



# Managing Incidents

*As a centre for Social Enterprise,  
FSG Australia is committed to  
delivering on the values of  
Freedom, Social Justice and  
Growth.*

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## TABLE OF CONTENTS

SECTION A – INTRODUCTION.....	5
Glossary .....	5
Scope .....	5
Human Services Quality Standards .....	6
Home Care Standards .....	6
National Standards for Disability Services .....	6
NSW Disability Service Standards .....	7
Legislation .....	8
SECTION B - PROCEDURE .....	9
1.0 Critical incidents.....	9
1.1 <i>Obligation not to interfere with the scene of a critical incident</i> .....	9
1.2 <i>Person to report the critical incident verbally and in writing</i> .....	9
1.3 <i>Critical incident reporting during office hours</i> .....	10
1.4 <i>Critical incident reporting outside of office hours (after hours)</i> .....	12
1.2 Non-critical incidents.....	13
1.2.1 <i>Person to report the non-critical incident verbally and in writing</i> .....	13
1.2.2 <i>Non-critical incident initial reporting during office hours</i> .....	13
1.2.3 <i>Non-critical incident initial reporting outside of office hours (after hours)</i> .....	15
1.3 External critical and non-critical incident reporting .....	17
1.3.1 <i>Important note on workers' privacy</i> .....	17
1.3.2 <i>Death of a customer in receipt of a disability, aged or mental health service</i> .....	17

1.3.3 Abandonment of a customer in receipt of a disability, aged or mental health service.....	17
1.3.4 Assault, abuse and neglect of a customer in receipt of a disability, aged or mental health service.....	17
1.3.5 Missing customer in receipt of a disability, aged or mental health service.....	17
1.3.6 Hospitalisation of a customer in receipt of a disability, aged or mental health service.....	18
1.3.7 Department of Communities, Child Safety and Disability Services - Child Safety Services .....	18
1.3.8 Department of Social Services .....	18
1.3.9 Workplace Health and Safety Queensland .....	18
1.3.10 WorkCover NSW .....	18
1.3.11 Disability Services and Community Care Services .....	19
1.3.12 Carer, guardian or parent contact.....	19
1.3.13 Police .....	20
1.3.14 Department of Housing and Public Works .....	20
1.3.15 Requirement of the National Regulatory System to notify the Registrar of particular events.....	21
1.3.16 Targeted Community Care (TCC) Mental Health Program .....	22
1.3.17 Disability supported group accommodation in NSW .....	23
1.4 Record keeping.....	23
1.4.1 Hardcopy proforma incident reports.....	23
1.4.2 Ensuring incidents records are adequate and complete .....	23
1.4.3 Incidents Manager's responsibilities .....	24

1.5 Incident investigation .....	26
1.6 Continuous improvement .....	26
APPENDIX A – Incident Investigation Guidelines .....	27

## SECTION A – INTRODUCTION

### Glossary

Refer to [FSG Australia glossary](#)

### Scope

This document applies to all FSG Australia (FSGA) workers unless exceptions are listed in this scope.

A person is a worker if the person carries out work in any capacity for FSGA, including work as:

- (a) an employee; or
- (b) a contractor or subcontractor; or
- (c) an employee of a contractor or subcontractor; or
- (d) an employee of a labour hire company who has been assigned to work at FSGA or
- (e) an outworker; or
- (f) an apprentice or trainee; or
- (g) a student gaining work experience; or
- (h) a volunteer.

Customers may be adults, young persons or children.

FSG Australia overarching policy is available at [FSG Australia Overarching Policy](#).

For reporting and recording of incidents of harm or suspected harm, or breaches of the statement of standards (s.122 *Child Protection Act 1999*) to Department of Communities, Child Safety and Disability Services - Child Safety Services, refer in the first instance to the

[KAIA Program Practice Manual - Foster Care](#) or [KAIA Program Practice Manual - Residential Care Services](#).

For relevant headspace Capalaba procedures refer to: [headspace Capalaba Critical Incident Reporting and Management Policy](#).

For the reporting of incidents involving children and young persons in NSW disability accommodation services please refer to [Protecting Children & Young Persons Procedures](#).

For reporting of assault, abuse and neglect, refer to [Managing Direct Service Delivery Risks Procedures](#).

FSG Australia overarching policy is available at [FSG Australia Overarching Policy](#).

A snapshot of incident reporting procedures is included in the Work Area Orientation Manuals.

## Human Services Quality Standards

### *Standard 4: Safety, wellbeing and rights*

1. The organisation provides services in a manner that upholds people's human and legal rights.
2. The organisation proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services.
3. The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.
4. People using services are enabled to access appropriate supports and advocacy.

## Home Care Standards

### *Standard 1: Effective management*

The service provider is actively working to identify and address potential risk to ensure safety of service users, staff and the organisation.

## National Standards for Disability Services

### *Standard 1: Rights*

- 1.6 The service addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.

### *Standard 6: Service management*

- 6:2 Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.

- 6:3 The service documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.

## **NSW Disability Service Standards**

### ***Standard 1 - Rights***

- 2.6 Service providers have knowledge and skills to implement reporting processes on incidents of alleged or known discrimination, abuse, neglect or exploitation and know how to notify the relevant external authorities

## Legislation

Refer to [Legislation guide for more information](#)

*Aged Care Act 1997(Cwlth)*

*Child Protection Act 1999 (Qld)*

*Children and Young Persons (Care and Protection) Act 1998 (NSW)*

*Criminal Code Act 1899 (Qld)*

*Crimes Act 1900 (NSW)*

*Disability Inclusion Act 2014 (NSW)*

*Disability Services Act 2006 (Qld)*

*Electrical Safety Regulation 2002 (Qld)*

*Housing Regulation 2003 (Qld)*

*Information Privacy Act 2009*

*Ombudsman Act 1974 (NSW)*

*Privacy Act 1988*

*Right to Information Act 2009*

*Work Health and Safety Act 2011(NSW)*

*Work Health and Safety Act 2011(Qld)*



## SECTION B - PROCEDURE

### 1.0 Critical incidents

#### 1.1 Obligation not to interfere with the scene of a critical incident

When a person suffers serious bodily injury, a work-caused illness at a workplace, or a dangerous event happens at a workplace, the scene is not to be interfered with. A person must not move or otherwise interfere with any equipment, or other thing connected with the injury, illness or event without the permission of a workplace health and safety inspector, or if an inspector is not available, a police officer.

#### 1.2 Person to report the critical incident verbally and in writing

When multiple workers witness a [critical incident](#), they are to agree on the delegation of a witness to report the incident. If there is only one witness, the worker who witnesses the incident is to make the report. If deemed necessary to gather more information, the Incidents Manager may request other witnesses to complete an incident form.

### 1.3 Critical incident reporting during office hours

Please note that medication-related incidents are reported on the [Incident report form - medication](#)

#### Verbal reporting

Step 1: The witness verbally reports the critical incident to the line manager immediately. Where the line manager is unavailable, a report is made to the next person above the line manager in the chain of command.

Note: In the case of an incident involving a child or young person receiving a service from the FSGA Kaia Program (KP), it must **also** be reported to the KP by phone contact immediately.

Step 2 (a): The line manager immediately informs the Manager (or delegate in their absence). These actions and any other actions taken are to be recorded by the Line Manager on the [Incident report form](#).

Step 3: The Manager ensures the General Manager, Executive Services Officer (ESO) and Chief Executive Officer (CEO) are informed of the incident as soon as possible.

#### Written reporting

Step 2 (b): The same worker who makes the verbal report, is responsible for completing an [Incident report form](#) and forwarding it to the Incident Manager within 3 hours. This person is required to identify the incident as critical, by placing a check mark in the appropriate box on the form.

Note: If the incident involves a child or young person receiving a service from the FSGA Kaia Program the report must **also** be sent to [childsafety@fsg.org.au](mailto:childsafety@fsg.org.au) within 3 hours.

There may be exceptional circumstances in which this timeframe is not practical—in this case only, another timeframe may be agreed between the Incidents Manager and the witness.

The originator of the report checks that the report is completed to a satisfactory standard and immediately emails the [Incident report form](#) to [incidents@fsg.org.au](mailto:incidents@fsg.org.au) and verbally informs the Incidents Manager or delegate in their absence, of the impending email.

The Incidents Manager forwards the report to the line manager.

Note: The Incidents Manager also immediately emails the completed [Incident report form](#) to [childsafety@fsg.org.au](mailto:childsafety@fsg.org.au) if the incident involves a child or young person receiving a service from the FSGA Kaia Program.

The Incidents Manager also immediately emails FSGA Realty of certain incidents that occur in properties funded by the Department of Housing and Public Works (refer to [1.13 Department of Housing and Public Works](#)).

Step 4: The relevant Manager (or in their absence, the person above them in the chain of command) is responsible for external (outside of FSGA) reporting of incidents in accordance with [1.3 External critical and non-critical incident reporting](#).

Step 5: The relevant Operations Manager is responsible for consulting with workers to identify the actions which have already been taken and ensuring all the necessary actions have been completed.

Step 6: The Incidents Manager checks all the required reporting has been done and prompts the Operations Manager to take further action, if required.

## 1.4 Critical incident reporting outside of office hours (after hours)

Please note that medication-related incidents are reported on the [Incident report form - medication](#)

### Verbal reporting

Step 1: If the critical incident occurs after hours, the witness immediately verbally reports the incident to the after-hours contact.

Step 2 (a): The after-hours contact reminds the witness of their written reporting obligations.

Note: If the incident involves a child or young person receiving a service from the FSGA Kaia Program, in addition to other procedures, the after-hours contact verbally reports the incident to the FSGA Kaia Program after-hours contact. FSGA Program after hours is responsible for contacting the Service Manager or Operations Manager immediately and the Department of Communities, Child Safety and Disability Services (Child Safety Services); Child Safety After Hours Service Centre on 1800 177 135, to notify them of the incident.

Step 3: The after-hours contact may provide support as deemed necessary and take the appropriate action to ensure workers are replaced if required.

The after-hours contact is responsible for immediately informing the Service Manager. This worker will in turn inform the relevant Manager, who in turn will inform the ESO.

Should any of the workers listed above, be unable to be contacted, a text message is to be sent alerting them of the critical incident. The next person above them in the chain of command is then to be contacted.

### Written reporting

Step 2 (b): The witness completes an [Incident report form](#) which is sent to the Incidents Manager at the beginning of the next business day. There may be exceptional circumstances in which this timeframe is not practical—in this case only, another timeframe may be agreed between the Incidents Manager and the witness.

The originator of the report checks that the report is completed to a satisfactory standard and immediately emails the [Incident report form](#) to [incidents@fsg.org.au](mailto:incidents@fsg.org.au) and verbally informs the Incidents Manager or delegate in their absence, of the impending email.

The Incidents Manager forwards the report to the line manager.

Note: The incidents manager also immediately emails the completed [Incident report form](#) to [childsafety@fsg.org.au](mailto:childsafety@fsg.org.au) if the incident involves a child or young person receiving a service from the FSGA Kaia Program.

Step 4: The relevant Operations Manager (or in their absence, the person above them in the chain of command) is responsible for external (outside of FSGA) reporting of incidents in accordance with [1.3 External critical and non-critical incident reporting](#).

The relevant Manager is responsible for consulting with workers to identify the actions which have already been taken and ensuring all the necessary actions have been completed.

Step 5: The ESO may contact the CEO, if they deem it necessary, for example, the critical incident has resulted in a person's death or near death or major real estate damage has occurred.

Step 6: The Incidents Manager checks all the required reporting has been done and prompts the Operations Manager to take further action, if required.

## 1.2 Non-critical incidents

Please note that medication-related incidents are reported on the [Incident report form - medication](#).

### 1.2.1 Person to report the non-critical incident verbally and in writing

When multiple workers witness a non-critical incident, they are to agree on the delegation of a witness to report the incident. If there is only one witness, the worker who witnesses the incident is to make the report.

### 1.2.2 Non-critical incident initial reporting during office hours

Step 1: The witness records all non-critical incidents using the [Incident report form](#) and forwards to the Incidents Manager. This is to occur as soon as possible and within 48 hours.

Note: If the non-critical incident involves a child or young person receiving a service from the FSGA Kaia Program, in addition to other procedures, the witness or Incidents Manager verbally reports the incident to the Kaia Program Service Manager or Operations Manager prior to end of witness shift or close of business.

The Incidents Manager immediately informs FSGA Realty of certain incidents that occur in properties funded by the Department of Housing and Public Works (refer to [1.3.13 Department of Housing and Public Works](#)).

Step 2: The originator of the report is responsible for:

- ensuring that the all parts of the [Incident report form](#) are completed to a satisfactory standard
- with a sense of **urgency** and as soon as possible, forwarding the completed [Incident report form](#) to the Incidents Manager (email [incidents@fsg.org.au](mailto:incidents@fsg.org.au)).

If the originator of a report fails to get non-critical incident reports to the Incidents Manager within 10 working days of receiving it, action may be taken in accordance with the [Workplace discipline policy](#).

The Incidents Manager forwards the partially completed report to the line manager who completes the information which is required to be entered.

The Incidents Manager forwards the completed report to the relevant service manager and operations manager with attached supporting documentation if required.

Step 3: The Manager is responsible for consulting with workers to identify the actions which have already been taken and ensuring all the necessary actions have been completed.

Step 4: The relevant Operations Manager (or in their absence, the person above them in the chain of command) is responsible for external (outside of FSGA) reporting of incidents in accordance with [1.3 External critical and non-critical incident reporting](#).

### 1.2.3 Non-critical incident initial reporting outside of office hours (after hours)

Please note that medication-related incidents are reported on the [Incident report form - medication](#)

#### Verbal reporting

Step 1 (a): If the witness is unable to forward the [Incident report form](#) to the line manager within 48 hours, they are to, with a sense of **urgency and as soon as possible**, verbally inform the after-hours contact. The after-hours contact is responsible for contacting the relevant Service Manager and Operations Manager (if the person is unavailable a message is to be left and the next person above them in the chain of command contacted) to inform them of the details of the incident.

#### Written reporting

Step 1 (b): The witness records all non-critical incidents using the [Incident report form](#) and forwards to the Incidents Manager within 48 hours.

Note: If the non-critical incident involves a child or young person receiving a service from the FSGA Kaia Program, in addition to other procedures, the witness or employee is required to report the incident to the after-hours contact prior to end of the employee's shift. The after-hours contact is then required to forward the report onto the FSGA Kaia Program after-hours contact. Also the [Incident report form](#) is forwarded to line manager and [childsafety@fsg.org.au](mailto:childsafety@fsg.org.au) within 24 hours or next business day for all incidents.

Step 2: The originator of the report is responsible for:

- ensuring that all parts of the form have been completed to a satisfactory standard
- as soon as possible, forwarding the completed [Incident report form](#) to the Incidents Manager (email [incidents@fsg.org.au](mailto:incidents@fsg.org.au)) and relevant Operations Manager with attached supporting documentation if required. The Incidents Manager is responsible for including information about all actions taken and the outcomes.

The Incidents Manager forwards the partially completed report to the line manager for them to complete the relevant sections.

The Incidents Manager forwards the completed report to the relevant Operations Manager.

Step 3: The relevant Operations Manager (or, in their absence, the person above them in the chain of command) is responsible for external (outside of FSGA) reporting of incidents in accordance with [1.3 External critical and non-critical incident reporting](#).

Step 4: The Manager is responsible for consulting with workers to identify the actions which have already been taken and ensuring all the necessary actions have been completed.



### 1.3 External critical and non-critical incident reporting

Please note: Triple (000) may be called without Operations Manager approval where an immediate emergency service response is required to avoid a life-threatening situation.

Also refer to [Protecting Children & Young Persons Procedures](#) for procedures to report a misconduct finding against a child or young person in NSW services.

Also refer to [Managing direct service delivery risks procedures](#) for procedures related to assault, abuse and neglect.

#### 1.3.1 Important note on workers' privacy

Please note: A report which details the names of direct service employees involved in an incident should be amended to de-identify them before releasing the report externally i.e. the worker's name is to be recorded using only their initials on the copy being released externally. The worker's full name may remain on the report sent to the FSGA Incidents Manager.

This does not apply to foster carers.

#### 1.3.2 Death of a customer in receipt of a disability, aged or mental health service

If there is a death of a customer in receipt of a disability, aged or mental health service, refer to the [Responding to the Death of a Customer](#).

#### 1.3.3 Abandonment of a customer in receipt of a disability, aged or mental health service

If a customer in receipt of a disability, aged or mental health service is not picked up as agreed from a respite service, refer to the [Managing direct service delivery risks procedures](#).

#### 1.3.4 Assault, abuse and neglect of a customer in receipt of a disability, aged or mental health service

Incidents involving the assault, abuse or neglect of customer in receipt of a disability, aged or mental health service are reported in accordance with the [Assault, abuse and neglect external reporting flow charts](#).

#### 1.3.5 Missing customer in receipt of a disability, aged or mental health service

Incidents involving a missing customer in receipt of a disability, aged or mental health service are reported in accordance with the [Managing direct service delivery risks procedures](#).

### 1.3.6 Hospitalisation of a customer in receipt of a disability, aged or mental health service

Incidents involving hospitalisation of a customer in receipt of a disability, aged or mental health service are reported to parent/carer/guardian in accordance with the [Managing direct service delivery risks procedures](#).

### 1.3.7 Department of Communities, Child Safety and Disability Services - Child Safety Services

For reportable incidents involving children/young persons funded by Department of Communities, Child Safety and Disability Services - Child Safety Services, verbal reporting to Child Safety Services must occur in accordance with the [KAIA Program Practice Manual - Foster Care](#) or [KAIA Program Practice Manual - Residential Care Services](#).

### 1.3.8 Department of Social Services

The Department of Social Services reportable incidents are those where there has been harm or suspected harm to a customers, incidents where a customer's safety or wellbeing is affected and concerns about the standard of care provided. For customers funded by the Department of Social Services, the Queensland Senior Project Officer is required to be notified verbally the next business day and a copy forwarded of the completed [Incident report form](#) within 48 hours of the verbal notification and a copy forwarded of the critical investigation report within 14 days.

Please note: A report which details the names of workers involved in an incident should be amended to de-identify workers before releasing externally

### 1.3.9 Workplace Health and Safety Queensland

FSGA is required by law to report certain workplace incidents, refer to: <https://www.worksafe.qld.gov.au/injury-prevention-safety/incidents-and-notifications/notify-of-an-incident> for reporting requirements.

Notification must be by the fastest possible means. The options for notifying are to:

- phone on 1300 362 128
- complete and submit the [online incident notification form](#)
- fax the completed [Incident Notification form](#) to facsimile number (07) 3874 7730
- email the completed [Incident Notification form](#) to [whsq.aaa@justice.qld.gov.au](mailto:whsq.aaa@justice.qld.gov.au).

### 1.3.10 WorkCover NSW

Where a [notifiable incident](#) occurs in a workplace located in NSW:

- call WorkCover immediately on 13 10 50 as an urgent investigation may be needed and
- notify the Scheme Agent or insurer within 48 hours.

Note: The work health and safety legislation requires preservation of the incident site until an Inspector attends (or the inspector or regulator directs otherwise).

### 1.3.11 Disability Services and Community Care Services

Please note: A report which details the names of workers involved in an incident should be amended to de-identify workers before releasing externally

For customers funded by Disability Services and Community Care Services, the funding body is required to be contacted immediately if the incident involves the death or abandonment of a customer, or the next business day for other [incidents](#).

All [critical incidents](#) need to be sent to intake officers at the Department ([intake@communities.qld.gov.au](mailto:intake@communities.qld.gov.au); [steven.biggs@communities.qld.gov.au](mailto:steven.biggs@communities.qld.gov.au); [Meretini.whare@communities.qld.gov.au](mailto:Meretini.whare@communities.qld.gov.au)). For incidents related to particular individuals specified by the Community Resource Officer (CRO) a carbon copy may be required for the CRO.

Contact numbers are as follows:  
After hours 137468

#### *Brisbane*

Telephone: (07) 3109 7007

Fax: (07) 3109 7030

#### *South East*

Telephone: (07) 3884 7001

Fax: (07) 3884 7044

#### *South West*

Telephone: (07) 3381 7370

Fax: (07) 3381 7399

### 1.3.12 Carer, guardian or parent contact

Unless otherwise stated in a specific FSGA procedure, carers, guardians and parents should be contacted only with the approval of the relevant Operations Manager (or in their absence the relevant General Manager). The appropriateness and timeframe for making contact with carers, guardians or parents will depend upon the customer's personal circumstances and the nature of the incident.

### 1.3.13 Police

The police are contacted if the situation is of a criminal nature or suspected criminal nature, for example, as detailed in the [Managing direct service delivery risks procedures](#).

Other incidents requiring police intervention are detailed in the [Responding to the Death of a Customer](#) and the [Managing direct service delivery risks procedures](#). The person contacting the police is to record on the incident report the name of officer to whom the incident was reported and the police investigation number.

### 1.3.14 Department of Housing and Public Works

FSGA is required to notify the Department of Housing and Public Works of certain incidents that occur in properties funded by the department.

#### *For department-owned properties*

Under the current standard lease agreement, FSGA Realty is required to notify the department in writing of the following incidents, immediately upon becoming aware of the situation (please refer to the definitions section for a definition of the following):

- any infectious diseases and provide details of the infectious disease
- the death or serious injury of any person on or immediately adjacent to the premises
- any criminal activity on or immediately adjacent to the premises.

#### *For FSGA-owned properties*

Under current and contemporary Capital Assistance Agreements, FSGA Realty is required to notify the Department of any major incidents, within one business day of FSGA becoming aware of it. A major incident is any incident requiring an emergency response including a fire, natural disaster, industrial action which affects or is likely to affect the delivery of housing services, bomb threat, hostage situation, death or serious injury of any person or any criminal activity or other incident requiring an emergency response.

#### *Notifying the Department*

Under both the lease and Capital Assistance Agreement, notices must be delivered by hand, by mail or by facsimile, to the addressee as set out in the agreement.

Realty should also contact Community Housing Provider Management and Development on 3225 1227 or after hours Kaylene Moore, Director, Community Housing Provider Management and Development on 0407 631 712 or Julie Cosgrove, Manager, Community

Housing Provider Management and Development on 0437 435 910 to notify the department of any incidents which occur at properties as soon as they become aware of these matters.

### 1.3.15 Requirement of the National Regulatory System to notify the Registrar of particular events

In accordance with Part 6 of the National Regulatory System for Community Housing Providers and Schedule 3, Part 1, section 6 of the Qld *Housing Act 2003*, community housing providers must notify the Registrar, in a timely manner, of any incident relating to its operations that damages, or may damage, the reputation of the community housing sector.

A national provider for which this jurisdiction is the primary jurisdiction must notify the registrar of any of the following events mentioned in column 1, within the time stated opposite the event, in Column 2—

<b>Column 1</b>	<b>Column 2</b>
<b>Event</b>	<b>Time within which registrar must be notified</b>
a decision to appoint a voluntary administrator to the provider	as soon as practicable after the decision
a decision to wind-up the provider	as soon as practicable after the decision
the appointment of a receiver to the provider	as soon as practicable after the provider learns of the receiver's appointment
a decision to apply for cancellation of the provider's registration on the national register	as soon as practicable after the decision and at least 28 days before the day the application is made
a decision to conduct a vote at a meeting on a matter that may affect the provider's eligibility to remain registered on the national register or the category of the provider's registration	soon as practicable after the decision and at least 28 days before the day the meeting is held
a change in the provider's affairs that may have an adverse impact on its compliance with this Act or the corresponding law of another participating jurisdiction	before the change or within 3 days after the change
any other event for which the registrar gives the provider notice	within the time stated in the notice

### 1.3.16 Targeted Community Care (TCC) Mental Health Program

Incidents that should be reported to the Funding Agreement Manager by service providers funded through the TCC Program to deliver Personal Helpers and Mentors (PHaMs), Family Mental Health Support Services (FMHSS) or Mental Health Respite: Carer Support (MHR:CS) services are:

- death, injury, abuse or threats against and harassment of a customer while in the service providers care, especially if this by workers of the service provider
- death, injury, abuse or threats against and harassment of workers of a PHaMs, FMHSS or MHR:CS service because of their involvement with that service. For example, a worker could be assaulted on a home visit by a customer or harassed afterhours by a customer's ex-partner
- inappropriate conduct between a PHaMs, MHR:CS or FMHSS customer, especially a minor or a vulnerable person, and a worker of the organisation, such as personal relationships or unprofessional contact
- significant damage to or destruction or loss of property impacting PHaMs, MHR:CS or FMHSS service delivery where more than \$5,000 damage occurs or service delivery is disrupted for more than a day, whether accidental or intentional
- adverse community reaction to PHaMs, MHR:CS or FMHSS activities such as actions against service establishment in a residential neighbourhood
- misuse of PHaMs, MHR:CS or FMHSS funding, such as purchase of goods or services for personal use or benefit (see the [Commonwealth Fraud Control Guidelines](#) S4 Definition of Fraud).

An incident report template is available at: [..\Forms\EV Targeted Community Care Program incident report.doc](#).

FSGA is required to report the occurrence of the incidents described above, to their Funding Agreement Manager **within 24 hours** of occurrence or the **discovery** of the incident. The initial report should de-identify information about customers or workers, to protect the privacy of the individuals involved, until and unless the incident becomes public or FaHCSIA becomes involved in legal proceeding because of the incident.

### **1.3.17 Disability supported group accommodation in NSW**

The Disability Inclusion Act 2014 gives the Ombudsman additional oversight of reportable incidents in disability supported group accommodation under Part 3C of the Ombudsman Act 1974. The intention is to ensure, where possible, that residents can live free from abuse, neglect and exploitation.

Four types of incident will have to be reported to the NSW Ombudsman:

- 1) Worker to customer incidents of sexual assault, sexual misconduct, assault, fraud, ill-treatment or neglect
- 2) Customer to customer incidents of sexual and physical assault (causing serious injury or involving the use of a weapon), or a pattern of abuse
- 3) Contravention of an AVO taken out to protect a person with disability
- 4) Serious unexplained injury of a person with disability.

The CEO is required to notify the NSW Ombudsman within 30 days of becoming aware of a reportable incident in their service.

This is an additional requirement and does not replace any other reporting requirements. Notification forms and fact sheets will be available on the [NSW Ombudsman website](#).

As well as initially notifying the NSW Ombudsman of an incident, the CEO must also report to the Ombudsman once an investigation is completed and the provider has developed a risk management response to prevent any recurrence. The NSW Ombudsman will oversee the investigative/post-incident response and the adequacy of the risk management strategy.

## **1.4 Record keeping**

### **1.4.1 Hardcopy proforma incident reports**

Where workers may have difficulty accessing an electronic copy of the proforma incident report, the hardcopy incident reports may be printed off and made available to workers.

### **1.4.2 Ensuring incidents records are adequate and complete**

When the Incidents Manager receives an incident report they are responsible for ascertaining if there is adequate information provided.

If there is insufficient information or further action is required, the Incidents Manager registers the incident but leaves the incident open.

The Incidents Manager carbon copies (CCs) all email requests for further information to the email recipient's line manager. The line manager is responsible for ensuring the task is completed or the Incidents Manager is informed of the status of the task via the most appropriate method e.g. via email at [incidents@fsg.org.au](mailto:incidents@fsg.org.au).

#### *Non-urgent requests*

If the request for further action is not urgent, the Incidents Manager sends a Microsoft Outlook task notification with a 5-working-day due date. If further time is required to complete the task, the Incidents Manager will amend the Microsoft Outlook task notification to extend the due date for another 5 working days and reassign the task if required.

#### *Urgent requests*

The Incidents Manager sends an email to the relevant worker detailing the tasks they are required to complete, along with a Microsoft Outlook task which details the due date. If the Incidents Manager requires urgent information, they will email/ring and ask for an immediate response within one working day.

#### *When a task cannot be completed within the specified timeframe*

If the task will not be completed within the specified timeframe, the relevant line manager is responsible for contacting the Incidents Manager as soon as possible.

If a timeframe cannot be agreed or the line manager does not respond to the requests, this may be referred to the CEO.

### **1.4.3 Incidents Manager's responsibilities**

Please note: A report which details the names of workers involved in an incident should be amended to de-identify workers before releasing externally

The Incidents Manager is responsible for ensuring all the necessary internal and external reporting has been done. The Incidents Manager records the incident on the incident register.

The Incidents Manager places the original of the form and other relevant documents on file where they are secured and only made available for inspection by authorised agents e.g. Department of Communities, Child Safety and Disability Services, Office of the Public Guardian, Community Visitors, or for internal reference as authorised by the Incidents Manager, ESO or CEO.



Personal information is held in accordance with the [Managing personal information under the APPs procedures](#), current workers' personnel records are managed in accordance with the [HR Department Manual](#), FSGA-managed community housing tenant information is held in accordance with the [Housing manual](#) and children and young person's receiving service from Child Safety Services in accordance with the [KAIA Program Practice Manual - Foster Care](#) or [KAIA Program Practice Manual - Residential Care Services](#).

The Incidents Manager initially is responsible for ensuring reports are clear, complete and written professionally. The Incidents Manager is responsible for finally checking the records before filing.

Records are required to be written:

- using plain English which the reader will understand, without using jargon or acronyms
- only including information that is directly relevant to the incident
- conveying respect and support for customers and significant others e.g. their family or carer
- avoiding the use of negative language or implying negative views about customers, their reactions, attitudes, family, other services, friends, community
- avoiding attributing blame, responsibility or fault
- avoiding expressing personal opinions or views—if recording a professional opinion relevant to their role, the reasoning is to be made clear.

All professional reports should contain information, which is:

- accurate and without discrepancies—the report should not contain any discrepancies, omissions or mistakes, as the report could be used as evidence in court or the basis of decisions. Providing incorrect or false information particularly for malicious intent is considered misconduct. If it is determined that a worker knowingly gave false information, their employment may be terminated
- objective and an unbiased perspective—a professional report should not contain any emotional content; such as “I believe he was sorry...”, “I felt he was uneasy...”, “I did not like...”. The facts should be stated
- concise and to the point—frivolous and irrelevant information should not be included in the report. Reports need to contain sufficient information regarding the incident in a concise manner

- descriptive—the report should contain enough visually descriptive detail to enable the reader to gain an accurate and very clear understanding of the incident
- legible to the reader—all reports should be easily understood, by everyone who has access to them. Too many ideas should not be presented at once, however enough information is required in order that the reasons behind what has occurred are clear
- professional, including using correct professional language—correct grammar and politically correct language should be used. Slang words or derogatory remarks should not be used.

## 1.5 Incident investigation

Refer to

[APPENDIX A – Incident Investigation Guidelines](#).

Should it be deemed necessary by the Incidents Manager, after consultation with the relevant Manager and ESO, the Incidents Manager investigates the incident and reports details on the relevant form i.e.:

- [Incident investigation report form - electronic only](#) or
- [Incident investigation report form - hardcopy only](#)

and requests further actions as required.

Following the investigation, should it be necessary, the Incidents Manager is responsible for ensuring further communication both internally and externally is carried out.

## 1.6 Continuous improvement

The Incidents Manager consults with other stakeholders to ensure that any required improvements which are identified as a result of the incident are managed in accordance with the [Process Improvement Procedures](#).

## APPENDIX A – Incident Investigation Guidelines

It is important to investigate all incidents because:

- investigation allows for the identification of incident causes to establish preventative strategies
- it provides a point of reference to establish trends in incident causes
- it encourages organisations to communicate incident information and learn from past incidents
- it is evidence that the organisation is taking appropriate actions to prevent recurrence of the incident
- incidents may become common law cases up to three years later. If not properly investigated at the time of the incident, details fade and memories become confused.

Who should investigate the incidents?

This will be dependent on the seriousness of the incident and the potential or actual loss, damage or injury involved. The investigation team may include

- line manager
- work health and safety advisor
- person/s involved
- senior management
- health and safety specialist
- external consultant (if applicable to the incident).

The strategy of an investigation includes four stages:

1. Gather information and establish facts
2. Isolate the essential contributory factors
3. Determine corrective actions
4. Carry out corrective actions

## 1. Gather information and establish facts

Six questions need to be asked:

### 1. Who was involved?

This includes people both directly involved (injured or eye witnesses) and those that may be able to contribute useful information about facts surrounding the incident e.g. supervisors who know what “usually” happens, trainers of persons involved, peers.

### 2. What happened?

This includes the equipment involved, the processes undertaken, systems and what happened before and immediately after the incident. What “action” led to this incident e.g. fall, slip, long-term exposure, hitting? What was happening, what task was involved?

### 3. When did the incident occur?

When was an incident noticed? When did the person who was involved start work that day? How much experience had they had in the task? It is important to identify here the date, time of day and other psychosocial issues that may have contributed to the event.

Psychosocial issues that may impact on when and incident occurs includes:

- Has the person involved just worked extended hours?
- Did the incident occur at night/ on a night shift?

### 4. Where did the incident occur?

Have there been previous incidents in this particular area? What was the investigation outcome for previous incidents? Are there any physical aspects of the environment that may have contributed to the incident?

Look for both big and small differences and aspects of the environment.

### 5. How did the incident occur?

What was unusual about the event? How could the incident have been prevented? This may lead to the direct cause of the incident.

### 6. Why did the incident occur?

Was the person involved properly trained for the process undertaken? Were there safety procedures in place? Has a risk assessment been conducted for the task in question? Why

were safety systems, procedures or training not followed? Were systems followed but they failed?

The “atmosphere” at the time of the incident and psychosocial issues will impact on why an incident has occurred e.g. is it the last day before a holiday, is there some reason why the importance of safety precautions may be diminished?

Taking photos of the incident site and notes immediately after the incident occurs, helps to formulate a good investigation.

## 2. Isolate the contributory factor

This stage is carried out to determine the direct and underlying causes of the incident. It will help to prioritise what to act on first.

Some incident causes will be identified on the original [Incident form](#). These can be used to help establish a thorough investigation.

For example:

In gathering information you discover that the incident occurred at **dusk**. An employee was walking along a path to the car park. The path had an **uneven surface** and the employee tripped. The employee attempted to break the fall by clasping a **guardrail that was damaged** and a sharp piece of metal cut her forearm and scratched her hand. She fell on one knee and sustained a bruise.

The contributory factors are:

- poor visibility (incident occurred at dusk)
- trip hazard (uneven path)
- sharp hazard (damaged guard rail).

To accurately isolate these factors the investigator should ask if the incident would have occurred if the contributory factor were absent. This becomes a logical progression through each contributory factor to determine the factor which was the direct incident cause and should be urgently addressed.

Continue to ask why e.g. “Why had the uneven path/damaged guard rail not been identified and repaired?”

The underlying causes are just as important and must not be overlooked in determination of corrective actions.

### **3. Determine corrective actions**

Recommendations of the investigators must be based on the key contributory factors and the related underlying causes. To prevent recurrence of an incident, something must change.

In the above example, it would be imperative to fix the trip hazard first and immediately isolate it from access to ensure the incident does not recur before the trip hazard is eliminated.

It may be necessary to conduct risk assessments to assist in the process of prioritisation and to maintain sufficient documentation about the investigation.

### **4. Implement corrective actions**

Communication is the key; it is imperative that the results and recommendations of the investigation are adequately communicated, so that the most appropriate people are involved and clearly understand requirements.

Record findings on the appropriate incident report form.