



CLIENT CRITICAL INCIDENT REPORTING POLICY

1. POLICY PURPOSE AND RATIONALE - What you need to know

The aim of this policy is to ensure that all services and staff within the organisation are aware of the guidelines and requirements for reporting client related critical incidents.

This policy covers all DHS funded programs as well as non DHS funded programs in Parish Partnerships and Community and Regional Programs. Refer to the separate policy on critical incident reporting for the Unaccompanied Minor Program. This policy does not apply to external agencies that are sub-contracted as part of the Communities For Children Facilitating Partner program, or any like sub-contracting arrangement in other programs.

For non DHS funded Anglicare Victoria programs, it is important to note that the reporting requirements set out in this policy relate to incident reporting within Anglicare Victoria, only. The processes and guidelines in this policy do not replace or alter any contractual or legal requirements for separate incident reporting to funders, or other relevant bodies, where these apply.

The aim of incident reporting within Anglicare Victoria is to allow for informed, managerial decision-making about how best to improve the safety and quality of services for our clients. Full and frank reporting of adverse events, and subsequent analyses of incident trends and, where sufficiently serious in nature, individual incidents enables this. Actions that stem from such analyses may include: making changes to policies and procedures; engaging in region- or program-specific strategic planning; allocating different or increased resources to particular programs (such as training), and; engaging in advocacy to funders, legislators, peak bodies and/or the broader community via the media.

It is expected that all managers will work with their staff to ensure that they have a clear understanding of what needs to occur if an incident takes place and how this is to be reported. It is important that all serious incidents that occur within Anglicare Victoria programs are reported to management in accordance with this policy.

Following these instructions will ensure consistency of client critical incident reporting across Anglicare Victoria, and provide accurate data for reviewing and learning from incidents, resulting in better service provision for clients. In addition, this will alert relevant staff to issues that could have potentially serious consequences. This in turn will trigger other important processes such as quality of care reviews, reassessment of level of risk to clients, development of quality assurance and risk management initiatives, and high level risk management negotiations with DHS, etc.

Following these instructions will also ensure that critical incident reporting is abreast of incident reporting changes. For instance, in Placement and Support, the primary objective of incident reporting has shifted from providing a detailed account of an incident to providing a succinct description of an incident to detail how the incident was managed to prevent a re-occurrence. These policy changes dramatically impact the way in which incidents are reported as it requires more attention be made in the documentation of follow up actions than has previously occurred. It forces programs to carefully identify and consider changes that could be made to systems and processes, through either redesign or development of new systems / processes to improve the level of performance and/or reduce the risk of a particular serious incident reoccurring in the future.



In accordance with DHS guidelines, Anglicare Victoria is required to maintain an incident register or database to record category one and two incidents. This database is the RiskMan system.

1.1 Programs in Scope

As part of Anglicare Victoria's service agreement with DHS, we are required to comply with departmental client incident reporting processes for category one and two incidents. Reporting of incidents as defined in the *Critical Client Incident Management Summary Guide and Categorisation Table: 2011* (which is set out as a current practice resource within the *DHS Critical Client Incident Management Instruction Technical Update 2014*) is compulsory to ensure Anglicare Victoria and DHS comply with the requirements and expectations associated with public accountability, legal obligations and insurance requirements. As part of its commitment to best practice, Anglicare Victoria requires that non DHS funded programs also comply with this policy.

2. DEFINITIONS

Client – a child, young person or adult who receives services delivered or funded by Anglicare Victoria. A client receiving services delivered through Anglicare Victoria includes

- Clients to whom the organisation provides 24 hour care or support e.g. foster care, residential care and/or a refuge,
- Statutory child protection and youth services clients including youth justice,
- Clients who are provided with case work support e.g. Family Services, Legal Services, Financial Counselling, Adolescent Case Management Services, Disability Services etc
 - Within Child FIRST, Family Services and Placement Prevention and Re-unification programs, all immediate family members within a client-household are considered clients. Furthermore, fathers or other family members such as grandparents who do not live full time with children but have regular part-time care of them are also considered clients. Moreover, members of children's households whom they or their parent(s)/guardian(s) consider family members (such as adult siblings, extended family living with them (aunts, uncles, cousins, grandparents, etc.) are also considered clients.
- Clients who enter our premises for the first time and request support
- Client who participates in a community group activity e.g. Homelessness service BBQ

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.

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.

Category One incident -

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 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 essential that the Chief Executive Officer and relevant departmental staff are able to respond quickly to issues and events that may arise. A copy of all Category one incident reports are sent to the Commission for Children and Young People for review.

Category one incidents include:

- Death of a client in unusual or unexpected circumstances.
- A serious injury.



- A sudden injury to a client where they have been admitted to hospital as an “in-patient” (an unplanned admission).
- All allegations and substantiations that a client has been sexually assaulted, sexually abused or subjected to a criminal indecent act.
- All allegations and substantiations that a client, staff member or volunteer has been seriously physically assaulted.
- A child/young person in out-of-home care whose whereabouts are unknown, and for whom there is grave concern for their safety. This applies irrespective of the amount of time the child/young person has been absent from their placement.
- A serious fire involving death or serious injury, or which otherwise poses a threat to the health and safety of clients or staff.
- Within the context of Placement and Support services, criminal behaviour resulting in police intervention.
- Within the context of Family and Community Services, serious criminal behaviour resulting in police intervention may be reasonably interpreted to constitute a category one incident. 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.
- 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 Other Drug Services client irrespective of location of the incident.
- Any incident which constitutes or causes an illegal breach of client privacy/confidentiality, as set out by relevant privacy legislation.
- Unethical behaviour by staff which involves clients - particularly in instances where it is suspected, alleged or known that clients have been taken advantage of, or endangered – and where the degree of breach of the code of conduct or professional duty of care warrants a category one incident classification (this is a matter for professional judgement by relevant managerial staff).
- 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 DHS to high levels of public, media or legal scrutiny.
- Any act of intentional self-harm engaged in by a client (that is, where bodily injury is intentionally self-inflicted, with no accompanying evidence that there was an intention to cause death) requiring hospital admission.
- Any suicide attempt made by a client (that is, where there is evidence of an intention to bring about death – as distinct from an act of self-harm) - requiring urgent action such as assessment, medical treatment, mental health treatment and/or hospitalisation.
 - Note: it is incumbent on all professionals within social and healthcare services (both within and outside of Anglicare Victoria) to facilitate such an urgent response to any suicide attempt - at least with regard to securing/providing immediate mental health assessment and treatment. Accordingly, the only time a suicide attempt should ever be treated by Anglicare Victoria staff as a category two critical incident, and recorded as such, is if the following three conditions are met:
 1. A staff member becomes aware of the attempt having occurred in the recent, but not immediate past (some weeks ago, or longer).
 2. The staff member is aware that the suicide attempt, when it occurred, did not result in any urgent action such as assessment, medical treatment, mental health treatment and/or hospitalisation.
 3. The staff member is very confident that the client is no longer suicidal, and so does not require urgent assessment/treatment.

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. Consulting with line



management is a useful strategy in the event of a worker being uncertain as to how to categorise an incident.

It is not appropriate to upgrade the categorisation of a less serious critical incident from two to one simply for the purpose of drawing greater managerial attention to it.

For DHS-funded services, where there is any doubt about the categorisation of an incident, staff should be guided by the *Critical Client Incident Management Summary Guide and Categorisation Table: 2011* (which is set out as a current practice resource within the *DHS Critical Client Incident Management Instruction Technical Update 2014*).

Category Two incident -

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:

- The death of a client who was living in disability residential accommodation, with this death being a consequence of the progression of a diagnosed condition or illness.
 - Note: the death of a client in any other service, where it is known that this death was a consequence of the progression of a diagnosed condition or illness, does not require an incident report.
- 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. This will include many self-harm incidents where hospitalisation is not required.
 - Note: in Family Services programs, DHS-funded family violence and sexual assault services, DHS-funded crisis accommodation services and crisis support services, as well as non-DHS-funded programs, if the injury is not sustained on Anglicare Victoria premises or during contact with Anglicare Victoria staff, professional judgement is required to determine if it warrants a report in Riskman. For instance, such injuries sustained by clients in circumstances which are not suspicious or concerning, and which they/their carers responded to appropriately by pursuing timely medical assistance, are likely not to require an incident report.
- Assaults that do not classify as a category one incident (this may include verbal abuse and serious threats).
 - Note: in family violence services, where such an assault incident is not physical or sexual, professional judgement is required to determine if it warrants a report in Riskman (see section 3.2).
- Unethical behaviour by staff which involves clients - particularly in instances where it is suspected, alleged or known that clients have been taken advantage of, or endangered – but where the degree of breach of the code of conduct or professional duty of care does not warrant a category one incident classification (this is a matter for professional judgement by relevant managerial staff).
- Client behaviour that could result in potential serious risk to themselves or others (for many clients, such behaviours may be constant (for example, AOD clients using drugs). For those Anglicare Victoria services that don't provide or facilitate 24 hour care to clients, professional judgement is required to determine whether a behaviour warrants an incident report (see section 3.2)).
- Serious or malicious damage to organisational, staff or carer's property.
- A child/young person in out-of-home care whose whereabouts are unknown, and for whom there is concern for their safety. This applies irrespective of the amount of time the child/young person has been absent from their placement.
- Within the context of Family and Community services, criminal behaviour not involving police intervention or involving police intervention but not reasonably considered serious offending behaviour (again, a degree of professional judgement is required to determine whether an incident report is warranted. For instance, an adult client using cannabis in way that does not put themselves or others at acute and immediate risk would usually not warrant an incident report, despite this behaviour being illegal (see section 3.2)).



- Incidents that did not lead to significant client or staff injury or death, but very nearly did, i.e. “near misses” (this excludes intentional self-harm and suicide attempt incidents for which a category one classification is warranted, as described on the previous page).
- A suicide attempt not requiring urgent action such as assessment, medical treatment, mental health treatment and/or hospitalisation (see the conditions for this stated on the previous page. The vast majority of suicide attempts will constitute category one critical incidents).
- Suicidal ideation where no suicide attempt has been made (see definition below).
 - Note: for DHS-funded services, DHS guidelines require that episodes of suicidal ideation are recorded as a category two critical incidents, with “suicide attempted” being recorded as the incident type. Despite not being recorded as category one incidents, episodes of suicidal ideation should always be treated as serious. At a minimum, any client who is ideating suicide will require an immediate suicide risk-assessment, and may require further, urgent intervention, such as engagement with crisis assessment services, emergency services or hospitalisation.

For DHS-funded services, where there is any doubt about the categorisation of an incident, staff should be guided by the *Critical Client Incident Management Summary Guide and Categorisation Table: 2011* (which is set out as a current practice resource within the *DHS Critical Client Incident Management Instruction Technical Update 2014*).

Suicidal ideation – Suicidal ideation (or suicidal thoughts) is when a person has thoughts about intentionally causing their own death. The seriousness of such suicidal ideation may vary depending on how specific a person’s plans are in relation to how they would commit suicide, and the degree of their suicidal intent (how determined they are about committing suicide).ⁱⁱⁱ It is important to distinguish thoughts about suicide from thoughts about deliberate self-harm where there is no intention of bringing about death.

Suicidal attempt - Behaviour constitutes an attempt at suicide when it non-fatally injures the person engaging in it, and there is accompanying evidence that the person engaged in this behaviour with the intention to cause their own death.^{iv} It is important to distinguish between a suicide attempt and deliberate self harm.

3. PROCEDURES

3.1 Assessing the need for a critical incident report

All Anglicare Victoria programs, regardless of funding source, are required to report critical incidents to senior management via Riskman in accordance with the guidelines contained in this policy (and the separate critical incident reporting policy for the Unaccompanied Minors program).

Incident reports relating to clients from non-DHS-funded programs are identified in Riskman by selecting, “Non DHS Client.”

The definitions section of this policy gives examples of critical incidents that require a report to be logged in Riskman. However, it is not feasible to list every type of incident which might occur for which such a report is warranted. It is also not the case that every incident will require a report. Whether an incident requires a report in Riskman is determined both by the nature of the incident and context in which it has occurred, as well as the Anglicare Victoria program implicated in the incident.

Professional judgement by a senior staff member is required to assess this.

For DHS-funded services, where there is any doubt about the categorisation of an incident, staff should be guided by the *Critical Client Incident Management Summary Guide and Categorisation Table: 2011* (which is set out as a current practice resource within the *DHS Critical Client Incident Management Instruction Technical Update 2014*).



3.2 When to write an incident report:

Incident reports are required when the incident occurs (i) during the provision of 24 hour care, (ii) at service facilities (including around the buildings and other locations within view of staff) or during contact/service-sessions with staff (for example while a staff member is with the client at their home, out in public, etc.), and (iii) outside of contact/service-sessions with staff where the incident has a direct and obvious relevance to the purpose and function of service-delivery.

A critical incident that occurs for a client for whom previous incident reports are logged requires a new incident report.

3.2.1 Within Family and Community Services and Parish Partnership programs

This last condition (iii) outlined in section 3.2 on the previous page is particularly relevant to Child FIRST, Family Services and other Anglicare Victoria parent support and community services programs, as well as Parish Partnerships programs. This is because most critical incidents involving clients of these programs will occur away from Anglicare Victoria premises and outside of contact/service-sessions with staff.

Ultimately, determinations around whether an incident has a direct and obvious relationship to, and impact on, service delivery – and so warrants an incident report in Riskman - should be made in consultation with line managers, where there is any doubt. An important consideration in making such determinations is the purpose and scope of the program. For example, within Family Services, practitioners focus on preserving and improving the safety, wellbeing and healthy development of children. This, in turn, requires a multidimensional focus on both children and parents. Accordingly, the scope of incidents which have a direct and obvious relevance to the purpose and function of service delivery is broader than for a program like financial counselling. This is because many more types of incident are relevant to the multiple dimensions of clients' lives on which Family Services workers focus than is the case for financial counselling – which focuses primarily on the economic dimension of clients' lives, and which looks to other biopsychosocial dimensions only insofar as these are relevant to clients' financial situations.

Of course, if an incident is very serious – such as in the case of the events listed as examples of category one critical incidents in the definitions section of this policy – it is prudent to always log an incident report even when the relevance of the incident to the purpose and scope of service delivery is questionable. However, for less serious incidents (of category two level in their severity), if a reasonable judgement can be made – in consultation with a line manager – that the incident does not have a direct and obvious relevance to the purpose and function of service-delivery – then an incident report is not required.

3.2.2 For programs that are not required to report to DHS (non DHS programs), or report category two incidents to DHS, when is a category two incident report required in Riskman?

Note: for clarification around the incident-reporting requirements to DHS for DHS-funded programs, please consult the *DHS Critical Client Incident Management Instruction Technical Update 2014*. Section 2.1 in this Instruction clearly indicates those programs are required to report category one incidents only to DHS.

To be clear, whilst category two incidents occurring within Child FIRST and Family Services programs, DHS-funded family violence and sexual assault services, DHS-funded crisis accommodation services and crisis support services, and non-DHS-funded programs are not reportable to DHS, an *internal* incident report may still be required for submission to Anglicare Victoria senior management via Riskman. Such an internal report is required for incidents which meet both of the following conditions:

1. The incident has a direct and obvious relationship to, and impact on, service delivery (as discussed in the previous section of this policy).



2. The incident constitutes a marked escalation in risk to clients/others (this includes serious “near miss” incidents) which is concerning, and/or is likely to have significant consequences for the client/others in the immediate future.

As with the first condition, determining whether an incident meets this second condition is a matter for professional judgement. It will commonly be the case that an event or series of events meets the first condition, but not the second. For instance, in AOD services, and for many clients in Family Services and other programs within the Family and Community Services stream, ongoing client AOD use is expected. Accordingly, an adult client reporting their ongoing use of cannabis – where this drug use does not constitute a marked escalation in risk to themselves or others that is concerning, nor is likely to have significant consequences for them or others in the immediate future – would not require a report. However, if the same client was to disclose that they had been arrested for driving whilst under the influence of cannabis with their children in the car, this would warrant an incident report.

Similarly, within family violence services, whilst all disclosures of physical and sexual assaults occurring during the current period of service provision would certainly warrant an incident report, incidents of non-physical abuse (such as verbal abuse) that are reasonably judged by workers as not constituting a marked escalation in risk to women/children which is concerning, and/or unlikely to have significant consequences for them in the immediate future, would not require an incident report. Of course, that is not to say that episodes of verbal abuse per se would not exhibit these characteristics (on the contrary, such incidents can be gravely concerning and/or have significant consequences, regardless of no physical assault having taken place); however, this example highlights the importance of professional judgement in determining whether an incident of category two severity requires reporting in Riskman.

Some factors to take into account when making such considerations include:

Severity of outcome

- Nature and extent of the trauma or other adverse consequence.
- Level of distress.
- Risk associated with a “near miss” event.

Vulnerability of client/s

- Age and stage of development, culture and gender of the client/s.
- Balance of power or position between the alleged perpetrator and victim (where relevant), and potential for exploitation.
- Clients’ individual capacities, understandings of potential risks, and communication skills.

Pattern and history of behaviour

- History and pattern of offending (or other concerning behaviour) or victimisation.
- History of risk-taking behaviour.
- Frequency of the type of event that has occurred for the client/s.
- Likelihood of recurrence.

3.2.2.1 Exemptions to the requirement for reporting incidents of category two severity even when these meet the conditions outlined in Section 3.2.2

Note: these reporting exemptions (outlined further on in this section) apply to the following programs/service contexts, only:



- Child FIRST
- Family Services local intake (that is, Family Services workers who do intake assessments as an alternative to intake being done by Child FIRST. This is not to be confused with the initial assessments undertaken by Family Services workers, post-allocation, or any other processes that occur subsequent to case being allocated to a program)
- Active/inactive holding prior to allocation
- DHS-funded family violence and sexual assault services
- DHS-funded crisis accommodation services and crisis support services
- Non-DHS funded services

Workers in these abovementioned programs/service contexts do not have to report incidents of category two severity in Riskman unless one or other of the following conditions is met:

i) The incident occurred at Anglicare Victoria facilities (including around the buildings and other locations within view of staff) or during contact/service-sessions with staff;

or

ii) The client is receiving a service response following completion of intake procedures (note: in this context, "intake procedures" include active/inactive holding. Accordingly, reports for incidents of category two severity are not required for clients whose intake assessment is not yet complete, or who are being actively or inactively held prior to allocation for a short- or long-term service response).

It is important to note, though, that this exemption does not apply to incidents of category one severity. All such incidents must be reported in Riskman irrespective of the location of the incident and whether intake processes have yet been completed.

3.2.3 Former clients

Reports of incidents of category one severity are required with regard to former clients, when it is learned that such an incident has occurred within a three month period following closure.

If a heritage client – that is, a client of one of the three predecessor agencies that was amalgamated into Anglicare Victoria in 1997 – discloses to any staff member that they were abused or neglected whilst in care, an incident report in Riskman is not completed. Rather, all such heritage clients are to immediately be referred to the Director Quality, and Heritage Client Liaison Officer at Central Office. In such instance, it is critically important to approach the task of referring such clients onto Central Office with a spirit of warmth, understanding and receptiveness. Such referrals should constitute "warm referrals". That is, heritage clients should be actively assisted to immediately have their complaint responded to by the Director Quality and Heritage Client Liaison Officer, rather than just being given a phone number to call and then being dismissed.

For all other former Placement and Support clients whose episode of care with Anglicare Victoria occurred during or after 1997, if a complaint is made by these clients that they were abused or neglected whilst in this care, an incident report in Riskman is required.

3.3 How to determine the incident type (category)?

Critical incidents often involve a number of factors relevant to several incident category types. When this is the case, the incident should be categorised in accordance with the most concerning factor relevant to the event. For example, a young person in residential care might abscond, then return to their residential unit substance-affected before attempting suicide, resulting in an urgent response by paramedics. In such an instance, the critical incident type would be 'suicide attempted'. Another example would be a residential



care client absconding from their placement, then, upon their return, reporting that they were sexually assaulted during their absence. In such an instance, the critical incident type would be 'sexual assault.'

Once a staff member – in consultation with their line manager – has decided on the most concerning factor relevant to a critical incident for which a report is required, the appropriate incident type in Riskman should be selected. The examples of category one and two incidents given in the definitions section of this policy, should be used as a guide in this respect.

For DHS-funded services, where there is any doubt about the categorisation of an incident, staff should be guided by the *Critical Client Incident Management Summary Guide and Categorisation Table: 2011* (which is set out as a current practice resource within the *DHS Critical Client Incident Management Instruction Technical Update 2014*).

3.4 Writing the incident report

3.4.1 Who fills in the incident report?

The incident report is completed in RiskMan by the most senior staff member directly involved in the incident or case. Where there are multiple staff involved, the most senior staff member completes the report. Otherwise the report should be completed by the staff member to whom the incident was reported, if there were no staff directly involved. Reports should not be completed by volunteers.

3.4.2 What should the incident report include and how should it be written?

When completing the incident form on Riskman, staff should complete all mandatory fields (shaded yellow), and include any other information that is pertinent. All reports require basic information about the incident such as:

- Who or what was involved in the incident (including names of clients and staff)?
- Who reported the incident?
- When did the incident occur?
- Where did the incident occur?
- Describe what happened, immediate action taken, follow up action and plans to prevent reoccurrence. Inclusion of a brief analysis of factors which contributed to the emergence of the incident, as well as any continuing factors contributing to ongoing risk vulnerability, is highly desirable.
- How is it classified?
- What is the severity or outcome of the incident?
- Were there any witnesses to this incident?
- Describe what happened, immediate action taken, follow up action and plans to prevent reoccurrence.
- What is the severity or outcome of the incident?

Note: if the incident or its management involves a third party (that is, someone other than a client or staff member, such as a community member or professional from another agency), and the name of this third party needs to be recorded in the incident report for the purpose of usefully documenting the incident and its management, reasonable steps must be taken to ensure that this third party is informed of the following – except where doing so may pose a serious threat to someone's life or health:

- That Anglicare Victoria will be recording their name in an internal report documenting the incident;



- That we are recording this information in order to facilitate complete documentation of the incident and its management and that upon request, we can advise the third party of laws requiring us to collect their information;¹
- That Anglicare Victoria managers of the relevant service will have access to the incident report (furthermore, where it is a contractual or legal requirement that the incident report is forwarded onto DHS or another other funding body, the third party needs to be advised of this also);

This requirement is in line with Information Privacy Principle 1.5 of the Information Privacy Act 2000.²

A well-written report is complete, concise, accurate and specific. It covers immediate actions taken to meet client's wellbeing. Addressing questions such as who, what, where, when, why, and how are important considerations when completing the critical incident report.

Care should be taken to ensure critical incident reports are well organised, factual, written in an objective tone and include no abbreviations or acronyms that are not well known. It is perfectly appropriate to record subjective judgements about incidents (with regard to their likely causes and consequences, and so on) provided that these reasonably constitute professional analyses, and are worded in such a way so as to clearly distinguish them as judgements – that is, as separate from observations.

3.4.3 Incidents involving clients receiving multiple service types (shared clients)

An incident may occur in relation to a client who is involved with a number of service types, and/or in receipt of services from a number of service providers. Only one incident report is required per incident to be faxed to the Department of Human Services.

The service that first becomes aware of the incident is responsible for completing the client incident report unless, by mutual agreement, a more appropriate service or service provider takes responsibility for completing the report. If the service provider that first becomes aware of the incident is not the lead service provider with prime responsibility for the client then they must ensure that the lead service or prime service provider, where known, is informed.

Together service providers are to determine who will take responsibility for completing the client incident report that is sent to DHS.

Where an Anglicare service is not responsible for informing the Department of Human Services, an incident report is required to be entered into the RiskMan Incident Management System (refer diagram 1), for the purpose of Anglicare Victoria conducting our own internal analysis.

¹ Note: The Information Privacy Act requires that third parties are advised of any laws requiring that we collect their information. As this will vary for different Anglicare Victoria programs, it is reasonable to provide these to clients' upon request.

² Note: Information Privacy Principle 1.5 also requires that organisations advise such third parties that they have a right to access information that is collected about them. However, there is legal exemption to this requirement that applies with regard to critical incident reports, as giving third parties access to these reports would invariably have an unreasonable impact on the privacy of clients and staff. Accordingly, this requirement has not been set out in this policy.

**Diagram 1**

Location & Program (note: the greyed out fields will be autopopulated based on the Anglicare Program values selected)			
DHS Service Area	South Bayside Peninsula	Area	Frankston Office
Location if Off Site			
Anglicare Program	Residential Care - South	DHS Program Name	CYF Residential Care
Anglicare Service Type	Residential Care Services	Anglicare Service Stream	Placement & Support
Address & Location where Incident Occurred			
How Is Incident Classified?			
Is this a DHS Reportable event?	DHS Event	Incident Category	Behavioural
Incident Type	Behaviour - dangerous		
DHS Category	1		
Entered By	Smyth Mary-Jo	Entered By Position	Team Leader
Contact Phone		Name of Person Reporting (if different to Entered By)	Olga Jones - Peninsula Youth Services

Select DHS Event

Name of service/person responsible for sending report to DHS

Please Note: DHS requires that all incident reports are manually faxed - therefore selecting "DHS Event" **will not** automatically send a notification to the Department of Human Services. The purpose of selecting this option is to record the incident against a client who is involved with the department.

3.4.4 Timelines for completing the report

All incident reports must be completed and submitted as soon as possible, but for category one incidents, no later than within one working day of the incident or one working day of being told of the incident. Category two incidents must be completed and submitted no later than within two working days of the incident or within two working days of being told of the incident.

3.4.5 Requirements for Dual Incident Reporting

3.4.5.1 Client and Employee 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 enter an incident report into the RiskMan system. 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 client critical incident report and a employee incident report is to be entered on RiskMan.

3.4.5.2 Client and Hazard Report

A hazard report must be entered into RiskMan for any hazard condition identified that contributes or may have contributed to the onset of a client critical incident.

3.4.5.3 Client and property incident

Client incidents may involve damage to property. This may include damage to vehicles or Anglicare owned / leased properties. Where property damage is incurred as a result a client incident, an incident report is to be entered into RiskMan and Anglicare Victoria Property and Fleet Helpdesk are to be notified.

3.4.6 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 Director or service General Manager considers may lead to a claim for negligence against Anglicare Victoria, they are required to contact the Director Quality and/or Director Client Services to provide a full briefing about details or circumstances of the incident. The Director Quality and / or Director Client Services will then notify the CEO of the development as well as instructing a delegate to contact the 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

3.5 Distribution of incident reports

3.5.1 Within Anglicare Victoria

Depending on the category of the incident, the completed report will be automatically forwarded to different staff members within Anglicare Victoria. As soon as the incident is submitted in RiskMan, an email notification will be sent to Anglicare Victoria management.

Category two incident reports go to the relevant Team Leader (or equivalent middle manager), Program Manager and service General Manager for review.

Category one incident reports go to the relevant Team Leader (or equivalent middle manager), Program Manager, Senior Services Manager or equivalent (for regions that have these) and Regional Director, as well as the relevant service General Manager, the Director Quality, Director Client Services and the CEO.

Central office staff are required to report aggregated data on critical incidents to the Board on a monthly basis. The reports are non-identifying of individual clients.

Central office senior managerial staff may provide feedback to regional managerial staff concerning the categorisation and management of incidents, when this is determined as warranted.

3.5.2 To DHS

The relevant staff from DHS-funded programs are to fax all incident reports for reportable incidents to the central fax number: 1300 734 633. As to whether an incident is reportable depends on the program; all category one critical incidents in DHS-funded programs are reportable to DHS, however, category two incidents occurring within Child FIRST and Family Services programs, DHS-funded family violence and sexual assault services, and DHS-funded crisis accommodation services and crisis support services, are not reportable (although, an *internal* incident report is still required to be submitted to Anglicare Victoria senior management via Riskman). For all other DHS-funded programs, category two critical incidents are reportable to DHS.

If in any doubt as to whether a critical incident is reportable to DHS, please consult the DHS *Critical Client Incident Management Instruction Technical Update 2014*.



4. RESPONSIBILITIES

4.1 Paper copies of completed client critical incident reports

A hard copy of the completed incident report from RiskMan should be printed and stored on the client's file. Unless program requirements state otherwise, it is acceptable for the printed incident report to function as the sole documentation of the incident within a case/service file. That is to say, there is no need to duplicate the content of this documentation in a case note (though it may be appropriate that the incident prompts reviews of assessments and case plans, and so might be referred to in these documents). It is acceptable to simply report in a case note words to the effect of "Critical incident occurred, see incident report number _____ for details."

Of course, the writer of the case note may need to include within it other information that may not be relevant to the incident report. For example, if the critical incident was learned about during a counselling session, other topics may have been discussed during that session that are unrelated to the incident, but which warrant reporting in a case note, not in the incident report. This is entirely a matter for the discretion of workers and their supervisors, however, staff are encouraged that they should seek to cut down their administrative burden as much as possible, and avoid having to develop multiple documents accounting for contact sessions - where this can be done without neglecting to report important details.

4.2 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 Privacy legislation and 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. They must be accessed only by staff who have a business purpose for doing so. When they are faxed, the fax number should be checked twice, however it is recommended that the fax number is saved in fax machines' memory to eliminate incorrect dialling.

Third parties to an incident should be notified that the information is being collected by DHS for the purpose of service improvement, and in particular to try and prevent similar incidents occurring in the future.

5. RELATED DOCUMENTS

Anglicare Victoria policies and documents

Anglicare Victoria Motor Vehicle Policy, March 2012
 Critical Incident Stress Management Policy, October 2012
 Incident Reporting Policy, February 2011
 OH & S Employee Assistance Program (EAP) Policy, April 2013
 OH & S Occupational Violence Prevention Policy, April 2013
 Stress Management Policy, Sept. 2008
 First Aid Policy, April 2012
 Staff Incident/Near Miss/Hazard Report Form, May 2009.

Other policies and documents

Available from the DHS website – www.dhs.vic.gov.au:

DHS, *Critical Client Incident Management Instruction 2011, Updated February 2012.*

DHS, *Incident reporting guide*, March 2008.

DHS, *DHS Critical client incident management summary guide and categorisation table: 2011 Updated December 2012.*

DHS, *Guidelines for responding to quality of care concerns in out of home care*, DHS 2009.

DHS, *Writing effective Department of Human Services Client Incident Reports*, November 2011.



Centre Against Sexual Assault (CASA) *Age appropriate sexual behaviour guide* -
<http://www.secasa.com.au/pages/age-appropriate-sexual-behaviour-guide/> .
NSW Department of Health, *Framework for Suicide Risk Assessment and Management 2005*.
http://www0.health.nsw.gov.au/pubs/2005/suicide_risk.html
VMIA's insurance cover and related requirements - www.vmia.vic.gov.au/Insurance/Policies-and-Manuals/Community-Service-Organisations-Program.aspx

This policy becomes effective as at:

This policy was last amended: July 2014

This policy is due to be reviewed: February 2016

Queries about this policy should be directed to: Director – Quality