Dual Incident Reporting

Staff Incident Report

In the event that an employee is involved in a critical incident and is injured or experiences a 'near miss', they are required to complete a Anglicare Victoria 'Staff Incident Report.' An example of this is where a client is attacked by another client using a knife. An employee intervenes and receives a cut to their arm. In this instance both a DHS critical incident report and a Anglicare Victoria Staff Incident Report is to be completed. A staff incident report must be forwarded to Human Resources / OH & S.

Staff Hazard Report

A staff hazard report must be submitted for any hazard condition identified that contributes or may have contributed to the onset of a critical incident. Again, a staff incident report must be forwarded to Human Resources / OH & S.

Reporting client incidents to VMIA if a claim for negligence is likely

The Victorian Managed Insurance Agency ("VMIA") provides professional indemnity and related cover to Anglicare Victoria and its Directors and Officers. If a critical incident (or any other such event) occurs which is likely to result in a claim for negligence against Anglicare Victoria or its Directors and Officers, Anglicare Victoria must:

- as soon as practicable give to VMIA in writing, full details of the likely claim by providing the critical incident and any other relevant information;
- provide VMIA with all information, evidence and documentation which VMIA may reasonably require;
- take all reasonable precautions to prevent, avoid or minimise further loss or damage; and
- immediately inform the police if a criminal offence has been committed.

In the event of an incident occurring that the Regional Manager considers may lead to a claim for negligence against Anglicare Victoria, they are required to contact the DCEO – Community Services and / or the CFO to provide a full briefing about details or circumstances of incident. The DCEO / CFO will then notify the CEO of the development and the CFO and / or his delegate will contact VMIA.

Details about VMIA's insurance cover and related requirements can be found at www.vmia.vic.gov.au/Insurance/Policies-and-Manuals/Community-Service-Organisations-Program.aspx

3.4 Distribution of a completed incident report:

Depending on the category of the report, it must be forwarded to different staff members within Anglicare Victoria and DHS.

In the event of a category one incident, the most senior member of staff involved must report it immediately to their supervisor or manager who will in turn report the incident to the Regional Manager. It is the responsibility of the Regional Manager to determine who within their region will report the incident to the CEO, Deputy CEO of Community Services and the relevant General Manager of the Program.

Anglicare Victoria has a mandatory responsibility to report category one incidents to the relevant senior DHS officer for the service, who will usually be the Program and

Service Advisor. For statutory clients this includes the Child Protection Unit Manager who is responsible for case planning the child/young person.

It is important that staff make direct verbal contact with the above-mentioned staff (in both Anglicare Victoria and DHS) to ensure the information is received without delay.

In summary, Category one incidents must be reported concurrently to:

- Critical Incident Reporter (DHS), which is usually the Program Service Advisor (for all DHS funded programs)
- Child Protection Worker (DHS) (Placement and Support Programs & Family Services programs where the child is on a Child Protection order)
- Child Protection Unit Manager (DHS) (Placement and Support Programs & Family Services programs where the child is on a Child Protection order)
- Placement and Support Manager (DHS) (Placement and Support Programs only)
- Program Manager (AV)
- Senior Service Manager (AV) where one exists
- Regional Manager (AV)
- The relevant General Manager (AV)
- Deputy CEO – Community Services (AV)
- CEO (AV)

Category two incidents must be reported concurrently to:

- Critical Incident reporter (DHS) which is usually the Program Service Advisor
- Child Protection Worker (DHS) (Placement and Support Programs only)
- Child Protection Unit Manager (DHS) (Placement and Support Programs only)
- Program Manager (AV)
- Senior Service Manager (where one exists)
- Regional Manager (AV)
- The relevant General Manager (AV)

In accordance with DHS guidelines, Anglicare Victoria is required to maintain an incident register or database to record category one and two incidents. This will be managed through Riskman once this system is implemented

3.5 Categorising assault incidents:

To assist staff and agencies with accurate categorisation of reports, further advice is provided below regarding allegations of physical and sexual assault. This information can also be located on the Incident Reporting Guide.

Physical and sexual assault are crimes against the person. Many clients, including young people and people with a disability, are at a greater risk of physical and sexual assault than the general population.

Physical assault is generally defined as the application of force, which causes physical injury requiring medical attention. Medical attention means treatment by a medical practitioner. Physical injury included, but is not limited to, bruising, cuts, internal injuries, dislocated or broken bones, welts or burns. Assault may also include other actions, including spitting or serious threatened or attempted assault (for example, involving a weapon) that results in discomfort or pain.

Sexual assault includes rape, assault with intent to rape and indecent assault. Indecent assaults are assaults that are 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. Consent is not a defence to some sexual offences, particularly those relating to the sexual exploitation of children, young people and people with mental impairment.

3.5.1 Category one assaults

- Rape of or by a client
- Rape or indecent assault by a staff member, volunteer carer, or member of the volunteer carer's household
- Production of child pornography by a client, staff member, or volunteer
- Physical assault of a client by a staff member, volunteer carer, or member of the volunteer carer's household (regardless of the need for medical attention).
- Physical assault of or by a client involving a weapon such as a knife, hammer, or other object.

3.5.2 Category two assaults

- Sexualised play of a concerning nature by a client
- Physical assault of or by a client resulting in first aid being required for the victim. (This does not include the assault of a client by a staff member or volunteer carer.

3.5.3 Indecent assault of or by a client

Indecent assault of or by a client will usually be categorised as a category one or two incident depending on the circumstances of the event. An event such as forcible touching of a client on the breasts or genitals is likely to be category one. The level of distress caused to the victim is a factor in grading the incident. For clients in out of home care, however, indecent assault will always be classified as category one.

3.5.4 Prostitution

Prostitution by any child or young person is a category one.

3.6 Categorising neglect or quality of care incidents in out-of-home care:

Neglect or poor quality of care concerns in out-of-home care may, depending on the extent and nature of impact on the child or young person, are defined as category one incidents.

3.7 The role of Central office:

Critical incident reporting provides a means for Anglicare Victoria management to obtain information regarding the way incidents are managed at the service level, and review any problems with programs, clients or staff. By combining the incident reports into a monthly summary, senior management are able to review any issues and implement changes as needed. Learning lessons and implementing and monitoring improvement strategies after incidents is important. Without organisational learning and change, the safety and quality of services to clients will not improve.

Central office staff are also required to report on all category one incidents to the Board on a monthly basis. The reports are collated and documented in a non identifying way.

3.7.1 Processing critical incident reports at Central Office:

- Reports received at Central Office are processed by the Deputy CEO – Community Services and the relevant General Manager.
- The relevant General Manager or Deputy CEO – Community Services notifies the CEO of any reports requiring his / her attention, namely category one incidents.
- The reports are separated by region.
- On each report, the program and category are noted, and the reports are then classified according to the primary issue of the incident report (See Appendix 1).
- A graph is generated of the resulting data (See Appendix 2).
- A separate record is kept of property damage, staff injury / possible staff stress, police involvement and category one incidents.
- The monthly summary tables and graph is emailed to the Deputy CEO – Community Services, the Social Policy and Research Officer, and the General Manager.
- The CEO and Board receive this monthly summary at Board meetings, as well as a biannual report from the Social Policy and Research Officer.
- The Occupational Health and Safety Officer is emailed the summary of all incidents involving staff injury / possible staff stress.
- The Property and Facilities Manager is emailed a summary of all property damage.
- *Note that no identifying information relating to clients is present on any of the monthly summaries or statistics forwarded to Anglicare Victoria Central office staff.*

4. RESPONSIBILITIES

4.1 Privacy:

Privacy is an important consideration in relation to incident reports, which often contain personal and other sensitive information. Staff are required to comply with Anglicare Victoria's Privacy Policy. Consistent with this, appropriate security safeguards must be in place when transmitting and storing information. Paper incident reports and related electronic data must be stored securely in locked cabinets or cupboards. They must be accessed only by staff who have a business purpose for doing so. Where they are faxed, the fax number should be checked twice. If email is used to deliver reports, similar care should be taken with the list of addressees. Copies that are no longer required by Central Office should be kept for a period of 12 months and then destroyed.

5. RELATED DOCUMENTS

Critical Client Incident Management Instruction (November 2011 – Final DRAFT)

Incident reporting guide, DHS September 2005

Checklist for DHS and CSO Managers Signing Incident Reports, DHS April 2007

Details about VMIA's insurance cover and related requirements can be found at www.vmia.vic.gov.au/Insurance/Policies-and-Manuals/Community-Service-Organisations-Program.aspx

Anglicare Victoria Motor Vehicle Policy, July 2010

Critical Incident Stress Management Policy

[Staff Incident/Near Miss/Hazard Report Form](#), February 2011

Residential Unit Maintenance and Works Policy

Infrastructure Helpdesk Policy

OH&S Incident Reporting, February 2011

OH & S Employee Assistance Policy
OH & S Occupational Violence Prevention Policy
OH & S Stress Management Policy
OH & S First Aid Policy

This policy becomes effective as at: (put date after ESG approval)

This policy was last amended: February 2012

This policy is due to be reviewed: (put date – 3 yrs from ESG approval)

Queries about this policy should be directed to: Relevant General Manager